



OFFICE OF THE REGISTRAR :: DIBRUGARH UNIVERSITY :: DIBRUGARH

No. DU/RG/B.01.07/18/2591

Date: 13.03.2018

**NOTICE INVITING EXPRESSION OF INTEREST FOR GROUP HEALTH
INSURANCE POLICY FOR EMPLOYEES OF DIBRUGARH UNIVERSITY,
DIBRUGARH, ASSAM**

Dibrugarh University, Dibrugarh-786004, Assam invites “**Expression of Interest**” (**EOI**) from IRDA Accredited Insurance Companies for Group Health Insurance Policy for its employees and their family members. Interested Insurance Companies may visit the website www.dibru.ac.in for the “Details of EOI” and submit their Expressions of Interest with requisite credentials so as to reach the address below on or before **19.04.2018** (before 1:00 PM).

Sd/-
Registrar
Dibrugarh University

Copy to:

1. The Hon’ble Vice-Chancellor, D.U. for information.
2. Dibrugarh University Website.
3. Office File.

Sd/-
Registrar
Dibrugarh University

DETAILS OF EOI FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF DIBRUGARH UNIVERSITY, DIBRUGARH, ASSAM

1) SCOPE & OBJECTIVE

To facilitate financial access to health services for all serving employees of Dibrugarh University, Dibrugarh Assam and their families. The University wishes to introduce Medical/Health Insurance Plan through an experienced, licensed and registered Insurance Provider capable of implementing and managing a transparent, efficient, cost effective and sustainable Medical/Health Insurance Plan. The detailed “**Scope of Work**” is described at **Schedule–01**

2) INVITATION FOR “EXPRESSION OF INTEREST

Dibrugarh University, Dibrugarh, Assam invites “expressions of interest” from IRDA Accredited Insurance Companies for Group Insurance Policy for its employees and their family members. Expressions of interest along with prescribed documents must be submitted at the office of the Registrar, Dibrugarh University, Dibrugarh-786004, Assam on or before 1:00 PM of 19.04.2018.

A brief of the requirements have been described in the following sections:

3) CREDENTIALS

Only agencies having the following credentials are requested to respond:

- a) The agency should be an IRDA Accredited Insurance Company.
- b) The agency should have experience of providing Group Medical/Health Insurance cover to employees of Government/Semi Government organizations during the past 5 financial years.
- c) The agency should have satisfactory Medical Claims Settlement record.

4) EVALUATION / SELECTION PROCEDURE:

Evaluation / selection shall be carried out in the following stages:-

- (i) A selection committee duly constituted by Dibrugarh University, Assam, shall go through the documents of the agencies and prepare the list of agencies fulfilling the eligibility conditions.
- (ii) The shortlisted agencies will be called for making presentation on technical and commercial parameters to demonstrate their capabilities and experience covering, inter-alia, the following areas:
 - a) Company Profile – Management Structure, Main Business & Areas of Specialization, Duration of Business, Service Centres in Assam etc.

- b) Key Corporate Clients, Value of Contracts and Salient Features of Contract/Agreement with Clients
 - c) List of Empanelled Hospitals in the State of Assam and in the cities of Dibrugarh, Mumbai, Kolkata, Delhi and Chennai.
 - d) Details of Third Party Administrators and their role & responsibilities.
 - e) Stepwise business/enrolment/claim process
 - f) Profit & Loss Account of the last three financial years and Net Worth.
- (iii) Based on inputs received against this EOI a tender will be issued amongst the short listed agencies. They will be required to submit their bids in two parts – technical bid & price bid. Price bids of the agencies found to be technically acceptable shall be opened in presence of bidders.

6) PARTICULARS/DOCUMENTS TO BE SUBMITTED WITH SEAL / SIGNATURE AND A COVERING LETTER IN THE PARTY'S LETTERHEAD:

(i) Details of the establishment:

- a. Name and address of the agency with e-mail ID and contact numbers
- b. Address of Service Centres in Assam with e-mail ID & contact numbers
- c. Attested/notarized copy of Certificate of Incorporation
- d. Attested/notarized copy of IRDA Certificate
- e. Attested/notarized copy of VAT/Service Tax Registration Certificate/GST
- f. Attested/notarized copy of Permanent Account Number (PAN) Card.
- g. Any other useful information.

(ii) Details of Experience & Financial Standing:

- a. Average Annual Turnover during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-A
- b. Claims Settlement Performance during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-B
- c. Attested/notarized copies of at least 3 contracts for Group Medical/Health Insurance executed for Government/Semi Government organizations during the last 5 financial years.

(ii) Other Details:

a) List of empanelled general hospitals and super speciality hospitals in Assam and in the cities of Dibrugarh, Mumbai, Kolkata, Delhi and Chennai.

b) List of Third Party Administrators with locations

7) LAST DATE AND TIME OF SUBMISSION OF EOI: 1:00 PM of 19.04.2018.

Interested agencies are requested to send their expression of interest in a sealed envelope, along with supporting credentials, so as to reach Dibrugarh University, Dibrugarh, Assam on or before 1:00 PM of **19.04.2018** at the following address. The envelope should be superscribed / marked with: “EOI FOR GROUP HEALTH INSURANCE POLICY FOR DIBRUGARH UNIVERSITY, DIBRUGARH-786004, ASSAM”

8) PLACE OF SUBMISSION:

Office of Registrar,
Dibrugarh University
Dibrugarh-786004
Assam

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____ for the past three years are given below and certified that the statement is true and correct.

Sl. No. Financial Year Turnover (Rs in Lakhs)

(i) 2015-16

(ii) 2016-17

(iii) 2017-18

Total - Rs. _____ Lakhs

Average Annual Turnover Rs. _____ Lakhs.

Date:

Signature of Auditor/Chartered Accountant

Seal:

(Name in Capital)

CLAIM SETTLEMENT PERFORMANCE

The Claim Settlement Ratios of M/s _____ for the past three years are given below and certified that the statement is true and correct.

Sl. No. Financial Year Claim Settlement Ratio (%)

(i) 2015-16

(ii) 2016-17

(iii) 2017-18

Date:

Signature of Auditor/Chartered Accountant

Seal:

(Name in Capital)

Format for submission of Expression of Interest
(To be submitted on Official Letter Head)

To,

The Registrar
Dibrugarh University
Dibrugarh-786004, Assam

Sub: EOI for Group Health Insurance for Dibrugarh University Employees & their Family Members

Ref: EOI No.: DU/RG/B.01.07/18/2591 Dated 13.03.2018

Dear Sir,

In reference to the subject cited above, I am/ we are submitting the Expression of Interest for Group Health Insurance for Dibrugarh University Employees & their Family Members, Dibrugarh, Assam.

I / we hereby reconfirm and declare that I /we have carefully read and understood the above referred EOI document including instructions, terms & conditions and all the contents stated therein.

Thanking You,

Yours faithfully,

(Signature of the Authorized Person)

Name:

Date:

Seal:

Group Health Insurance Policy for Dibrugarh University Employees & their Family Members

Technical Details		Remark
Name of the Institute	Dibrugarh University	--
Location	Dibrugarh Dibrugarh-786004, Assam	--
Insured Group Details		
Employee strength as on	13.03.2018	Details of employees & their family members attached herewith as Annexure -I
No. of Employees	1,281 Nos.	
No. of Dependants	Shall be provided later.	
Total No. of Lives	Shall be provided later.	
Family Definition	Employee, Spouse, Parent, Sisters, Widowed Sisters, Brothers, Children, Step Children, Divorced/ Separated daughter and step mother wholly dependent upon the employee and are normally residing with the employee	In case of son, the coverage will be till he starts earning or he attains the age of 25 whichever is earlier. In case of daughter, the coverage will be till she earns earning or gets married whichever is earlier irrespective of the age limit. Dependency & other criteria to be decided as per Govt. Of India Medical Attendance Rule.
Maximum Age	Not Applicable	--
Floater/Individual	Floater	--
Sum Assured Band	Option-I : Rs. Option-II : Rs. Option-III : Rs. Option-IV : Rs.	To be provided by the participating Insurance Company in their E.O.I. / Presentation.
Primary Member (Self) + Age Band	Rs.	
0-25	928 Nos.	--
26-30		
31-35		
36-40		
41-45		
46-50	353 Nos.	--
51-55		
56-60		
61-65		
TOTAL	1,281 Nos.	--
Dependants Age Band		
0-25	Shall be provided later	--
26-30		
31-35		
36-40		
41-45		
46-50		
51-55		
56-60		

61-65	Shall be provided later	--
More than 65		
Coverage & Benefits Details:		Remark
Domiciliary Hospitalization	Included	--
Coverage of Pre-Existing Disease	Covered	--
Exclusions	Applicable	To be specified
Cashless Facility	Applicable	--
30 days waiting period	Waived	--
1 st Year & 2 nd Year exclusions	Waived	--
30 days pre and 60 days post hospitalization expenses coverage	Covered	--
Maternity benefit/ New born baby	Covered	--
Co-payment	Not Applicable	--
Room Rent Capping	Applicable. Cap should not be lower than as mentioned in Annexure-I	1. Room Rent: 1.5 % of the sum insured 2. ICU: 5 % of the sum insured.
Other Conditions	New employee shall be included in the policy from the date of joining & resigned/ terminated employees shall be deleted/ removed from the policy from the date of resignation/ termination.	--
	Monthly declarations will be given for additions or deletion by end of following month.	--
	Pro-rata premium to be charged/ refund in case of addition or deletion.	--
TPA	TPA services involved (if any) and name to be submitted at the time of final placement.	List of Network of Authorized Hospitals to be provided
Any service charges on medical bill	Should be deducted from the claim	--

(Seal & Signature of Authorized Person)

Name in Full:

Annexure - I



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Employee strength as on : 13.03.2018
No. of employees : 1,281 Nos.
No. of dependents : Shall be provided later.
Total Lives : Shall be provided later.

Primary Member (Self) + Age Band	No. of Employees
0-25	928 Nos.
26-30	
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TOTAL	1,281 Nos.
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36-40	
41-45	
46-50	
51-55	
56-60	
61-65	
More than 65	
TOTAL	

(Seal & Signature of Authorized Person)

Name in Full: