



पेंशन निधि विनियामक और
विकास प्राधिकरण
बी-14/ए, छत्रपति शिवाजी भवन,
कुतुब संस्थागत क्षेत्र,
कटवारिया सराय, नई दिल्ली-110016
दूरभाष : 011-26517501, 26517503, 26133730
फैक्स : 011-26517507
वेबसाईट : www.pfrda.org.in

**PENSION FUND REGULATORY
AND DEVELOPMENT AUTHORITY**
B-14/A, Chhatrapati Shivaji Bhawan,
Qutub Institutional Area,
Katwaria Sarai, New Delhi-110016
Ph : 011-26517501, 26517503, 26133730
Fax : 011-26517507
Website : www.pfrda.org.in

PFRDA/05/1/0005/2018-HR

05.03.2020

To

Various General Insurance companies

Subject: - Inviting bids from IRDAI registered Insurance companies for providing Group Personal Accident (GPA) policy for officers/staff members of the Pension Fund Regulatory and Development Authority – req.

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulatory body established vide the PFRDA Act, 2013 passed by the Parliament of India and set up under Ministry of Finance, Government of India with the mandate to promote, regulate and develop the Pension Sector in India, with its Head Office located in New Delhi. PFRDA proposes to purchase a Group Personal Accident (hereinafter 'GPA') policy for its officers/staff members for a period of one year.

2. At present, the coverage under the GPA policy is to be provided to a total of 57 staff members for a capital sum insured of **Rs. 61,70,81,820/-**. The list of the officials/staff members along with the respective sum insured, next of kin (nominee) date of birth is enclosed as **Annexure I**.
3. The policy should provide comprehensive personal accident insurance coverage. The bid should comply with the following terms and conditions broadly;

Basic Cover:
1. Death+ PTD (Permanent Total Disability) as per List Annexure II + PPD (Permanent Partial Disability) + TTD (Total Temporary Disability).
2. Terrorism covered.
Additional Benefits:
3. <u>Transportation of mortal remains</u> – 1% of S.I. or Rs. 30,000/- or actual expenses, whichever is less

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4. <u>Funeral expenses</u> – 1% of S.I. Rs. 10,000/- or actual amount claimed, whichever is less.
3. <u>Dependent Child Education benefit</u> – 5% of S.I. or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3% of S.I. or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child.
4. <u>Accidental Medical Benefits</u> – Covered upto 40% of S.I. or 10% of admissible claim amount under the basic cover or actual amount whichever is less.
5. <u>Temporary Total disability (TTD)</u> – Temporary Total Disability is restricted to 1% of the sum insured or actual wages or Rs 20,000/-, whichever is less, per week, for 100 weeks.
6. <u>Ambulance expenses</u> – as per actuals.

4. You are requested to submit the bids considering the existing group size, sum insured and the terms and conditions mentioned above for premium payable by PFRDA on annual basis for the Group Personal Accident (GPA) policy. The bids in a sealed cover superscribed "Quotation for Group Personal Accident Policy" should reach latest **by 1600 Hrs on 13.03.2020 (Friday)** at the following address: -

The General Manager (Admin & HR),
Pension Fund Regulatory and Development Authority,
Chatrapati Shivaji Bhawan,
1st floor, B-14/A,
Qutab Institutional Area,
Katwaria Sarai,
New Delhi- 110016

at 1100 Hrs

5. The pre-bid meeting shall be held on **09.03.2020 (Monday)** and the bids shall be opened on **13.03.2020 (Friday) at 1700 hrs** in the office premises of PFRDA as per above mentioned address. The bids sent by Fax or e-mail will not be considered under any circumstances.

6. **General Terms & Conditions**

- There should be a dedicated helpline (24*7) of the Insurance Company available and the contact details should be furnished after the start of the insurance cover.
- In case of reimbursement to the official/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.
- The response time by the Insurance Company at the time of admission in hospital should be maximum six hours.
- The claim statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.



e. All matters pertaining to this shall be subject to the jurisdiction of the courts in New Delhi only.

7. The Bid is to be submitted for the capital sum insured of **Rs. 61,70,81,820/-** as per format given in **Annexure III**.

Yours faithfully,



[P. Arumugarangarajan]

General Manager

(Admin & HR)

Tele no.: 011- 26543118

Details of Employees for Group Personal Accident (GPA) Policy for Year 2020				ANNEXURE I
Sr. No.	Name of the Employee	Date of Birth	Age (as on 31.12.2019)	Sum Assured
1	Employee No. 1	9/29/1964	55	20815680
2	Employee No. 2	9/12/1967	52	20455080
3	Employee No. 3	4/20/1967	52	19604220
4	Employee No. 4	11/17/1970	49	19295160
5	Employee No. 5	8/10/1968	51	19295160
6	Employee No. 6	4/2/1968	51	18367980
7	Employee No. 7	5/27/1971	48	16858680
8	Employee No. 8	4/10/1976	43	16858680
9	Employee No. 9	2/19/1974	45	16858680
10	Employee No. 10	4/18/1972	47	16533420
11	Employee No. 11	11/13/1975	44	16858680
12	Employee No. 12	10/22/1976	43	16663560
13	Employee No. 13	7/2/1973	46	16419540
14	Employee No. 14	10/18/1975	44	14882580
15	Employee No. 15	5/20/1971	48	14882580
16	Employee No. 16	2/12/1972	47	13686420
17	Employee No. 17	3/9/1978	41	13442460
18	Employee No. 18	4/24/1976	43	13442460
19	Employee No. 19	5/14/1977	42	13442460
20	Employee No. 20	8/26/1977	42	13442460
21	Employee No. 21	10/7/1979	40	13442460
22	Employee No. 22	6/30/1977	42	9839760
23	Employee No. 23	9/25/1981	38	10200300
24	Employee No. 24	4/25/1981	38	10200300
25	Employee No. 25	3/9/1982	37	10200300
26	Employee No. 26	5/17/1981	38	10200300
27	Employee No. 27	1/31/1977	42	10200300
28	Employee No. 28	6/11/1982	37	10200300
29	Employee No. 29	1/2/1982	37	8478000
30	Employee No. 30	1/28/1986	33	8293860
31	Employee No. 31	8/16/1984	35	8293860
32	Employee No. 32	5/9/1984	35	8293860
33	Employee No. 33	7/1/1984	35	8293860
34	Employee No. 34	5/22/1986	33	8293860
35	Employee No. 35	11/2/1983	36	8293860

36	Employee No. 36	10/17/1982	37	8293860
37	Employee No. 37	5/21/1986	33	8293860
38	Employee No. 38	9/17/1983	36	8293860
39	Employee No. 39	1/25/1984	35	8293860
40	Employee No. 40	9/23/1984	35	7641420
41	Employee No. 41	8/31/1984	35	8209560
42	Employee No. 42	4/28/1991	28	6003660
43	Employee No. 43	9/14/1990	29	6003660
44	Employee No. 44	4/3/1991	28	6003660
45	Employee No. 45	6/21/1991	28	6003660
46	Employee No. 46	10/19/1991	28	6003660
47	Employee No. 47	8/13/1992	27	6243660
48	Employee No. 48	7/17/1992	27	6003660
49	Employee No. 49	5/11/1992	27	6003660
50	Employee No. 50	11/29/1989	30	6003660
51	Employee No. 51	3/27/1991	28	5830200
52	Employee No. 52	12/6/1991	28	6003660
53	Employee No. 53	10/13/1989	30	6003660
54	Employee No. 54	4/28/1992	27	6003660
55	Employee No. 55	4/27/1991	28	5835600
56	Employee No. 56	11/3/1969	50	7121700
57	Employee No. 57	7/15/1981	38	2152860
			TOTAL SUM ASSURED	617081820

TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

Annexure III

FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

A. BASIC DETAILS

Sr.No	Particulars	Details
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration No.	
3	Name & Designation of the Office Head (with contact details)	

B. FINANCIAL BID

The premium quotation for a capital sum insured of **Rs. 61,70,81,820/-** for 57 members as per list given as **Annexure I** of tender document is submitted as under;

S.N.	Particulars	Amount (in Rs.)
1	Basic Premium	
2	Taxes @ %	
3	Total	

C. DECLARATION

- a. I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- b. The information furnished above is true and authentic to the best of knowledge and belief.

Date:
Place:

Authorized Signatory

Name:

Designation: