

**Revised Annexure – II**

**Financial Bids–“GROUP MEDICAL INSURANCE POLICY AND GROUP ACCIDENTAL INSURANCE BENEFIT FOR ASSAM ELECTRICITY GRID CORPORATION LIMITED”.**

In a separate sealed cover super scribing the envelope:

**FORMAT FOR SUBMITTING FINANCIAL BID BY THE INSURANCE AGENCIES**

(To be submitted on letterhead of the Insurance Company with signatures of the authorized signatory)

To  
The Managing Director  
Assam Electricity Grid Corporation Limited  
Bijulee Bhawan, Paltanbazar, Guwahati-781001

**SUBJECT: TENDER FOR PROVIDING MEDICAL BENEFIT UNDER GROUP MEDICAL INSURANCE POLICY FOR EMPLOYEES ENGAGED BY ASSAM ELECTRICITY GRID CORPORATION LIMITED**

Dear Sir,

I / We, hereby submit our financial offer for the Subject cited above, if the work is awarded to us:

**A. Group Medclaim Insurance for Employees (Existing) & their dependents:**

**1.a Group Medclaim Insurance for all Employees irrespective of Class**

**1.a.1 Group Medclaim Insurance for all Employees irrespective of Class with OPD**

<b>Premium to be charged for one year</b>	<b>Class of Employees</b>	<b>Total Count of lives (Approx.)</b>	<b>Coverage</b>	<b>Amount of Premium (Rs.)</b>	<b>GST Amount (Rs.)</b>	<b>Total Amount (Rs.)</b>
No. of Employees & dependent family members including Self, Spouse, Child, Parents	NA	4166	05 Lacs			
	NA	4166	04 Lacs			
	NA	4166	03 Lacs			
	NA	4166	02 Lacs			

**1.a.2 Group Medclaim Insurance for all Employees irrespective of Class without OPD**

<b>Premium to be charged for one year</b>	<b>Class of Employees</b>	<b>Total Count of lives (Approx.)</b>	<b>Coverage</b>	<b>Amount of Premium (Rs.)</b>	<b>GST Amount (Rs.)</b>	<b>Total Amount (Rs.)</b>
No. of Employees & dependent family members including Self, Spouse, Child, Parents	NA	4166	05 Lacs			
	NA	4166	04 Lacs			
	NA	4166	03 Lacs			
	NA	4166	02 Lacs			

1.a.3 Group Medclaim Insurance for all Employees irrespective of Class with OPD (Excluding parents)

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child	NA	3340	05 Lacs			
	NA	3340	04 Lacs			
	NA	3340	03 Lacs			
	NA	3340	02 Lacs			

1.a.4 Group Medclaim Insurance for all Employees irrespective of Class without OPD (Excluding parents)

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child	NA	3340	05 Lacs			
	NA	3340	04 Lacs			
	NA	3340	03 Lacs			
	NA	3340	02 Lacs			

**1.b. Group Medclaim Insurance for all Employees as per Class**

1.b.1 Group Medclaim Insurance for all Employees as per Class with OPD

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child, Parents	Class-I	1026	05 Lacs			
	Class-II	922	04 Lacs			
	Class-III	1408	03 Lacs			
	Class-IV	810	02 Lacs			

1.b.2 Group Medclaim Insurance for all Employees as per Class without OPD

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child, Parents	Class-I	1026	05 Lacs			
	Class-II	922	04 Lacs			
	Class-III	1408	03 Lacs			
	Class-IV	810	02 Lacs			

1.b.3 Group Mediciam Insurance for all Employees as per Class with OPD (Excluding parents)

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child	Class-I	737	05 Lacs			
	Class-II	594	04 Lacs			
	Class-III	1237	03 Lacs			
	Class-IV	773	02 Lacs			

1.b.4 Group Mediciam Insurance for all Employees as per Class OPD (Excluding parents)

Premium to be charged for one year	Class of Employees	Total Count of lives (Approx.)	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of Employees & dependent family members including Self, Spouse, Child	Class-I	737	05 Lacs			
	Class-II	594	04 Lacs			
	Class-III	1237	03 Lacs			
	Class-IV	773	02 Lacs			

**B. Premium against Group Personal Accident Insurance Policy for existing Lineman/Sahayak only:**

Premium to be charged for one year	Total Heads	Coverage	Amount of Premium (Rs.)	GST Amount (Rs.)	Total Amount (Rs.)
No. of beneficiaries (Lineman/ Sahayak)	214	05 Lakhs			

**C. Premium against Corporate Buffer Fund:**

Premium to be charged for one year	Amount of Premium (Rs.)	GST Amount (Rs.)	Amount	Total Amount (Rs.)
Rs. 25 Lakhs				
Rs. 50 Lakhs				
Rs. 75Lakhs				
Rs. 1 Crore				

(Signature of the Bidder)

Name, Address and seal of the Bidder: \_\_\_\_\_