

Request for Proposal (RFP) for Group Health Insurance Policy for Employees and dependent family members

RFP Ref. No: INDEV/2023-24/001

for

INDEV CONSULTANCY PVT. LTD.
A-61/1, Okhla Industrial Area,
Okhla Phase-II, Delhi-110020



Contact No.- 011 49050111

Email: contact@indevconsultancy.com

Website: <https://www.indevconsultancy.com>

Date: 13/03/2024

Tender document and other details can be obtained from <https://www.indevconsultancy.com> & <https://devnetjobsindia.org> Portal

Request for Proposal (RFP) for Group Health Insurance Policy for INDEV Employees and dependent family members

Indev Consultancy Pvt. Ltd. is making efforts to provide medical and health services to its employees within the overall framework of the company. The risk of low level of health security is prevalent among employees of the company due to their nature of work. The Group Health Insurance Plan could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high end medical expenses. The Group Health plan for the welfare of INDEV Employees attempts to address such issues.

In view of this, the Company invites RFP / Quotation from the **Public/ Private Sector Insurance Companies** dealing with “Group Health Insurance Plan” for implementation for providing cover to the Employees of INDEV.

Schedule:

S. No.	Particulars	Date	Time
1	Publishing of RFP	20-04-2024	-
2	Last date to seek Clarifications by the Insurer	23-04-2024	15:30 Hrs
3	Issue of clarifications by the INDEV	25-04-2024	--
4	Last date for Submission of Bids	27-04-2024	15:00 Hrs
5	Technical Bid Opening	29-04-2024	15:30 Hrs
6	Financial Bid Opening	29-04-2024	15:30 Hrs

- Any proposal received after closing date/time shall not be considered.

Chief Administrative Officer

1. The details of approximate strength to be covered and sum insured (SI) are given below:

TABLE – B			
Sr.No	Category	Approx. Member Strength*	Sum Insured (SI) per member
01	Employee (+ their Dependents)	71	Rs. 5,00,000/-

* Strength of members may increase or decrease in due course of time due to joining /leaving of employees, if any. Please refer Annexure V for details of employee

Total No of Lives (Incl. dependents of employees) as on 12/03/2024: **71** (Approx.)

2. Details of Coverage and Benefit Required under proposed policy:

1.	Type of Policy (Floater/ Individual):	Family floater for Employees and their dependent family members declared as per rule.
2.	Sum Insured Band	Rs. 5,00,000/- for employees and their dependent family members.
3.	Period of Policy	Initially for a period of one year. Renewal of policy extendable on mutual agreeable terms and conditions maximum up to three years subject to satisfactory performance of the insurer and approval of the competent authority INDEV.
4.	In-Patient Treatment including Critical Illness, Surgery and Treatment:	To be covered fully
5.	Day Care Treatment: (Surgeries/Treatments/procedures which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology)	To be covered fully
6.	Reimbursement of Pre and Post Hospitalization Expenses	30 Days Pre-Hospitalization expenses & 60 Days Post-Hospitalization expenses are to be covered fully
7.	Domiciliary Hospitalization	To be covered fully
8.	Waiting period of 30 days	To be waived fully
9.	Waiting period of 1 year, 2 years, 3 years and 4 years	To be waived fully
10.	Pre-existing Diseases:	To be covered fully; all pre-existing diseases will be covered from day one/ inception of the policy
11.	Maternity Benefit and New Born Baby:	To be covered fully: No waiting period, and new born baby is covered from Day 1. If life threatening

		complication to mother and/or fetus arises requiring hospitalization during any stage of pregnancy, then overall family sum insured will apply.									
12.	Co-Payment	No Co-Payment is allowed									
13.	Cashless facility in Network Hospitals and Reimbursement in Non-network Hospitals	As applicable									
14.	Organ Transplant	To be covered fully									
15.	Hospitalization expenses of organ donor's treatment in case of organ transplant	To be covered fully									
16.	Surgeon, Doctor, Anesthetist, medical practitioner, Consultants special fees per illness	No restriction									
17.	Anesthesia, Blood, Oxygen, OT Charges, Surgical Appliances, Medicines, Drugs, Diagnostic Material, X-Ray & Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of stent & Implant etc.	No restriction									
18.	Coverage for COVID 19	No Restrictions									
19.	Sub Limits on Medical Expenses/Illness/Surgeries/Procedures	No sub-limit is allowed									
20.	<p>No Sub-limits on Room Rent, boarding, nursing expenses and Intensive Care Unit(ICU) / Intensive Cardiac Care Unit (ICCU) expenses as provided by the Hospital</p> <p>Room Rent, boarding and nursing expenses as provided by the Hospital must be as per following table:</p> <table border="1"> <thead> <tr> <th>Sr. No</th> <th>Category of</th> <th>Ward</th> </tr> </thead> <tbody> <tr> <td></td> <td>Employee</td> <td>Entitlement</td> </tr> <tr> <td>01</td> <td>All Employee</td> <td>Private Ward</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses fully cover. Room rent will include charges for occupation of bed, diet for patient, charges of water and electricity supply, linen charges, nursing charges and routine upkeeping. <p>Private ward is defined as a hospital room where single patient is accommodated which has attached toilet (lavatory and bath).</p>	Sr. No	Category of	Ward		Employee	Entitlement	01	All Employee	Private Ward	
Sr. No	Category of	Ward									
	Employee	Entitlement									
01	All Employee	Private Ward									

