



पेंशन निधि विनियामक और विकास प्राधिकरण
PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY



PFRDA/05/03/0018/2017-HR

04.03.2025

To

Various General Insurance companies

Subject: - Inviting bids from IRDAI registered Insurance companies for provision of Group Mediclaim (Family Floater) policy for officers/staff and their dependents of the Pension Fund Regulatory and Development Authority – reg.

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulator established under PFRDA Act, 2013 to promote old age income security by establishing, developing and regulating Pension Funds and to protect the interest of subscribers to scheme of pension funds, with its office located at New Delhi. PFRDA proposes to avail a Group Medi-claim (Family Floater) policy for its officers/staff and their dependent family members for a period of one year, i.e., from **01.04.2025 to 31.03.2026**.

2. At present, the coverage under the GMC (family floater) policy is to be provided to a total of 297 members, i.e., existing 98 officers/staff members (including 05 retired employees) and their 199 dependents for a total sum insured of **Rs. 26,57,50,000/-** (Rs. Twenty-Six Crore Fifty-Seven Lac Fifty Thousand only). The list of the officials/staff and their dependents along with the respective sum insured and date of birth, etc. is enclosed as **Annexure – I**.

3. The policy should provide comprehensive medical insurance coverage including maternity benefits, etc. on the similar terms and conditions as per the earlier Group Medi-claim policy of PFRDA dated 02.04.2024. The copy of the earlier GMC policy is enclosed herewith for reference as **Annexure – II**. Further, the details of the amounts claimed under the earlier GMC policy(s) availed by PFRDA for the period 01.04.2022 to 31.03.2023, 01.04.2023 to 31.03.2024, and 01.04.2024 till date along with Claim Dump for the said period is given at **Annexure – III**. The details of premium paid during the last three years is given at **Annexure – IV**. The claim dump and MIS for FY 2024-25 as on 31.01.2025 is enclosed as **Annexure – V**.

4. The bid should comply with the following terms and conditions broadly;

- a. Family Floater Extension –Comprising of family composition as Self + Spouse + Dependent Children + 2 Dependent Parents+ unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the employee. The entire sum insured for the family should be available as floater.

ई-500, टॉवर-ई, पांचवां तल, वर्ल्ड ट्रेड सेंटर, नौरोजी नगर, नई दिल्ली-110029

दूरभाष: 91-11-40717900, वेबसाइट: www.pfrda.org.in

E-500, Tower-E, Fifth Floor, World Trade Center, Nauroji Nagar, New Delhi-110029

Phone: 91-11-40717900, Website: www.pfrda.org.in

- b. Maternity Benefit Cover - Rs. 1,00,000/- for Normal delivery and Rs. 1,50,000/- for Caesarean delivery, without any waiting period for all existing female employees and in respect of male employees, their dependent spouse, as the case may be.
- c. Day one cover for New Born baby covered overall within Family Floater sum insured.
- d. Mid-term inclusion of spouse on account of marriage during the course of policy.
- e. Coverage for new joinees and their dependents from the date of joining during the course of policy.
- f. Pre-existing diseases to be covered.
- g. 30 days and first year exclusions to be waived off (including for new joinees and their dependents).
- h. No capping/restriction on the room rent charges, cost of surgeries etc.
- i. Pre and Post Hospitalization expenses coverage for 30 and 60 days respectively.
- j. Co-payment clause, if any, to be waived off.
- k. Age bracket from 0 to 100 years, i.e., Maximum Age of any member in the group (now and future inclusions):100 years.
- l. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.
- m. Psychiatric Treatment subject to Hospitalisation.
- n. Ambulance Charges – at actuals.
- o. Eye Treatment: Cataract Surgery to be covered up to 10% of sum assured, Refractive Eyesight Correction above ± 5 diopter, Cost/ Treatment for Injections (Avastin, Lucentis, etc.) with a ceiling of Rs. 1,00,000/- per person.
- p. Corporate Buffer equal to sum insured may be limited to Rs. 35,00,000/-.
- q. Premium coverage based on Mumbai Zone. Coverage to be extended pan India.
- r. Ayurvedic treatment from Government Hospital/ Institute recognized by Government/ Accredited by Quality Council of India or NABH.

5. You are requested to submit the bids considering the existing group size, sum insured and the terms and conditions (as per previous policy enclosed herewith) for premium payable by PFRDA on annual basis for the Group Medi-claim policy. The bids in a sealed cover superscribed "Quotation for Group Medi-claim Policy" should reach latest **by 15:30 Hrs on 25.03.2025 (Tuesday)** at the following address: -

The Chief General Manager (HR, Legal & Admin),
Pension Fund Regulatory and Development Authority (PFRDA),
E-500, Tower-E, 5th Floor. World Trade Center,
Nauroji Nagar,
New Delhi- 110029

6. The pre-bid meeting shall be held on **11.03.2025 (Tuesday) at 15:00 Hrs.** and the bids shall be opened on **25.03.2025 (Tuesday) at 16:00 Hrs.**, in the office as per above-mentioned address. **The bids sent by Fax or e-mail will not be considered.**

7. General Terms & Conditions

- a. Identity Cards to all the officials/staff and their dependents to be provided within one month of the start of the insurance cover.
- b. There should be a dedicated helpline (24*7) of the TPA of the Insurance Company available and the contact details should be furnished after the start of the insurance cover.
- c. 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.
- d. The response time by the TPA at the time of admission should be bare minimum but shall not exceed six hours.
- e. The Claim Statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.
- f. The Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.

8. PFRDA reserves the right to terminate this process at any point of time, pre or post selection and without their being any obligation owed to any person including the bidders or the successful bidder. There shall be no obligation to award the policy to any party much less the successful bidder. PFRDA shall have the right to modify the terms and conditions of this invitation to offer at any time, based on its requirements. PFRDA shall have the right to reject the bids which in its opinion are conditional.

9. The Bid is to be submitted for the basic sum insured of **Rs. 26,57,50,000/-** as per format given in **Annexure VI**.

10. Any or all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts at New Delhi only

Yours sincerely,

Sd/-

Chief General Manager (HR, Legal & Admin)

Tele no.: 011- 40717900 (118)

List of PFRDA Officials & Dependent Family Members for GMC Policy 2025-2026

Annexure I

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
1	Employee 1	117	March 20, 2023	Self	1-Jun-1960	64	50,00,000
2	Dependent 1			Daughter	8-Mar-1991	34	
3	Dependent 2			Daughter	20-Jul-1998	26	
4	Employee 2	85	October 01, 2020	Self	5-Apr-1963	61	50,00,000
5	Dependent 1			Wife	25-Oct-1966	58	
6	Employee 3	118	April 10, 2023	Self	14-Sep-1964	60	
7	Dependent 1			Husband	1-Mar-1962	63	50,00,000
8	Dependent 2			Daughter	28-Jan-1998	27	
9	Employee 4	81	February 21, 2020	Self	17-Jan-1958	67	
10	Dependent 1			Wife	7-Nov-1965	59	50,00,000
11	Employee 5	82	March 03, 2020	Self	5-May-1960	64	
12	Dependent 1			Wife	19-Aug-1966	58	
13	Employee 6	1	October 1, 2009	Self	24-Apr-58	66	37,50,000
14	Dependent 1			Wife	05-Jan-59	66	
15	Employee 7	21	January 2, 2012	Self	29-Sep-1964	60	37,50,000
16	Dependent 1			Wife	19-May-1973	51	
17	Employee 8	6	July 1, 2011	Self	20-Apr-1967	57	37,50,000
18	Dependent 1			Husband	21-Jun-1965	59	
19	Employee 9	93	Auguts 9, 2021	Self	30-Apr-1969	55	37,50,000
20	Dependent 1			Wife	23-May-1975	49	
21	Employee 10	11	July 22, 2011	Self	17-Nov-1970	54	37,50,000
22	Dependent 1			Husband	21-Jan-1967	58	
23	Dependent 2			Son	5-Oct-2010	14	
24	Employee 11	5	June 27, 2011	Self	10-Aug-1968	56	37,50,000
25	Dependent 1			Wife	19-Jan-1974	51	
26	Dependent 2			Daughter	17-Aug-2002	22	
27	Employee 12	116	February 15, 2023	Self	5-Jan-1976	49	37,50,000
28	Dependent 1			Wife	11-Feb-1979	46	
29	Dependent 2			Daughter	11-Oct-2004	20	
30	Employee 13	39	March 2, 2012	Self	18-Apr-1972	52	37,50,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
31	Dependent 1			Father	9-Jan-1945	80	
32	Dependent 2			Mother	1-May-1950	74	
33	Dependent 3			Wife	14-Nov-1975	49	
34	Dependent 4			Son	2-Nov-2009	15	
35	Employee 14	28	February 15, 2012	Self	1-Nov-1958	66	30,00,000
36	Dependent 1			Wife	14-Sep-59	65	30,00,000
37	Employee 15	10	July 21, 2011	Self	2-Apr-1968	56	
38	Dependent 1			Wife	19-Sep-1973	51	
39	Employee 16	13	July 29, 2011	Self	27-May-1971	53	30,00,000
40	Dependent 1			Wife	16-Feb-1975	50	
41	Dependent 2			Daughter	15-Sep-2003	21	
42	Dependent 3			Daughter	23-Dec-2006	18	
43	Dependent 4			Father	6-Jul-1943	81	
44	Dependent 5			Mother	15-Jun-1948	76	
45	Employee 17	16	September 21, 2011	Self	19-Feb-1974	51	30,00,000
46	Dependent 1			Mother	7-Feb-1944	81	
47	Dependent 2			Wife	6-May-1980	44	
48	Dependent 3			Son	22-Oct-2005	19	
49	Dependent 4			Daughter	7-May-2008	16	
50	Employee 18	15	September 9, 2011	Self	10-Apr-1976	48	
51	Dependent 1			Wife	22-Jun-1982	42	
52	Dependent 2			Son	7-Feb-2004	21	
53	Dependent 3			Daughter	26-Jan-2008	17	
54	Employee 19	17	September 28, 2011	Self	13-Nov-1975	49	30,00,000
55	Dependent 1			Wife	5-Feb-1982	43	
56	Dependent 2			Daughter	5-Oct-2010	14	
57	Dependent 3			Son	27-Jan-2015	10	
58	Dependent 4			Father	1-Aug-1950	74	
59	Dependent 5			Mother	13-Jul-1954	70	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
60	Employee 20	40	March 23, 2012	Self	2-Jul-1973	51	30,00,000
61	Dependent 1			Wife	16-May-1975	49	
62	Dependent 2			Son	20-Dec-2004	20	
63	Employee 21	7	July 5, 2011	Self	22-Oct-1976	48	30,00,000
64	Dependent 1			Wife	23-Feb-1978	47	
65	Dependent 2			Daughter	6-Jul-2002	22	
66	Dependent 3			Daughter	6-Oct-2007	17	
67	Employee 22	29	February 16, 2012	Self	26-Aug-1977	47	
68	Dependent 1			Wife	1-Mar-1982	43	30,00,000
69	Dependent 2			Daughter	29-Apr-2012	12	
70	Dependent 3			Son	30-Jan-2007	18	
71	Dependent 4			Father	20-Oct-1943	81	
72	Dependent 5			Mother	7-Jul-1951	73	
73	Employee 23	20	December 21, 2011	Self	9-Mar-1978	47	30,00,000
74	Dependent 1			Mother	15-Feb-1951	74	
75	Dependent 2			Wife	26-Sep-1979	45	
76	Dependent 3			Son	29-Jan-2009	16	
77	Dependent 4			Son	4-May-2012	12	
78	Employee 24	36	February 29, 2012	Self	7-Oct-1979	45	30,00,000
