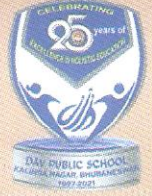




DAV PUBLIC SCHOOL

KALINGA NAGAR, GHATIKIA, BHUBANESWAR - 751029
(Affiliated to C.B.S.E., New Delhi, Affiliation No. 1530121, School No.-15321)



Ref.No.DAV(KN) 763 /2021

Date: 06.08.2021

QUOTATION CALL NOTICE

Sealed quotations are invited by the undersigned from the reputed Insurance Providers / Company for Group Mediclaim Insurance of employees of DAV Schools under Regional Office, DAV Institutions, Odisha Zone - 1 for the year 2021 - 2022. The interested Insurance Providers / Company may submit their sealed Quotations in the Office of the undersigned on or before **13.08.2021** by 3.00 p.m. as per the prescribed proforma available in the website www.davkng.org.in. The envelope containing the Quotation must be written on the cover as **QUOTATION FOR GROUP MEDICLAIM INSURANCE – 2021-22**. The Quotation received either after the stipulated date & time or without the prescribed proforma or incomplete quotations will not be considered. The Quotations without GST/ PAN/ TIN number shall not be considered also. The undersigned reserves the right to cancel any/all the quotations(s) without assigning any reason thereof.


PRINCIPAL

(On behalf of Regional Office,
DAV Institutions, Odisha Zone – I)

Memo No. DAV (KN)/ 764 /2021

DATE: 06.08.2021

Copy to:

1. The Regional Officer, DAV Institutions, Odisha Zone - 1 with a request to kindly inform all DAV Schools under this zone to display this Notice in the School Notice Board for information of the person concerned on this profession/line.
2. The Notice Board of the School for information of concerned person/public.


PRINCIPAL

(On behalf of Regional Office,
DAV Institutions, Odisha Zone – I)

MANAGED BY: DAV COLLEGE MANAGING COMMITTEE, CHITRA GUPTA ROAD, DELHI

Address: Kalinga Nagar, Post: Ghatikia, Bhubaneswar - 751029 (Odisha)

Phone No.: 0674-2386185, Fax: 0674-2386335, Email: davkng09@gmail.com, Web site: www.davkng.org.in

REGIONAL OFFICE, DAV INSTITUTIONS, ODISHA ZONE-I
DAV Public School, Chandrasekharapur, Bhubaneswar-751021.

**QUOTATION FORM FOR GROUP MEDICLAIM INSURANCE OF
EMPLOYEES FOR THE YEAR 2021-22.**

Name of the Insurance Company:

A. Pre-quotation conditions:

1. Approximate number of employees to be insured: **797** (Appx.)
2. Approximate number of family members to be insured: **3207** (Appx.)
3. Family size of each insured employee: **Employee + upto 4 (four)**
4. Family members to be included [upto 4 members may be out of spouse, children (Male-below 25 years and dependent girl child of any age), Parents or Parents-in-law]
5. Sum Insured for each employee including his/her family: Rs.5 lakhs.
6. Date of Commencement: 24.08.2021.
7. Details of age group of the insured persons including the employees:

| Sl.No. | Age Group | No. of persons |
|--------|----------------|---------------------|
| i. | Below 25 Years | 855 (Appx.) |
| ii. | 26 – 65 Years | 1795 (Appx.) |
| iii. | Above 65 Years | 557 (Appx.) |

In Addition to above data 82 additional employees (Outside Bhubaneswar & Cuttack) with following age group may be included in insured employees list. The exact data will be shared at the time of final submission of list.

| Sl.No. | Age Group | No. of persons |
|--------|----------------|--------------------|
| i. | Below 25 Years | 78 (Appx.) |
| ii. | 26 – 65 Years | 207 (Appx.) |
| iii. | Above 65 Years | 51 (Appx.) |

B. Benefits/Coverage of the Insurance:

| Sl.No. | Particulars | Benefits/Coverage | Remarks, if any |
|--------|--|-------------------|-----------------|
| 1. | Upper age of Parents and Parents-in-law | | |
| 2. | Domicile Hospitalization | | |
| 3. | Pre-hospitalization period | | |
| 4. | Post-hospitalization period | | |
| 5. | No limit for Covid-19 treatment expenses | | |
| 6. | Maternity Benefit | | |
| 7. | 9 months waiting period | | |
| 8. | New born baby from day 1 | | |
| 9. | Congenial internal disease, Psychiatry treatment, Genetic Disorder, Treatment for HIV/AIDS | | |
| 10. | Ambulance Charges | | |
| 11. | Additional benefits, if any, for critical illness | | |
| 12. | Ayurvedic/Homeopathic medicines | | |

| | | | |
|-----|--|--|--|
| 13. | Room Rents | | |
| 14. | ICU Charges | | |
| 15. | Day care treatments | | |
| 16. | Cataract treatment | | |
| 17. | Ayush treatment | | |
| 18. | Cashless facility | | |
| 19. | Reimbursement of bills, if any. | | |
| 20. | Details of Medicines, treatments, Physicians fee and appliances Covered | | |
| 21. | Whether treatment of organ donor is covered | | |
| 22. | Details of Tests covered | | |
| 23. | Details of Tests not covered | | |
| 24. | Whether pre-hospitalization Tests covered. | | |
| 25. | Whether post-hospitalization Tests for confirmation of recovery will be covered | | |
| 26. | Amount of coverage in case of Senior citizen(above 65 years) | | |
| 27. | Time limit for clearance of cashless | | |
| 28. | Whether any amount will be paid by the insured at the hospital in cashless facility? | | |
| 29. | Time limit for clearance of Reimbursement cases | | |
| 30. | Documents required for reimbursement | | |

- C. The insured employees shall be allotted the coverage of insurance benefits even after retirement upto his/her age of 80 years.
- D. The Premium amount shall not be enhanced for the next two years.
- E. Individual Claim settlement report should be send within 24 hours to the Regional Office for information.
- F. Premium per employee per annum including GST :
- G. **Declaration:**
 Certified that the rate quoted under F covers the Pre-quotation conditions under A, benefits/coverage under B as well as satisfying the conditions C, D & E. This quotation shall be treated as an agreement between the Insurance Company and the Master policy holder.

Date:

Signature & seal of authorized Officer.