21.	Ambulance services	Ambulance service fully covered
22.	<p>Other conditions:</p> <ul style="list-style-type: none"> a) There shall be a dedicated helpline (24 x7) from the TPA of Insurance / In house TPA available and the contact details including the name of contact person, contact numbers and postal/email address, shall be furnished. However In-house TPA will be preferred. No extra payment is to be made by the company to the Insurer for engaging a TPA. b) The response time by the TPA at the time of admission shall be maximum up to 6 hours. c) The Mediclaim ID cards of the members should be issued by the TPA within 15 days after submission of names by INDEV. d) The scheme should have provision for addition/deletion of employees on prorata basis. Midterm inclusion/deletion of members are allowed subject to the confirmation of INDEV Authority. e) The mid employee & declared dependents to be covered from day 1(the date of joining) irrespective of immediate payment of premium (Addition& Deletion to be declared for each month and within 15 days of succeeding month). Premium for addition/deletion will be charged/refunded on pro rata basis. f) Any bonafide mistake of additions/deletions in monthly statement will be rectified as per company's records. g) No sub-limit/disease wise sub-limit/hidden charges/broker/agent or any service charges on medical bills are allowed under the proposed policy. Any such conditions will not be entertained, and bids of such bidders will be rejected straightway. a) Cashless Access Service: The insurer must ensure that all the members are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of the period in the network hospital of the Insurer subject to the allowable limit. In other cases, all reimbursement of claim must be settled within 15-20 days of submission of final bill. Query against the submitted bill if any must be raised within a week by the TPA and no incremental queries are allowed after claim submission. b) 100% of admissible claim should be reimbursed irrespective of treatment taken in different zone within India. 	

	<ul style="list-style-type: none"> c) If there is any reimbursement to the employees/beneficiaries of the scheme, the same should be paid directly to the employee within 10 days on receipt of bills, the service provider shall be responsible for ensuring the smooth process. In case of failure in settlement of claims within the time frame, the penalty will be enforced as per company norms. d) Submission of claims should be allowed up-to 45 days from the date of discharge from the Hospital / Nursing Homes. e) Original Reports/papers are to be returned to the Company/Employee after claim settlement. f) In case of any unsatisfactory service, suitable penalty as deemed fit to be decided by the competent authority of INDEV shall be levied after issuing one-month notice/giving chance to the service provider for rectification. g) The service provider should provide quarterly Claim/ Settlement MIS report to the institute to monitor the same. 	
23	Family Health Check up	Every two year

1. **Criteria to participate in the RFP:**

1.1. **Eligibility Criteria:**

- I. **Public/Private Sector Insurance Companies** dealing with “Group Health Insurance Plan”. The bidder should be registered with the Insurance Regulatory Development Authority of **India (IRDAI)** and have valid license to carry out group health insurance policy in India. Copy of valid registration certificate and license issued by the competent authority is to be enclosed as proof.
- II. The bidder should have valid PAN & GST registration number.
- III. The bidder should have not been debarred/black listed/should have not been terminated /ceased without completing the entire duration of policy period by any Central/State Govt. Department, Public Sector Undertaking, Autonomous Bodies, Any private company etc. during past five years from the last date of submission of bids.

3.2 **Other documents to be enclosed along with the technical bid:**

- a) Procedure and flowchart for claim settlement as well as TAT for claim settlement.
- b) Details of Sales and Claim Service network in India including Third Party Administrators (TPA).
- c) List of Network Hospitals across India for cashless claims.