79	Dependent 1			Husband	8-May-1978	46	
80	Dependent 2			Daughter	15-May-2013	11	
81	Dependent 3			Father-in-law	15-Dec-1945	79	
82	Employee 25	12	July 26, 2011	Self	18-Oct-1975	49	30,00,000
83	Dependent 1			Husband	8-Jul-1974	50	
84	Dependent 2			Daughter	12-Jul-2012	12	
85	Dependent 3			Son	22-Aug-2014	10	
86	Employee 26	19	December 20, 2011	Self	20-May-1971	53	30,00,000
87	Dependent 1			Husband	27-Apr-1970	54	
88	Dependent 2			Father	27-Mar-1936	89	
89	Dependent 3			Mother	6-Mar-1943	82	
90	Dependent 4			Sister	26-Apr-1980	44	
91	Dependent 5			Daughter	5-Oct-2020	4	30,00,000
92	Employee 27	22	January 24, 2012	Self	24-Apr-1976	48	
93	Dependent 1			Daughter	18-Jul-2013	11	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
94	Dependent 2			Mother	1-Sep-1947	77	
95	Dependent 3			Father	10-Jul-1947	77	
96	Employee 28	30	February 16, 2012	Self	14-May-1977	47	30,00,000
97	Dependent 1			Wife	10-Jun-1980	44	
98	Dependent 2			Son	5-Jul-2010	14	
99	Employee 29	48	June 11, 2012	Self	31-Jan-1977	48	30,00,000
100	Dependent 1			Son	5-Feb-2013	12	
101	Employee 30	24	February 7, 2012	Self	25-Sep-1981	43	30,00,000
102	Dependent 1			Husband	19-Sep-1981	43	
103	Dependent 2			Daughter	23-Dec-2015	9	
104	Employee 31	27	February 13, 2012	Self	25-Apr-1981	43	30,00,000
105	Dependent 1			Husband	6-Dec-1981	43	
106	Dependent 2			Son	27-Nov-2012	12	
107	Dependent 3			Son	26-Jul-2016	8	
108	Employee 32	33	February 24, 2012	Self	9-Mar-1982	43	30,00,000
109	Dependent 1			Wife	18-Oct-1985	39	
110	Dependent 2			Father	7-May-1951	73	
111	Dependent 3			Son	18-Apr-2020	4	
112	Dependent 4			Son	18-Apr-2020	4	
113	Employee 33	47	June 8, 2012	Self	17-May-1981	43	30,00,000
114	Dependent 1			Husband	11-Oct-1978	46	
115	Dependent 2			Daughter	22-Nov-2007	17	
116	Dependent 3			Mother-in-law	29-Jul-1959	65	
117	Dependent 4			Son	22-Mar-2018	7	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
118	Employee 34	49	September 17, 2012	Self	11-Jun-1982	42	30,00,000
119	Dependent 1			Daughter	30-Nov-2013	11	
120	Employee 35	31	February 16, 2012	Self	16-Aug-1984	40	
121	Dependent 1			Mother	31-Jan-1955	70	
122	Dependent 2			Wife	5-Jun-1984	40	
123	Dependent 3			Daughter	30-Oct-2014	10	
124	Dependent 4			Daughter	11-Feb-2020	5	
125	Employee 36	32	February 17, 2012	Self	9-May-1984	40	30,00,000
126	Dependent 1			Wife	30-Apr-1983	41	
127	Dependent 2			Daughter	21-Jul-2016	8	
128	Employee 37	34	February 24, 2012	Self	1-Jul-1984	40	30,00,000
129	Dependent 1			Wife	15-Sep-1984	40	
130	Dependent 2			Father	26-Mar-1958	67	
131	Dependent 3			Mother	12-Dec-1962	62	
132	Dependent 4			Daughter	9-May-2015	9	
133	Dependent 5			Daughter	5-Apr-2022	2	
134	Employee 38	38	March 1, 2012	Self	22-May-1986	38	
135	Dependent 1			Wife	26-Jan-1989	36	
136	Dependent 2			Father	1-Jan-1954	71	
137	Dependent 3			Mother	1-Jan-1961	64	
138	Dependent 4			Son	28-Aug-2018	6	
139	Dependent 5			Daughter	18-Nov-2020	4	
140	Employee 39	41	April 2, 2012	Self	2-Nov-1983	41	30,00,000
141	Dependent 1			Wife	17-Feb-1986	39	
142	Dependent 2			Daughter	29-Nov-2010	14	
143	Dependent 3			Daughter	14-Jun-2019	5	
144	Employee 40	42	April 3, 2012	Self	17-Oct-1982	42	30,00,000
145	Dependent 1			Wife	23-Oct-1982	42	
146	Dependent 2			Daughter	5-May-2016	8	
147	Employee 41	2	October 1, 2009	Self	30-Jun-1977	47	22,50,000
148	Dependent 1			Sister	2-Jul-1984	40	
149	Employee 42	23	January 30, 2012	Self	2-Jan-1982	43	22,50,000
150	Dependent 1			Husband	2-Jan-1980	45	
151	Dependent 2			Son	21-Feb-2011	14	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
152	Dependent 3			Father	5-Mar-1952	73	
153	Dependent 4			Mother	25-Sep-1961	63	
154	Dependent 5			Son	17-Jul-2021	3	
155	Employee 43	26	February 8, 2012	Self	28-Jan-1986	39	22,50,000
156	Dependent 1			Wife	15-Nov-1989	35	
157	Dependent 2			Son	14-Dec-2015	9	
158	Dependent 3			Son	22-Feb-2024	1	
159	Employee 44	44	April 25, 2012	Self	21-May-1986	38	22,50,000
160	Dependent 1			Mother	18-Feb-1961	64	
161	Dependent 2			Wife	30-Jul-1991	33	
162	Dependent 3			Son	19-Jun-2015	9	
163	Employee 45	45	April 26, 2012	Self	17-Sep-1983	41	22,50,000
164	Dependent 1			Wife	5-Oct-1985	39	
165	Dependent 2			Daughter	6-May-2014	10	
166	Employee 46	46	April 30, 2012	Self	25-Jan-1984	41	22,50,000
167	Dependent 1			Wife	25-Aug-1988	36	
168	Dependent 2			Daughter	5-Sep-2013	11	
169	Employee 47	37	March 1, 2012	Self	23-Sep-1984	40	22,50,000
170	Dependent 1			Mother	6-Jan-1960	65	
171	Dependent 2			Daughter	3-Jul-2012	12	
172	Employee 48	43	April 16, 2012	Self	31-Aug-1984	40	22,50,000
173	Dependent 1			Husband	1-Jul-1984	40	
174	Employee 49	56	July 28, 2017	Self	28-Apr-91	33	22,50,000
175	Dependent 1			Wife	12-Dec-94	30	
176	Dependent 2			Son	06-Jun-22	2	
177	Dependent 3			Father-in-law	10-Jun-65	59	
178	Dependent 4			Mother-in-law	11-Jul-68	56	
179	Employee 50	58	July 28, 2017	Self	14-Sep-90	34	22,50,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
180	Employee 51	59	July 28, 2017	Self	03-Apr-91	33	22,50,000
181	Dependent 1			Wife	12-Apr-90	34	
182	Dependent 2			Daughter	02-Nov-19	5	
183	Dependent 3			Daughter	20-Feb-25	0	
184	Dependent 4			Father	30-Jun-60	64	
185	Dependent 5			Mother	12-Jul-62	62	
186	Dependent 6			Sister	29-Nov-97	27	
187	Employee 52	60	July 28, 2017	Self	21-Jun-91	33	22,50,000
188	Employee 53	61	August 1, 2017	Self	19-Oct-91	33	22,50,000
189	Employee 54	62	August 7, 2017	Self	13-Aug-92	32	22,50,000
190	Dependent 1			Wife	31-May-93	31	
191	Employee 55	64	August 10, 2017	Self	17-Jul-92	32	22,50,000
192	Employee 56	65	August 14, 2017	Self	11-May-92	32	22,50,000
193	Dependent 1			Wife	08-Jun-93	31	
194	Dependent 2			Father	17-Apr-57	67	
195	Dependent 3			Mother	01-Jul-1960	64	
196	Employee 57	66	August 14, 2017	Self	29-Nov-89	35	
197	Dependent 1			Mother	01-May-68	56	22,50,000
198	Dependent 2			Sister	14-Feb-97	28	
199	Dependent 3			Wife	28-Jan-94	31	
200	Employee 58	67	August 16, 2017	Self	27-Mar-91	34	
201	Dependent 1			Wife	21-Jan-95	30	22,50,000
202	Dependent 2			Father	13-Mar-60	65	
203	Dependent 3			Mother	13-Feb-62	63	
204	Employee 59	70	August 16, 2017	Self	13-Oct-89	35	
205	Dependent 1			Wife	05-Aug-92	32	22,50,000
206	Dependent 2			Mother	02-Feb-68	57	
207	Dependent 3			Daughter	02-Dec-19	5	
208	Employee 60	71	October 30, 2017	Self	28-Apr-92	32	
209	Dependent 1			Wife	10-Mar-95	30	22,50,000
210	Dependent 2			Father	01-Jul-68	56	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
211	Dependent 3			Mother	01-Jan-71	54	
212	Employee 61	72	January 12, 2018	Self	27-Apr-1991	33	22,50,000
213	Employee 62	86	January 25, 2021	Self	16-Sep-1994	30	22,50,000
214	Dependent 1			Mother	4-Feb-1968	57	
215	Employee 63	89	February 05, 2021	Self	11-Mar-1996	29	22,50,000
216	Dependent 1			Husband	12-Aug-1994	30	
217	Employee 64	90	February 15, 2021	Self	7-Dec-1996	28	22,50,000
218	Employee 65	94	February 8, 2022	Self	23-Aug-1994	30	22,50,000
219	Employee 66	95	February 9, 2022	Self	22-Jun-1997	27	22,50,000
220	Dependent 1			Wife	9-Sep-1999	25	
221	Dependent 2			Father	10-Aug-1977	47	
222	Dependent 3			Mother	4-May-1980	44	
223	Employee 67	96	February 14, 2022	Self	15-Oct-1994	30	22,50,000
224	Dependent 1			Wife	6-Feb-1995	30	
225	Employee 68	97	February 14, 2022	Self	5-Sep-1991	33	22,50,000
226	Dependent 1			Wife	1-Jun-1998	26	
227	Employee 69	98	February 15, 2022	Self	5-Nov-1998	26	22,50,000
228	Employee 70	99	February 17, 2022	Self	30-Aug-1995	29	22,50,000
229	Employee 71	100	February 17, 2022	Self	21-Nov-1994	30	22,50,000
230	Employee 72	102	March 08, 2022	Self	13-Aug-1995	29	22,50,000
231	Employee 73	103	March 14, 2022	Self	21-Mar-1998	27	22,50,000
232	Employee 74	104	March 14, 2022	Self	2-May-1997	27	22,50,000
233	Dependent 1			Mother	5-May-1969	55	
234	Dependent 2			Father	17-Feb-1966	59	

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
235	Employee 75	105	March 30, 2022	Self	30-May-1995	29	22,50,000
236	Employee 76	106	April 29, 2022	Self	3-Jul-1994	30	22,50,000
237	Dependent 1			Husband	3-May-1993	31	
238	Dependent 2			Son	20-Sep-2024	0	
239	Dependent 3			Father-in-Law	25-Aug-1965	59	
240	Dependent 4			Mother-in-Law	1-Jan-1971	54	
241	Employee 77	112	June 30, 2022	Self	11-Nov-1993	31	22,50,000
242	Dependent 1			Wife	19-Aug-1993	31	
243	Dependent 2			Son	22-Aug-2023	1	
244	Employee 78	119	July 3, 2023	Self	22-Aug-1995	29	22,50,000
245	Employee 79	120	July 3, 2023	Self	11-Dec-1994	30	22,50,000
246	Dependent 1			Mother	15-Jun-1965	59	
247	Dependent 2			Wife	5-Aug-1994	30	
248	Employee 80	121	July 3, 2023	Self	14-Nov-1991	33	22,50,000
249	Employee 81	122	July 3, 2023	Self	9-Jul-1999	25	22,50,000
250	Employee 82	124	July 3, 2023	Self	6-Nov-1998	26	22,50,000
251	Dependent 1			Mother	22-Jun-1973	51	
252	Employee 83	125	July 3, 2023	Self	14-Feb-1998	27	22,50,000
253	Employee 84	126	July 3, 2023	Self	25-Oct-1988	36	22,50,000
254	Dependent 1			Wife	23-Sep-1990	34	
255	Dependent 2			Mother	4-Jan-1959	66	
256	Dependent 3			Daughter	19-Mar-2024	1	
257	Employee 85	127	July 3, 2023	Self	27-May-1996	28	22,50,000
258	Dependent 1			Father	17-Apr-1967	57	
259	Dependent 2			Mother	16-Oct-1971	53	
260	Employee 86	128	July 3, 2023	Self	10-Sep-1994	30	22,50,000
261	Employee 87	129	July 3, 2023	Self	18-Jan-1996	29	22,50,000
262	Dependent 1			Father	11-Nov-1966	58	
263	Dependent 2			Mother	22-Jan-1973	52	
264	Employee 88	130	July 3, 2023	Self	19-Dec-1997	27	22,50,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
265	Dependent 1			Father	25-Jul-1971	53	22,50,000
266	Dependent 2			Mother	30-Nov-1974	50	
267	Employee 89	131	July 3, 2023	Self	19-Oct-1990	34	
268	Dependent 1			Wife	16-Mar-1991	34	
269	Dependent 2			Daughter	11-Mar-2018	7	
270	Employee 90	132	July 3, 2023	Self	4-Aug-1991	33	22,50,000
271	Dependent 1			Wife	5-Oct-1993	31	
272	Dependent 2			Daughter	20-Apr-2020	4	
273	Dependent 3			Son	6-Sep-2023	1	
274	Dependent 4			Father	19-Jul-1950	74	
275	Dependent 5			Mother	4-May-1959	65	22,50,000
276	Employee 91	134	July 3, 2023	Self	22-Sep-1998	26	
277	Dependent 1			Father	7-Apr-1965	59	
278	Dependent 2			Mother	1-Jan-1967	58	
279	Employee 92	135	July 3, 2023	Self	1-Jul-1993	31	
280	Dependent 1			Mother	17-Jul-1967	57	22,50,000
281	Dependent 2			Father	1-Jun-1963	61	
282	Employee 93	136	July 3, 2023	Self	11-Mar-1994	31	
283	Employee 94	137	July 3, 2023	Self	22-Aug-1996	28	
284	Dependent 1			Father	6-Jun-1974	50	
285	Dependent 2			Mother	4-May-1979	45	22,50,000
286	Employee 95	138	July 3, 2023	Self	9-Dec-1994	30	
287	Dependent 1			Sister	31-Mar-1999	26	
288	Dependent 2			Mother	17-Mar-1975	50	
289	Employee 96	139	July 3, 2023	Self	10-Jul-1992	32	
290	Employee 97	3	October 1, 2009	Self	3-Nov-1969	55	22,50,000
291	Dependent 1			Wife	1-Jan-1969	56	
292	Dependent 2			Mother-in-law	1-Jan-1940	85	
293	Employee 98	50	July 30, 2013	Self	15-Jul-1981	43	
294	Dependent 1			Wife	19-Aug-1986	38	
295	Dependent 2			Son	9-Aug-2010	14	15,00,000

S. No.	Name of the Employee/Dependent	Employee No.	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2025)	Sum insured
296	Dependent 3			Daughter	7-Jan-2013	12	
297	Dependent 4			Mother	1-Jan-1963	62	

GROUP MEDICLAIM SCHEDULE

Address of Issuing Office : Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Issuing Branch Code: 9201	Flat No-10-15 14th Floor, Vijaya Building, 17, Barakhamba Road,DELHI
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Policyholder Details	
Policy Number: 130132428120000003	Proposal No: P033124100469
Name: M/S PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY	Policy Issue Date: 02/04/2024
Correspondence Address & Place of Supply: B 14/A, CHATRAPATI SHIVAJI BHAWAN, NEAR KARWARIA SARAI, QUTAB INSTITUTIONAL AREA, NEW DELHI, SOUTH DELHI, DELHI SOUTH DELHI 110016	Email Id: vishal.rathour@pfrda.org.in
Period of Insurance: From 01/04/2024 to mid night on 31/03/2025	Contact No: 9891321352
Tax Invoice No. & Date: P033124100469 & 02/04/2024	Date of proposal: 02/04/2024
GSTIN/UIN of Policyholder: 07AAALP0291L1ZU	Policy Branch Office Code: 1301

Details of previous policy (in case of renewal)	
Previous policy No: H1186537	Date of expiry: 31/03/2024

Co-Insurance Details			
Co-Insurance Company	Company Status	Company Branch and Branch Code	Company Share (%)
RELIANCE GENERAL INSURANCE CO LTD.	Own	Corporate Group - Delhi,1301	100.00

Risk details	
Total No of Employees Covered	98
Total No of Lives Covered	282
Basis of Sum Insured	Family Floater
Family Covered	As Per Annexure
Total Sum Insured (Rs)	260500000.00
Coverage Details and List of members covered as per Schedule attached.	

Premium Details	Amount (Rs)
Premium (Rs)	5177000.00
CGST (@9.00%)	465930.00
SGST (@9.00 %)	465930.00
Total Premium (Rs)	6108860.00

Branch GSTIN :07AABCR6747B1ZI;HSN Code :997133;Description Of Services :Accident and Health Insurance Service;
Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/62/2024/(Validity Period Dt.01/03/2024 to Dt.01/12/2025)/1501 Date 28-02- 2024" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

Coverage Details			
Cover Name	Sum insured	Co-pay	Special Conditions
Hospitalization			Covered. Minimum 24 hours hospitalization required
Pre Hospitalization			30 days prior from date of admission to hospital.
Post Hospitalization			60 days from date of discharge from hospital
Maternity Cover			"Maternity Benefits for sum insured Rs 100,000 Normal Delivery & Rs. 150,000 C section Delivery Maternity applicable for employee & spouse only"
Waiver of Maternity waiting period			9 months waiting period waived off
Corporate buffer			Equal to sum insured with over all policy limit is Rs.35 lac. Not applicable to maternity and capped ailments
Ambulance charges			Ambulance charges cover as Actual"
Baby cover from Day1			From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child)
Domiciliary hospitalization			covered
Pre-existing illness cover			Pre-existing diseases to be covered
Cover for first year excluded diseases			Waiver of 1st and 2nd yr exclusions
Cover for first 30 days Exclusion			Waiver of 30 day waiting period
Family Definition			"It is agreed that only the following members & Relationships are covered under the policy Self + Spouse + dependent children + 2 dependent parents + unmarried minor brothers as well as unmarried, divorced, abandoned, separated, from their husbands or widowed sisters residing with and wholly dependent on the employee",Age limit : upto 100 years"
Member Addition and Deletion Process			Addition-deletion will be done on pro-rata premium basis for employees along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 15th day of succeeding month.Dependents to be declared at inception of policy only. Mid-term change/addition not allowed except spouse by marriage and child by birth, , which are to be declared within 30 days of succeeding month.
Room Rent			At actual

- General Conditions: 1.Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.
 2.Family Floater Sum Insured of 1500000, 2250000, 3000000, 3800000, 5000000
 3."Cataract Surgery to be covered upto 10% of Sum assured, Refractive eyesight correction above +/-5 diopter, Injections (Avastin, Lucentis, Etc) with a ceiling of Rs 1,00,000 per person"
 4."Mid-term change in SI is allowed in case of promotion only.
 5.Employee -Employer relationship is there.
 6.All employees covered without any selection.
 7.Hospitalization arising out of Psychiatric ailments is covered
 8.Ayush Treatment is covered "From Government hospital/ Institute recognised by govt/ Accredited by Quality Control of India or NABH
 9.Claim Submission & Intimation clause "Claim intimation:
 a. Planned Hospitalization , the policyholder/Insured person with intimate such admission at least 48 hr prior to the planned date of admission
 b. Emergency hospitalization, the policy holder / insured person will intimate such admission within 24 hrs of such admission.
 10.Claim submission: It shall be a condition precedent to the Companys liability under this policy that all supporting documents relating to the claim must be submitted to the TPA within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment."
 11.Ailment/ Conditions "MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES: (As per expiring)
 The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:
 A.Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 B.Balloon Sinuplasty
 C.Deep Brain stimulation
 D.Oral chemotherapy
 E.Immunotherapy- Monoclonal Antibody to be given as injection
 F.Intra vitreal injections
 G.Robotic surgeries
 H.Stereotactic radio surgeries
 I.Bronchial Thermoplasty
 J.Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 K.IONM - (Intra Operative Neuro Monitoring)
 L.Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered."

