

CLARIFICATION ON THE QUERIES RAISED IN PRE-BID MEETING / BY E-MAIL IN RESPONSE TO THE REQUEST FOR PROPOSAL ISSUED BY PFRDA FOR PROVIDING GROUP PERSONAL ACCIDENT POLICY.

Sr. No.	Queries	Clarifications
1.	Employee MIS may be provided in excel format	May be requested by e-mail addressed to dept.hrd@pfrda.org.in .
2.	Existing sum insured for each employee may be provided	as above
3.	Basis for calculation of sum insured in respect of each employee	The sum insured in respect of each employee is 60 times of monthly gross pay as on 31.01.2020.
5.	Copy of existing GPA policy	Annexure – I.
4.	Details of Past Claims	Nil.

In case of additional details, queries may be addressed to dept.hrd@pfrda.org.in.

Note: The last date for submission of bids is 13.03.2020 (Friday) before 04:00 P.M.



**GENERAL
INSURANCE**
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
1800 3009

(Registered Office: Reliance General Insurance Co.Ltd., H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai - 400710), Maharashtra

GROUP PERSONAL ACCIDENT SCHEDULE

Corporate Office/Policy Issuing Office: Reliance General Insurance Co. Ltd. Reliance Centre, 4th Floor, South Wing, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055, India	Policy Servicing Branch: Flat No 10-15, 14th floor, Vijaya Building,17, Barakhamba Road, New Delhi 110001Delhi
Policy Branch Office Code: 1301	Agent/Broker Code:Direct
Policy No: 130131929140000013	
Date of proposal:23/03/2019 ProposalNo:P031519116963	Details of previous policy (in case of renewal) Previous policy No: Date of expiry:
TaxInvoice No & Date :P031519116963 & 3/23/2019 2:51:00 PM	
INSURED NAME : M/S PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY	
GSTIN /UN of the insured	
Policy Holder Address / Place Of Supply : CHATRAPATI SHIVAJI BHAWAN,1ST FLOOR,B-14/A,QUTAB INSTITUTIONAL AREA,KATWARIA SARAI DELHI NEW DELHI 110016	
Period of Insurance: From 15/03/2019 to mid night on 14/03/2020	
Total No of Employees Covered	58
Total No of Lives Covered	58
Type of Policy	Named
Total Sum Insured(Rs)	406908360.00
Description of Group	Employees
Nature of Business	
Coverage Details and List of members covered as per Schedule attached.	

Premium (Rs)	81382.20
CGST (@9.00%)	7324.40
SGST (@9.00 %)	7324.40
TOTAL PREMIUM PAYABLE(Rs)	96031.00

Branch GSTIN :07AABCR6747B1Z1;HSN Code :9971;Description Of Services :Financial and related services;	
Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/298/2019/143/19 dated 11th January 2019 at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir	
This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules.	

Reliance General Insurance Company Limited. **IRDAI Registration No. 103.**
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Corporate Identity Number U66603MH2000PLC128300. UIN No. :IRDA/NL-HLT/RG/P-P/V./I/320/13-14
RG/UW/CO/ 2914 /PS/VER. 1.0/310118

An ISO 9001:2008 Certified Company

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In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

In witness whereof this policy has been signed at Mumbai on 23/03/2019

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in

For and on behalf of

Reliance General Insurance Company Limited.

Agent Code

Direct

Agent Contact No

Authorised Signatory

User ID: 70273497 Policy Generation Date :23/03/2019

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Schedule attached to and forming part of Policy No.13013192914000013			
Cover Name	Sum insured	Co-pay	Special Conditions
Table C-Death +Permanent Total Disability +Permanent Partial Disability			Covered - Accidental only
Table D-Death +Permanent Total Disability +Permanent Partial Disability + Temporary Total Disablement			Covered-Accidental only
Medical expenses			Medical Extension is limited to 40% of the compensation paid in settlement of a valid claim or 20% of the relevant sum insured whichever is less.
Education Grant			Dependent Child Education benefit:- cover below age 25 years with limit for 1 child amount equal to 10% of the capital sum insured subject to maximum of Rs. 5,000 and for two children an amount equal to 10% of the capital sum insured subject to maximum of Rs.10,000

General Conditions: Maximum any one life limit will be (Rs.)- 14,848,680

Coverage:-

- 1.Weekly Compensation (Temporary total disability benefit)- 1% Sum insured or actual weekly salary or Rs 5,000 whichever is less per week, maximum for 100 weeks.
- 2.Transportation of mortal remains: - 2% of Capital Sum Insured or Rs. 2,500/- whichever is less.
- 3.Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
- 4.24*7 coverage
- 5.Age restricted between 18 years -65 years.

Warranties:

- 1.Policy is on NAMED BASIS
- 2.Warranted all the employees without any selection are covered under the policy
- 3.Warranted that weekly benefit is sum insured restricted to 24 times the monthly salary or the sum insured against the individual or Rs 5 lakhs whichever is less ,
- 4.Total Sum insured should not exceed 60 times of monthly salary of an employee. Insured to submit salary certificate of month prior to date of accident at the time of claim.
- 5.Mid-term increase in sum insured is not permitted.
- 6.Contractual employee/labor are out of the scope of the policy
- 7.Warranted that armed security guards & fire fighters are not covered under the policy.
- 8.Warranted that all the employees belong to Risk category I & II only

Addition & deletion process:-

- 1."Mid term addition is allowed only on the ground of new joiners.
- 2.Insured to submit monthly list of additions & deletions of new joiners/ those who have left the organization during the month by 7th of succeeding month.
- 3.New joiners will be covered from the date of joining subject to sufficient CD balance from date of inclusion or else from the date of receipt of premium.
- 4.Deletion of an employee will be from the date employee leaving the organization.
- 5.Premium for addition & deletion will be on pro-rata basis.
- 6.No refund is allowed against employees who have claimed.
- 7.In case of delayed declaration, addition/deletion will be from the date of receipt of request to insurer subject to sufficient CD balance subject to nil claims."

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Specific Exclusions:

A.Lives involved in the below mentioned activities/occupation shall be outside the scope of the policy:-

- 1.Employee involved in any hazardous activity or manual labour.
- 2.While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
- 3.Participation in any kind of motor speed contest
- 4.Professional sports team in respect of specific benefit for inability to perform
- 5.Underground mining & contractor specializing in tunneling
- 6.Naval, military or air force personnel
- 7.Radioactivity, Nuclear risks, ionizing radiation
- 8.Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
- 9.Being under influence of drugs, alcohol, or other intoxication or hallucinogens
- 10.Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
- 11.Committing any breach of law of land with criminal intent.
- 12.Death or disablement resulting from Pregnancy or childbirth
- 13.Offshore activities & related risks are out of the scope of policy

B.Lives employed under the occupation under Risk Category III are excluded under the scope of the policy i.e. . Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard.

Rest of Terms & Conditions& exclusions as per the Group Personal Accident Policy. "Attached with this Policy schedule, are the Policy wording along with terms and condition, Endorsement, and Annexure. If you (Policyholder) have not received any of these, please E-mail/write to the company at rgicl.services@relianceada.com or contact us on 1800 3009 (toll free) within 15 days of receipt of this policy. This policy Schedule in original must be surrender to the company in case of cancellation of the policy. In the event of any incorrect representation, the liability shall be upon the policy holder. "

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SCHEDULE ATTACHED TO AND FORMING PART OF POLICY NO.: '130131929140000013'
MEDICAL EXPENSES EXTENSION (Group Insurance)

Endorsement extending Insurance under Policy No. '130131929140000013' in the name of 'M/S PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY ' In consideration of the payment of an additional premium paid under the policy it is hereby agreed and declared that notwithstanding anything in the within written policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident as specified in the Policy, for which a claim is made by the Insured and admitted by the Company. The Company shall reimburse to the insured person an amount up to but not exceeding ___% of the Admissible Claim or ___% of claim amount or actual whichever is less. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall, if the Company so requires be submitted to and is approved by the Company.

PROVIDED ALWAYS THAT:

1. The insurance shall not apply, in so far as it applies to a female to expenses incurred in respect of any condition arising from the traceable to any disease of the organs of generation, malignant diseases of mammary glands, pregnancy, childbirth, abortion or miscarriage or any complications and or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to may any payment under this Policy in respect of :-
 - i. Disease, Injury, Death or Disablement directly or indirectly due to war, Invasion, Act of Foreign Enemy Hostilities or Warlike Operations (whether war be declared or not) or Civil War or Rebellion, Revolution, Insurrection Mutiny, Military, Naval or Air Service or Breach of Law of Hunting Steeple chasing or engaging in aviation or Ballooning other than as a passenger (fare paying or otherwise) in any licensed Standard Type of Aircraft.
 - ii. Circumcision or Strictures of Vaccination or Inoculation or change of life or beauty treatment of any description of dental or eye treatment other than treatment for the diseases etc. or Intentional self injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility "run down" conditions and General "overhaul") or Venereal Disease or intemperance or the use of intoxicating drugs or liquors or any diseases, injury, death or disablement directly or indirectly due to any one or more of them.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

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Schedule of Members covered attached to and forming part of Policy No 130131929140000013

SNo	Emp Code	Name	Nominee	Grade	Age	Table A	Table B	Table C	Table D	Total Sum Insured	DateofJoining	Location	Remarks
1	002			ASSISTANT GENERAL MANAGER	41 Yr 00 M	0	0	5940880	500000	6440880			
2	003			GENERAL ASSISTANT	49 Yr 00 M	0	0	5014240	500000	5514240			
3	005			CHIEF GENERAL MANAGER	50 Yr 00 M	0	0	13423060	500000	13923060			
4	006			CHIEF GENERAL MANAGER	51 Yr 00 M	0	0	14001580	500000	14501580			
5	007			GENERAL MANAGER	42 Yr 00 M	0	0	9821740	500000	10321740			
6	009			DEPUTY GENERAL MANAGER	46 Yr 00 M	0	0	8953960	500000	9453960			
7	010			CHIEF GENERAL MANAGER	50 Yr 00 M	0	0	11417500	500000	11917500			
8	011			CHIEF GENERAL MANAGER	48 Yr 00 M	0	0	13423060	500000	13923060			
9	012			DEPUTY GENERAL MANAGER	43 Yr 00 M	0	0	9821740	500000	10321740			
10	013			GENERAL MANAGER	47 Yr 00 M	0	0	10887220	500000	11387220			
11	015			GENERAL MANAGER	42 Yr 00 M	0	0	10887220	500000	11387220			
12	016			GENERAL MANAGER	44 Yr 00 M	0	0	10887220	500000	11387220			
13	017			GENERAL MANAGER	43 Yr 00 M	0	0	10887220	500000	11387220			
14	019			DEPUTY GENERAL MANAGER	47 Yr 00 M	0	0	9604840	500000	10104840			

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SNo	Emp Code	Name	Nominee	Grade	Age	Table A	Table B	Table C	Table D	Total Sum Insured	DateofJoining	Location	Remarks
15	020			DEPUTY GENERAL MANAGER	40 Yr 00 M	0	0	8322460	500000	8822460			
16	021			EXECUTIVE DIRECTOR	54 Yr 00 M	0	0	14348680	500000	14848680			
17	022			DEPUTY GENERAL MANAGER	42 Yr 00 M	0	0	8322460	500000	8822460			
18	023			MANAGER	37 Yr 00 M	0	0	4581340	500000	5081340			
19	024			ASSISTANT GENERAL MANAGER	37 Yr 00 M	0	0	6109600	500000	6609600			
20	026			MANAGER	32 Yr 00 M	0	0	4581340	500000	5081340			
21	027			ASSISTANT GENERAL MANAGER	37 Yr 00 M	0	0	6109600	500000	6609600			
22	029			DEPUTY GENERAL MANAGER	41 Yr 00 M	0	0	8322460	500000	8822460			
23	030			DEPUTY GENERAL MANAGER	41 Yr 00 M	0	0	8322460	500000	8822460			
24	031			MANAGER	34 Yr 00 M	0	0	4581340	500000	5081340			
25	032			MANAGER	34 Yr 00 M	0	0	4581340	500000	5081340			
26	033			ASSISTANT GENERAL MANAGER	36 Yr 00 M	0	0	6109600	500000	6609600			
27	034			MANAGER	34 Yr 00 M	0	0	4581340	500000	5081340			
28	036			DEPUTY GENERAL MANAGER	39 Yr 00 M	0	0	8322460	500000	8822460			
29	037			MANAGER	34 Yr 00 M	0	0	3867820	500000	4367820			

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30	038			MANAGER	32 Yr 00 M	0	0	4581340	500000	5081340			
31	039			GENERAL MANAGER	46 Yr 00 M	0	0	10646140	500000	11146140			
32	040			GENERAL MANAGER	45 Yr 00 M	0	0	9821740	500000	10321740			
33	041			MANAGER	35 Yr 00 M	0	0	4581340	500000	5081340			
34	042			MANAGER	36 Yr 00 M	0	0	4581340	500000	5081340			
35	043			MANAGER	34 Yr 00 M	0	0	4354720	500000	4854720			
36	044			MANAGER	32 Yr 00 M	0	0	4581340	500000	5081340			
37	045			MANAGER	35 Yr 00 M	0	0	4581340	500000	5081340			
38	046			MANAGER	34 Yr 00 M	0	0	4581340	500000	5081340			
39	047			ASSISTANT GENERAL MANAGER	37 Yr 00 M	0	0	6109600	500000	6609600			
40	048			ASSISTANT GENERAL MANAGER	41 Yr 00 M	0	0	6109600	500000	6609600			
41	049			ASSISTANT GENERAL MANAGER	36 Yr 00 M	0	0	6109600	500000	6609600			
42	050			STAFF CAR DRIVER	37 Yr 00 M	0	0	888460	500000	1388460			
43	056			ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860			
44	057			ASSISTANT MANAGER	25 Yr 00 M	0	0	3098860	500000	3598860			
45	058			ASSISTANT MANAGER	28 Yr 00 M	0	0	3098860	500000	3598860			

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46	059	[REDACTED]		ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860				
47	060			ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860				
48	061			ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860				
49	062			ASSISTANT MANAGER	26 Yr 00 M	0	0	3098860	500000	3598860				
50	064			ASSISTANT MANAGER	26 Yr 00 M	0	0	3098860	500000	3598860				
51	065			ASSISTANT MANAGER	26 Yr 00 M	0	0	3098860	500000	3598860				
52	066			ASSISTANT MANAGER	29 Yr 00 M	0	0	3098860	500000	3598860				
53	067			ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860				
54	068			ASSISTANT MANAGER	27 Yr 00 M	0	0	3098860	500000	3598860				
55	070			ASSISTANT MANAGER	29 Yr 00 M	0	0	3098860	500000	3598860				
56	071			ASSISTANT MANAGER	26 Yr 00 M	0	0	3098860	500000	3598860				
57	072			ASSISTANT MANAGER	27 Yr 00 M	0	0	2949400	500000	3449400				



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SNo	Emp Code	Name	Nominee	Grade	Age	Table A	Table B	Table C	Table D	Total Sum Insured	DateofJoining	Location	Remarks
58	075			EXECUTIVE DIRECTOR	51 Yr 00 M	0	0	14011240	500000	14511240			
Grand Total						0	0	377908360	29000000	406908360			