[Bidders are requested to enclose copies of valid documents in support of fulfilling above eligibility criteria mentioned in Para

3.1 and 3.2]

2. General Terms and Conditions:

I. Submission procedure: Technical bid and Financial bid submit **through two separate sealed envelopes and placed in an outer envelope to be courier or submitted physically to Indev office address mentioned below.**

To,
Administrative Officer
Indev Consultancy Private Limited
A, 61/1, First Floor, Pocket D, Okhla Phase II, Okhla
Industrial Estate, New Delhi, Delhi 110020, India

Outer envelope should clearly mention

“Sub: RFP for Group Health Insurance Policy for Employees of INDEV, RFP Ref. NO: INDEV/2023-24/001”

II. Technical bid comprises the documents in support of eligibility **criteria as per Para No. 3 (3.1 & 3.2) above and as per Annexure- I.**

III. Financial Bid: The premium should be quoted **as per the Format in Annexure- IV only.** The bidders are advised to quote their premium in Indian Rupees (INR) only. The bidder shall not tamper/modify manner, RFP will be completely rejected. Goods and Service Tax has to be separately quoted. **The Financial Bids of only those firms qualifying the technical evaluation will be considered.**

IV. Tender forms containing 'over written' or 'erased' rate or rates and amount not shown in figures and words in English are liable to rejection.

V. The bidder should sign on each page of the document.

VI. Proposal which is not in conformity with the requirement of the company shall be rejected, without assigning any reason whatsoever.

VII. Proposal sent by FAX or mail shall not be considered for evaluation.

VIII. No subsequent increase in premium rates (Except Taxes) will be allowed under any circumstances during policy period of one year.

IX. The bidder is expected to examine all instructions, Forms, Annexures, Terms & Conditions in the RFP document. Failure to furnish all information required by the RFP document or submission of RFP not substantially responsive to the RFP document in every respect will be at the bidder's risk and may result in rejection of his bid.

X. No alterations should be made in any of the contents of the bid document by scoring out/removing any pages online/editing the contents of the bid document etc. In the submitted bid, no variation in the conditions shall be admissible. Bids not complying with the terms & conditions listed in this part are liable to be rejected.

XI. The bid document and the enclosures as well as all correspondence and documents shall be written in English language. All the columns of the RFP document must be filled in and no column should be left blank. “NIL” or “Not Applicable” should be marked, where there is nothing to report.

XII. No alteration shall be made by the bidder in the RFP.

XIII. More than one bid from the same company shall disqualify the insurance provider.

XIV. Joint Ventures are not allowed to bid.

XV. Opening and Evaluation of Bids: The company reserves the right to seek clarifications or additional information/ documents from any bidder regarding its technical bid. Such clarification(s) or additional information/document(s) shall be provided within the time specified for the purpose. Any request and response thereto shall be in writing. If the bidder does not furnish the clarification(s) or additional information/document(s) within the prescribed date and time, the proposal shall be liable to be rejected.

XVI. Selection of successful bidder: **Both the technical and financial bids will be opened on same date/time as per the schedule given above. After evaluation of bids, the bidder who is technically qualified as well as quotes the lowest premium amount in total shall be declared as the successful service provider and will be informed.** In the event of receiving more than one financial bid quoting the same premium amount, the final selection of successful bidder shall be made in the following manner.

- a) The one with the highest turnover during the last 3 years put together.
- b) If more than one bid having the same total turnover, then by “Draw of Lots”.

XVII. The bid shall remain valid 90 (Ninety) days from the date of opening of bids.

XVIII. INDEV reserves the right to accept /reject any bid(s) either in full or in part without assigning any reasons thereto. In the event of any ambiguity in the policy proposal with regard to any aspect, the interpretation of INDEV shall be final and binding on the “Insurer”. Acceptable bids will be evaluated on the basis of fulfilling eligibility criteria and valid quoted premium rates.

XIX. Proposal, who do not fulfil any of the above conditions, not in prescribed format, unsigned or are incomplete in any respect or conditional bids are liable for rejection.

XX. The service provider shall not sublet the policy or transfer the policy to any other insurer/agency or person in any manner.

XXI. Any act on the part of the bidder to influence anybody in the company is liable to rejection of his bid.

XXII. Canvassing/marketing /offering promotional services etc. in any form whether directly or indirectly in connection with the tender is strictly prohibited and the tenders submitted by the Insurance companies who resort to canvassing will be liable for rejection without any further reference.

XXIII. INDEV reserves the right to modify, expand, change, alter, restrict, scrap, refloat or cancel the Tender at any stage without assigning any reason whatsoever.

XXIV. The application for tender does not entitle any tenderer for automatic grant of award.

XXV. Tender documents as submitted by a tenderer shall become the property of INDEV and INDEV shall have no obligation to return the same to the tenderer.

XXVI. Dispute Resolution: In the event of any dispute or differences arising under this RFP, the decision of the Director, Indev Consultancy Pvt. Ltd. shall be final and binding on both the parties. The decision of INDEV will be the final in all respect.

XXVII. Applicable Law: The Court of Jurisdiction shall be Delhi for all such purposes.

Administrative Officer
Indev Consultancy Pvt. Ltd.

TECHNICAL BID

(To be submitted on the letterhead of the bidder)

Date:		
RFP for: GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF INDEV & DEPENDANTS		
RFP Ref. NO: INDEV/2023-24/001		
Name of the Bidder/Insurer: Correspondence Address: Tel/Mob No.: Email Id: Contact Person Name: Mobile No (Contact Person):		
Copies of all supporting documents duly signed and stamped by the bidder in support of below particulars must be attached along with this checklist		
Sr.No.	Particulars	Details/ Compliance (Y/N)
1.	The bidder should be registered with the Insurance Regulatory Development Authority of India (IRDAI) and have valid license to carry out Group Health insurance policy of India. Copy of valid registration certificate and license issued by IRDAI is to be enclosed as proof.	
2.	The bidder should have valid PAN & GST registration number.	
3.	The bidder should have not been debarred/black listed/ should have not been terminated/ ceased without completing the entire duration of policy period by any Central/State Govt. Department, Public Sector Undertakings, autonomous bodies, Private Company etc. during past five years from the last date of submission of bids. (Annexure-III)	

4.	<p>Turnover during last three years ending on 31st March, 2023 (Copies of P&L Account and Balance Sheet duly certified by a Chartered Accountant should be attached with the bid):</p> <p>FY 2020-21 Rs _____</p> <p>FY 2021-22: Rs _____</p> <p>FY 2022-23: Rs _____</p>	
5.	Bid Forwarding Letter as per Annexure-II	
6.	Power of Attorney/Authorization Letter, if bid is submitted by the authorized representative of the firm (on the Letterhead of the bidder)	
7.	Duly signed and stamped of the entire bid document along with its addendum/corrigendum, if any	

Declaration

I/we.....(Name of the Authorized Representative of Bidder) of.....(Name of the bidder/insurer) do hereby declare that the entries made here are true to the best of my/our knowledge. I/We hereby agree to abide by all terms and conditions laid down in RFP document.

Place & Date:

(Name & signature with stamp of the bidder)

ANNEXURE-II

BID FORWARDING LETTER
(To be submitted on the letterhead of the bidder)

Date: _____

To

Administrative Officer
Indev Consultancy Private Limited
A, 61/1, First Floor, Pocket D, Okhla Phase
II, Okhla Industrial Estate, New Delhi,
Delhi 110020, India

Sub: RFP for Group Health Insurance Policy for Employees of INDEV, RFP Ref. NO: INDEV/2023-24/001.

Sir,

I/We hereby confirm and declare that I/We have carefully studied the RFP documents therein and undertake myself/ourselves to abide by the terms & conditions laid down in the RFP document.

I/We also keep the offer open for 90 (Ninety) days from the date of opening of bids.

Yours faithfully

(Name & signature with stamp of the bidder)

ANNEXURE-III

SELF-DECLARATION ABOUT NON-BLACK-LISTING

(To be submitted on the letterhead of the bidder)

Date: _____

To

Administrative Officer
Indev Consultancy Private Limited
A, 61/1, First Floor, Pocket D, Okhla Phase
II, Okhla Industrial Estate, New Delhi,
Delhi 110020, India

Sub: RFP for Group Health Insurance Policy for Employees of INDEV, RFP Ref. NO: INDEV/2023-24/001.

Sir,

In response to RFP under reference, I/we hereby declare that presently our company is having unblemished record and is not declared ineligible for corrupt & fraudulent practices either indefinitely or for a particular period of time by any Central/State Govt. Department, Public Sector Undertakings, Autonomous Bodies, Private Companies.

We further declare that presently our firm is also not blacklisted/debarred and not declared ineligible for any reason other than corrupt & fraudulent practices by any Central/State Govt. Department, Public Sector Undertakings, Autonomous Bodies, and Private companies in past five years from the last date of submission of bid.

If this declaration is found to be incorrect then without prejudice to any other action that may be taken, my/our performance security may be forfeited in full and the RFP if any to the extent accepted may be cancelled.

Yours faithfully

(Name & signature with stamp of the bidder)

ANNEXURE -IV**FINANCIAL BID**

(To be submitted on the letterhead of the bidder)

Date:	
RFP for Group Health Insurance Policy for Employees of INDEV, RFP Ref. NO: INDEV/2023-24/001.	
Name of the Bidder/Insurer: Correspondence Address: Tel/Mob No.: Email Id:	

TABLE – A				
(a)	(b)	(c)	(d)	(e)
Sr.No	Particulars	No of Members including dependents as on 12/03/2024	Total Amount without parents (including self, spouse, children)	Total Premium Amount with parents (including self, spouse, children, parents)
1.	Premium for Employees	71	Rs. _____/-	Rs. _____/-
2.	GST as applicable is EXTRA		_____ %	_____ % _____

Note:

1. Premium amount quoted above will remain unchanged throughout the policy period.
2. In case of extension of policy for less than one year, premium will be charged on pro data basis.
3. GST will be extra as per rules.

DECLARATION

I/we.....(Name of the Authorized Representative of Bidder)
of.....(Name of the bidder/insurer) do hereby declare that the entries made here are
true to the best of my/our knowledge. I/We hereby agree to abide by all terms and conditions laid down inRFP
document.

Place & Date:

(Name & signature with stamp of the bidder)

ANNEXURE –V**List of Employee and dependents**

S.No	Emp/Dependents Name	AGE	M/F	Relationship
1	Employee 1	49	M	Self
	Dependent 1	41	F	Spouse
	Dependent 2	18	F	Daughter
	Dependent 3	9	F	Spouse
	Dependent 4	70	M	Mother
	Dependent 5	73	F	Father-in-Law
	Dependent 6	72	M	Mother-in-Law
2	Employee 2	41	F	Self
	Dependent 1	49	M	Spouse
	Dependent 2	18	F	Daughter
	Dependent 3	9	F	Daughter
	Dependent 4	70	M	Mother-in-Law
	Dependent 5	73	F	Father
	Dependent 6	72	M	Mother
3	Employee 3	48	M	Self
	Dependent 1	41	F	Spouse
	Dependent 2	15	M	Son
4	Employee 4	36	F	Self
	Dependent 1	43	M	Spouse
	Dependent 2	3	F	Daughter
	Dependent 3	74	M	Father-in-Law
	Dependent 4	70	F	Mother-in-Law
5	Employee 5	36	M	Self
	Dependent 1	30	F	Spouse

	Dependent 2	4	M	Son
	Dependent 3	56	F	Mother
6	Employee 6	33	M	Self
	Dependent 1	28	F	Spouse
	Dependent 2	64	M	Father
	Dependent 3	61	F	Mother
7	Employee 7	48	M	Self
	Dependent 1	45	F	Spouse
	Dependent 2	21	F	Daughter
8	Employee 8	33	M	Self
	Dependent 1	29	F	Spouse
	Dependent 2	0.5	M	Son
	Dependent 3	61	M	Father
	Dependent 4	56	F	Mother
9	Employee 9	25	M	Self
	Dependent 1	28	F	Spouse
	Dependent 2	52	M	Father
	Dependent 3	50	F	Mother
10	Employee 10	26	M	Self
	Dependent 1	50	M	Father
	Dependent 2	45	F	Mother
11	Employee 11	24	M	Self
	Dependent 1	48	M	Father
	Dependent 2	46	F	Mother
12	Employee 12	31	M	Self
	Dependent 1	65	M	Father
	Dependent 2	50	F	Mother

13	Employee 13	27	M	Self
	Dependent 1	50	M	Father
	Dependent 2	45	F	Mother
14	Employee 14	30	M	Self
	Dependent 1	50	M	Father
	Dependent 2	48	F	Mother
15	Employee 15	24	F	Self
	Dependent 1	48	M	Father
	Dependent 2	46	F	Mother
16	Employee 16	23	M	Self
	Dependent 1	45	M	Father
	Dependent 2	42	F	Mother
17	Employee 17	25	M	Self
	Dependent 1	55	M	Father
	Dependent 2	52	F	Mother
18	Employee 18	26	M	Self
	Dependent 1	60	M	Father
	Dependent 2	56	F	Mother
19	Employee 19	20	M	Self
	Dependent 1	46	F	Mother