It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization. Rest term, conditions & exclusion as per Group Mediclaim insurance 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.

Warranted that the exclusions mentioned below stand deleted:

30 day Exclusion
First Year exclusion
Pre- existing illness
Maternity
Maternity waiting period

Direct	Direct	
Intermediary Code	Intermediary Name	Intermediary Contact No.

Notice of communication to be given in respect of claim to :	
Name:	Reliance HCMT
Address:	Reliance General Insurance Company .Ltd. HCMT HUB 1-89/3/B/40 to 42/ks/301 3rd floor, Krishe block, Krishe Sapphire Madhapur, Hyderabad Pincode: 500081
City:	Hyderabad
Website Address:	
Customer care No	+91 22 4890 3009
Email id:	rcarehealth@rcap.co.in

Note :

- In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change
- For detailed terms, conditions and exclusions please refer the policy wordings.
- In the event of non-realization of premium, this policy document 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 policy tax invoice date in lieu of Application No. as mentioned in the policy.
- In the event of incorrect representation of this declaration, the liability shall be upon the Policyholder
- Only the benefits which are mentioned in this Policy Schedule shall be available under the Policy.
- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017
- In case of any assistance with claims, please contact us on +91 22 4890 3009 (Paid) or email us at rgicl.services@relianceada.com
- The Policy Wording with detailed terms, conditions and exclusions along with other documents are available on our website www.reliancegeneral.co.in.
- (Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>)

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 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@cioins.co.in

For Reliance General Insurance Co. Ltd.



Authorised Signatory

ANNEXURE – III

Summary of claims for the policy period 2022-23

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	27	1876792
Claims Paid	21	1402704
Claims Outstanding	0	0

Summary of claims for the policy period 2023-24

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	49	6975304
Claims Paid	45	6066984
Claims Outstanding	0	0

Summary of claims for the policy period 2024-25*

Particulars	Unique claim Nos.	Amount (in Rs.)
Claims Reported	29	35,82,007
Claims Paid	21	30,50,711
Claims Outstanding	4	3,81,856

(*till 31.01.2025)

ANNEXURE – IV

Policy Period	Premium Paid (in Rs.)
2022-23	18,28,999
2023-24	20,21,814
2024-25	61,08,860

PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY			
Start Date	01-Apr-24	End Date	31-Mar-25
	Status	No.	Amount(Rs.)
Incurred	CL Paid with settlement Letter	21	30,50,711
	CL Paid - Payment Details Awaited From SAP	0	0
	CL Approved	1	1,30,176
	CL Queried	0	0
	CL WIP	1	67,180
	AL Approved	1	1,49,500
	AL Queried	0	0
	AL WIP	0	0
	Open Intimations	1	35,000
	Sub Total	25	34,32,567
Closed/ Rejected	CL Rejected	1	17,090
	CL Closed	0	0
	AL Closed	0	0
	AL Rejected	2	97,350
	Intimation Closed	1	35,000
	Sub Total	4	1,49,440
	Grand total	29	35,82,007

Note : CL - Addendum & PrePost claims are not considered as separate claims count, but amounts are considered.

ReceivedDate	PolicyName	PolicyStartDate	PolicyEndDate	DateofAdmission	HospitalName	AddressLine	StateName	Status	ReserveAmount
02-Sep-24	PENSION FUND REGU	01-Apr-24	31-Mar-25	09-Jul-24	DUMMY HOSPITAL	MUMBAI	MAHARASHTRA	Closed	35,000
28-Dec-24	PENSION FUND REGU	01-Apr-24	31-Mar-25	23-Dec-24	FORTIS FLT. LT. RAJAN	SECTOR-B, PKT.1, ARI DELHI		Intimated-Untagged	35,000

ANNEXURE – VI

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) PAN	
	e) GSTIN	
3.	Name & Designation of the Office Head (with contact details)	
4.	Complete Details of the Third Party Administrators (TPAs). If more than one TPA is available, all TPAs to be indicated.	

B. FINANCIAL BID

The premium quotation for a sum insured of **Rs. 26,57,50,000/-** for 297 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: