

**HARYANA STATE RURAL LIVELIHOODS MISSION**  
S.C.O -19, 1<sup>st</sup> Flore, Sector-16, Panchkula.

**Telephone Number 0172-2587590.**

**Website : [www.hsrlm.gov.in](http://www.hsrlm.gov.in)**

**(Notice Inviting quotations)**

Sealed quotations are invited from reputed Insurance Companies to provide Medical Insurance & Group Accidental Insurance for about 189 employees of HSRLM. The detailed terms & conditions may be downloaded from the website [www.hsrlm.gov.in](http://www.hsrlm.gov.in). The quotations should reach the HSRLM office by 12 AM latest by **19.06.2018**. The quotations will be opened at 2.30 PM on **19.06.2018**.

CEO-HSRLM

**Tender No: AMP/HSRLM/2018/1748**

**Dated: 25.05.2018**

**TENDER DOCUMENT**

**FOR**

**Medical Insurance Premium & Group Accidental**

**Insurance Premium for employees of the**

**Haryana State Rural Livelihoods Mission**

**SCO No. 19 Sector 16,**

**Panchkula (Haryana).**

**Telephone Number 0172-2587590.**

**Website: [www.hsrlm.gov.in](http://www.hsrlm.gov.in).**

**Cost of Tender Document: Rs 500/-**

Last Date for sale of Tenders: Up to 4:00 PM, on 18.06.2018

Last Date for submission of Tenders: Up to 12:00 AM, on 19.06.2018

Opening of Bids: At 2:30 PM on 19.06.2018.

## **Haryana State Rural Livelihood Mission**

**SCO No. 19 Sector 16**

**Panchkula (Haryana)**

Sealed Tenders are invited from the reputed insurance provider for the Medical Insurance Policy & Group Accidental Insurance Policy for the employees of the Haryana State Rural Livelihood Mission.

Tenders document etc. may be downloaded from the website

[www.hsrlm.gov.in](http://www.hsrlm.gov.in)

CEO  
HSRLM

Executive Committee of the Haryana State Rural Livelihood Mission has approved the Scheme for Medical Insurance and Group Accidental Insurance Policy for staff which is as under:

Sr. No.	Name of Policy	Level-1 (Premium for up to)	Level-II (Premium for Up to)	Level-III (Premium for up to)
1	Medical Insurance Policy	Rs. 7.5 lacs	Rs. 5.0 lacs	Rs. 3.5 lacs
2	Group Accidental Insurance Policy	Rs. 5.0 lacs	Rs. 5.0 lacs	Rs. 5.0 lacs
These shall, however, be availed on actual reimbursement basis.				

The List Containing the name of employee, designation, place of posting, insurance required, and their date of appointment etc. is attached herewith. New employee shall be joining who are to be added and some employee may resign/terminated who shall be deleted from date of his/her resignation/termination. Pro-rata premium to be charged/ refunded in case of addition and deletion.

In case of New employees joining HSRLM, the Medical Insurance cover & Group Accidental Insurance cover will start from the First day of the Next month in which employee joins HSRLM after payment of the proportionate premium.

**A. Last Date of submitting the Tender: 19.06.2018.**

1. The tender document containing eligibility criteria, scope of work, terms & conditions can be purchased from HSRLM on any working day between 09:00 hr to 17:00 hr on payment of non refundable charges of Rs.500/- (Rupees Five Hundred only) by way of draft in favour of CEO HSRLM or can be downloaded from website [www.hsrlm.gov.in](http://www.hsrlm.gov.in). Those who download the

tender document from website should enclose a demand draft of Rs. 500/- (Rupees Five Hundred only) drawn on any Nationalized Bank/Scheduled Bank in the favour of Chief Executive Officer, HSRLM, Payable at Panchkula for Rs 500/- (rupees Five hundred only) along with their offers of rates in the tender form in the cover. Tender received without Demand Draft will not be entertained and shall be rejected straightway.

The interested agencies are required to submit their financial bid and technical Bid (one for Medical Insurance and second for Group Accidental insurance which are to be deposited in one envelop) in the tender form enclosed in a sealed cover superscribed as tender for “Medical Insurance Policy & Group Accidental Insurance Policy” so as to reach Haryana State Rural Livelihoods Mission SCO NO 19, Sector 16, Panchkula, Haryana before 12:00 AM on or before 19.06.2018. All envelop should be addressed to the Chief Executive Officer, HSRLM by designation and not by name. Tender shall be opened on 19.06.2018 at 2:30 PM at Haryana State Rural Livelihoods Mission SCO No 19 Sector 16 Panchkula, Haryana in presence of the bidders or their authorized representatives who choose to remain present.

2. Each page of tender schedule should be signed by the tenderer or his authorized representative with seal of the firm. The names and designation of all persons signing shall be typed or printed below the signatures. In case the Authorized signatory signs the tender, a copy of the authorization may be enclosed with the tender.
3. The bid shall be valid and open for acceptance of the Competent authority of HSRLM for a period of 6 months from the date of opening of the tenders and no request for any

variation in quoted rates and/withdrawal of tender on any ground by successful bidder shall be entertained.

4. In case two or more agencies are found to have quoted the same rate, the Competent Officer authorized by HSRLM shall decide about the Bidder to which the offer shall be granted based on the report on the past performance of the firm, and the length of experience etc. The decision of the Competent Authority shall be final.
5. The rate quoted should be with applicable tax, if any which should be shown separately. There should not be any upward revision of rate other than the statutory taxes during the period of contract for which bidder shall produce documentary evidence.
6. All costs incurred in connection with submission of bids like preparation, submission, any personal visits for submitting the bids personally, subsequent processing etc shall be borne by the bidder.
7. Prospective bidders are requested to remain updated for any amendments/Modification etc. in the above website.

**B. Eligibility Criteria for Tendering.**

1. The bidder/tenderer may be a proprietary company, Partnership Company/ Authorized Agent, Limited Company, Corporate Body legally constituted, who possess the required authority/licenses, etc.
2. Documents showing experience of similar policies in India, to at least Government/Board/corporation/Company/ society/MNC or Council.

**C. Terms of Payment**

The payment shall be made as per the following terms and conditions:-

- The Payment will be released annually on the date decided as per contract executed.

#### **D. General Terms & Conditions**

1. Unsealed tenders shall not be entertained. Bids sent through Fax/E-mail shall not be entertained and will be rejected straightway.
2. The companies may submit their tender on or before 19.06.2018 till 12:00 AM thereafter no tender will be accepted. Any offer received after the deadline for submission of offers shall be rejected and returned unopened to the tendered. HSRLM will not take any responsibility under any circumstances for courier/postal delay.
3. The tenders shall be opened at 2:30 PM on i.e. 19.06.2018. In the event of the date of receipt or opening of tender being declared a holiday by the Haryana Government, the due date of receipt/opening of the tender will be following working day at the same hours.
4. The tender form is not transferable.
5. Any conditional tender or any deviation from the terms and conditions of the tender shall be liable to be rejected.
6. The price should be clearly quoted along with the breakup of all taxes and duties, if any. If any new tax/duty in the Indian currency is levied during the contract period the same will be borne by the firm exclusively. Taxes at present will be paid as per the prevalent laws. Rate should be mentioned both in figure as well as in words.

7. All the corrections/overwriting must be signed by the tenderers.
8. The rates are accepted on the distinct understanding that the rates charged for the service/policy under the contract by the company shall in no event exceed the lowest price at which the service/policy of the identical description to any other person or other Govt. institution during the period of Contract.
9. New employees shall be joining who are to be added and some employees may resign/terminated who shall be deleted from date of his/her resignation/termination. Pro-rata premium to be charged/ refunded in case of addition and deletion.
10. In case of new employees joining HSRLM, the Medical Insurance cover & Group Accidental Insurance cover will start from the First day of the Next month in which employee joins HSRLM after payment of the proportionate premium.

**E. ARBITRATION**

If any question, dispute or difference what so ever shall arise between HSRLM and the contractor, in connection with this agreement except as to matters, the decision for which have been specifically provided, either party may forthwith give to the other notice in writing of existence of such question, dispute or difference and same shall be referred to the sole arbitrator i.e The Vice Chairman of the Executive Committee of HSRLM or a person nominated by him. This reference shall be governed by the India Arbitration Act, and the rules made there under. The award in such arbitration shall be final and binding on both the parties. Work under the agreement shall be continuing during the arbitration proceedings unless the HSRLM or the arbitrator directs otherwise.



**F. JURISDICTION:**

Any matter dispute or reference between the parties arising of this agreement/Contract will have the jurisdiction of Panchkula.

To

Chief Executive Officer,  
Haryana State Rural Livelihood Mission,  
Panchkula,

Subject: Tender for Medical Insurance Premium and Group  
Accidental Policy for HSRLM employees.

Ref: Notice inviting Tender No. ....

With reference to the above, I am/ we are offering  
our competitive prices and services for Medical  
Insurance Policy and Group Accidental Policy for  
employees of HSRLM, Panchkula.

I/We hereby confirm and declare that I/We have  
carefully read and understand the above referred  
tender document including instructions, terms &  
conditions, specifications, schedule and all the  
contents stated therein published in office website.

Thanking you,

Yours Faithfully,

(Signature of the Tenderer)

## Tender form for Medical Insurance Premium

### Part-1

<b><u>Details benefit/features of the Medical Insurance Policy</u></b>		
a)	List of Hospitals which will provide the service	
b)	Emergency Ambulance	
c)	Funeral Expenses	
d)	Permanent Total Disability	
e)	Permanent Partial Disability	
f)	Temporary Total Disability	
g)	Broken Bone Benefit	
h)	Burn Benefit (up to which Percentage)	
i)	Pre/Post Hospitalization	
j)	Day Care Treatment	
k)	Donor Expenses	
l)	Health Maintenance Benefits	
m)	Maternity Expenses	
n)	Health Check up	
o)	Expert Opinion on Critical illness	
p)	Accidental Death	

The beneficiary/HSRLM will not pay an amount for the above mentioned facilities/treatments. HSRLM shall make only the annual premium.

**Declaration:**

I/We hereby certify that the terms and conditions given with the tender notice have been read carefully and acceptable to me/us and will be binding upon me/us in the event of acceptance of my/our tender and that the information furnished above is full and correct to the best of my/our knowledge. Further in case of any deviation in the above statement at any stage, the firm/agency will be blacklisted by your office and will not have any dealing with your office in future.

Place: (Signature of the authorized signatory)

Date: Seal

## Tender Form for Medical Insurance Premium

### Part-II

1	Name of the Company/Agency		
2	Address of the Company/Agency		
2(a)	Email ID		
3	Name of the authorized signatory, if any (IN BLOCK LETTERS)		
4	Telephone/Mobile no. of authorized signatory firm/Agency		
5	Draft No./Receipt No. of tender document fee		
6	Service Tax Registration No. (Furnish copy of service Tax no.)		
7	VAT No. (furnished photocopy)		
8	PAN No. (furnish photocopy of PAN)		
9	Major clients of the company with whom similar policies have been made along with photocopies.		
10	The Company shall have to submit an undertaking that the company has never been black listed by any Government Department.		
11	Rates Offered (including all taxes)	Premium Rate Per Person (In words & figure)	Total Amount (In word & figure)

	Medical Insurance Policy		
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**Tender Form for Medical Insurance Premium**

**Part-III**

Financial Bid
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Name of Agency: .....

Address: .....

Item No.	Description	No. of Lives	Unit Cost	Total Amount (in Figure)
1	Medical Insurance Premium for HSRLM employees for the period of One Year	List attach		
2	Taxes (if any)			
3	Total Premium Payable			

Total Amount (in words) :- .....

Date: ...../...../..... (Signature of the authorized signatory)

Place: ..... Seal

**Tender Form for Group Accidental Insurance Policy**

**Part-I**

Details of benefits/features of the Group Accidental Policy and  
Amount of Premium

**DECLARATION**

I/We hereby certify that the terms and conditions given with the tender notice have been read carefully and acceptable to me/us and will be binding upon me/us in the event of acceptance of my/our tender and that the information furnished above is full and correct to the best of my/our knowledge further in case of any deviation in the above statement at any stage, the firm/agency will be blacklisted by your office and will not have any dealing with your office in future.

Place: (Signature of the authorized signatory)

Date: Seal

## Tender Form for Group Accidental Insurance Premium

### Part-II

1	Name of the Company/Agency	
2	Address of the Company/Agency	
2(a)	Email ID	
3	Name of the authorized signatory, if any (IN BLOCK LETTERS)	
4	Telephone/Mobile no. of authorized signatory firm/Agency	
5	Draft No./Receipt No. of tender document fee	
6	Service Tax Registration No. (Furnish copy of service Tax no.)	
7	VAT No. (furnished photocopy)	
8	PAN No. (furnish photocopy of PAN)	
9	Major clients of the company with whom similar policies have been made along with photocopies.	
10	The Company shall have to submit an undertaking that the company has never been black listed by any Government Department.	
11	Rates Offered (including all taxes)	Premium Rate Per Person (In Total Amount (In word &



		words & figure)	figure)
	<b>Group Accidental Insurance Premium</b>		

**Tender Form for Group Accidental Insurance Policy-HSRLM**

**Part-III**

Financial Bid

Name of Agency: .....

Address: .....

Item No.	Description	No. of Lives	Unit Cost	Total Amount (in Figure)
1	Group Accidental Insurance Premium for HSRLM employees for the period of One Year	List attach		
2	Taxes (if any)			
3	Total Premium Payable			

Total Amount (in words):- .....

Date: ...../...../.....

(Signature of the authorized signatory)

Place: .....

Seal