

Pre-Bid Queries dt. 07.07.2023		
e-Tender No: IIMR/E-Tender/Group Mediclaim/2023-24/07, dated 28.06.2023		
Sl	Query	Reply by IIM Ranchi
1	Past 3 years claim dump of students and employees both	Attached as Annexure-I (Ongoing Policy)
2	Age and relation bifurcation of dependents of employees( Bifurcation of spouse, children parents are not given)	Kindly read the details provided in Table-B in tender document page 4
3	Previous year policy copy of students and employee both	Attached as Annexure-II
4	Number of members in the 1 <sup>st</sup> date of the policy	94 employees and their dependents, 1020 students
5	Number of members present now in the policy	89 employees and their dependents, 1064 students
6	Premium in the beginning of the policy	Employee- Rs. 39,742.26/-, Student- Rs. 216.24/-
7	Premium at the present	Employee- Rs. 39,742.26/-, Student- Rs. 216.24/-
8	Whether staff and student cover in one policy or it will be separate policies	One policy
9	Please share existing policy copy ( if possible )	Please refer attached Annexure-II
10	Family Floater for Employees and their dependent family members - What shall be the family definition for the family unit to be covered? (1 + ?)	As per Gol norms
11	Whether there were any capping/limits in the expiring policy?--Any deviations from the expiring terms and conditions of the policy? If any deviations are there from the expiring terms and conditions, a detailed summary of the deviations from the expiring policy Parameter-----Terms as per Expiring Policy-----As per this Tender Documents Required for Premium Assessment - Expiring Policy Copy, Claims MIS and Claims Dump from the TPA Is there any maximum capping of Ambulance Limits? Are ambulance limits (1% of the SI) as listed in the tender have a per policy limit or per hospitalisation limit? Is proportionate clause applicable?	This is a new tender document with terms and conditions. Proportionate clause in not applicable.
12	Employees & declared dependents to be covered from the date of joining (Addition & Deletion to be declared for each month and within 15 days of succeeding month). Premium for addition/deletion will be charged/refunded on pro rata basis by the insurer. Any bonafide mistake of additions/ deletions in monthly statement will be rectified as per institute's record. The coverage of the mid joiners shall be from Day 1 (Date of joining) irrespective of immediate payment of premium. The premium shall accordingly be calculated on pro rata basis and intimated to the institute for remittance to the service provider. Pro Rata is agreed. However, the coverage for any student shall start only from the date of intimation to the insurance company and shall be subject to either Advance Premium Payment for Coverage (Sec 64vB of Insurance Act, 1938) or maintaining sufficient balance in a CD Account for credit and debit of premium	Coverage for any student shall start only from the date of intimation to the insurance company and shall be subject to either Advance Premium Payment for Coverage (Sec 64vB of Insurance Act, 1938) or maintaining sufficient balance in a CD Account for credit and debit of premium
13	Please confirm can we offer separate policy for Students & Employees along with Dependants.	Yes
14	Provide Detailed Claim Dump and Claim Analysis Report of TPA	Please refer attached Annexure-I
15	Please confirm the No. of Students and Employees at the inception of the Policy in FY 22-23	94 employees and their dependents, 1020 students
16	Please share the Employee list along with Dependants with age demography	Kindly read the details provided in Table-B in tender document page 4





1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice to ensure transparency and accountability. This is particularly crucial for businesses operating in highly regulated industries where compliance is a top priority.

2. The second section delves into the various methods used for data collection and analysis. It highlights the need for robust systems that can handle large volumes of information efficiently. Modern software solutions are often employed to automate data entry and generate reports, saving significant time and reducing the risk of human error.

3. In the third part, the author explores the challenges associated with data security. With the increasing reliance on digital information, protecting sensitive data from unauthorized access and cyber threats has become a paramount concern. Implementing strong security protocols, such as encryption and multi-factor authentication, is essential to safeguard the integrity of the data.

4. The fourth section addresses the issue of data privacy. Organizations must be transparent about how they collect, use, and store personal information. Adhering to data protection regulations, such as the GDPR, is not only a legal requirement but also a way to build trust with customers and stakeholders.

5. Finally, the document concludes by discussing the future of data management. As technology continues to advance, the volume and complexity of data will only increase. Organizations must stay proactive in adopting new tools and strategies to effectively manage and derive value from their data assets.

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Corporate Analysis Report

Policy Details:

Corporate Name: INDIAN INSTITUTE OF MANAGEMENT RANCHI  
Insurer Policy Number: 180102502210000102  
Policy Start Date: 31-Jul-2022  
Policy End Date: 30-Jul-2023  
Total Premium:(in Rs.) 3996923  
Earned Premium:(in Rs.) 3734110  
Lives Covered:(in Nos.) 1406  
Report Generated By: MANOJ KUMAR  
Report Generated Date: 07-Jul-2023 14:20

Table of Contents

1. Incurred Claims Ratio (ICR)
2. Hospitalisation Type Details
3. Member Details - Relationship & Gender wise
4. Member Details - Age Band & Relationship wise
5. Claims Approved - Age Band & Relationship wise
6. Claims Approved - Amount Band & Relationship wise
7. Claims Approved - Ailment wise
8. Top 15 Hospital wise utilization
9. Claims Approved - Cashless & Member Summary
10. Turn Around Time (TAT)
11. Month On Month
12. Payout Ratio
13. Policy Details

1. Incurred Claims Ratio (ICR):

Claim Status	Cashless		Member		Total	
	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)
Reported	50	4925879	14	1106885	64	6032764
Settled	35	2195233	8	551946	43	2747179
Rejected	5	868801	3	90568	8	959369
Cancelled	2	509486	0	0	2	509486
Awaiting Utr	2	468445	2	57773	4	526218
Shortfall	0	0	1	228247	1	228247
Approved	1	168209	0	8480	1	176689
Underprocess	2	471838	0	0	2	471838
Bills Pending	3	93142	0	0	3	93142
Recommended For Repudiation	0	0	0	0	0	0
Recommended For Approval	0	0	0	0	0	0
Outstanding Claims	8	1201634	3	294500	11	1496134
Incurred (Os+Settled)	43	3396867	11	846446	54	4243313

ICR On EP*			113.6%
Incidence Rate			4.6%
Disposal Rate	88%	93%	89%
Cost per Claims(CPC)	74523	61820	71877

2. Hospitalisation Type Details:

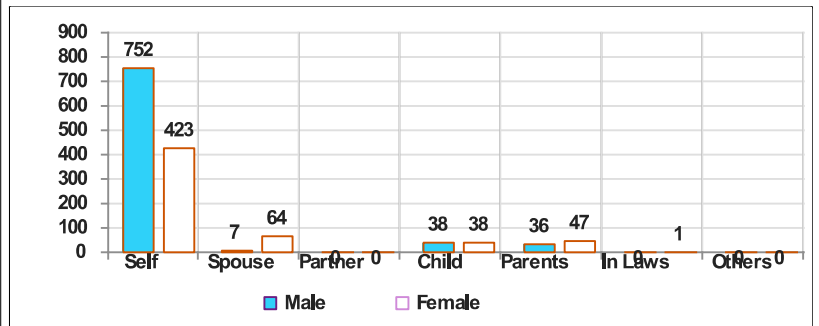
Claim Subtype	Cashless		Member	
	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)
Claim Benefits	0	0	0	0
Daycare	8	169428	2	183169
Domiciliary	0	0	0	0
Health_Check_Up	0	0	0	0
Hospitalization	30	2662459	8	435030
Opd	0	0	0	0
Total	38	2831887	10	618199

\* Considering Only Settled , Approved and UTR Awaiting (Cheque Pending)

Notes:  
ICR = (Settled Amt + Outstanding Amt) / Annual Premium  
ICR on EP\* = (Settled Amt + Outstanding Amt) / Earned Premium  
Earned Premium = Prorated premium as on report generated date  
Cost Per Claim(CPC) = Approved Amt / Number of Events(Main Claims) for IPD + Daycare Cases  
Incidents Rate = No of Claim Events/ Lives  
Disposal Rate = (Settled+Rejected+Awaiting UTR+Cancelled) / Claims Reported)  
\* EP= Earned Premium : O/S = Outstanding  
\* Event = Main Claims Only (Excluding Prepost and Addendum)

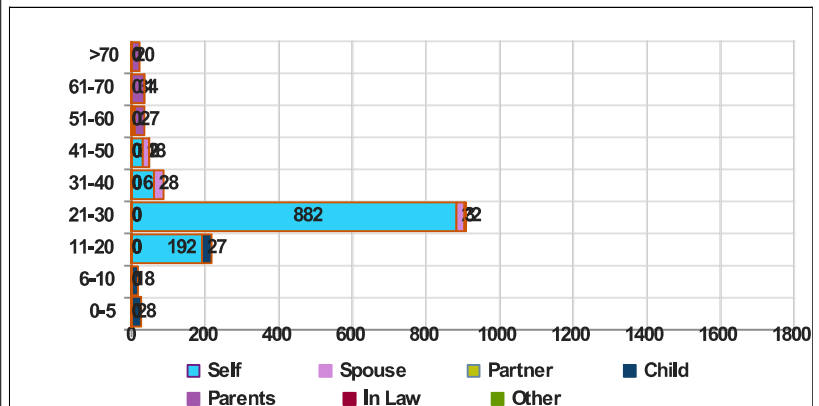
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	%
Self	752	423	1175	83.57%
Spouse	7	64	71	5.05%
Partner	0	0	0	0.00%
Child	38	38	76	5.41%
Parents	36	47	83	5.90%
In Laws	0	1	1	0.07%
Others	0	0	0	0.00%
Total	833	573	1406	100.00%
%	59%	41%	100%	



4. Member Details - Age Band & Relationship wise :

AgeBand	Self	Spouse	Partner	Child	Parents	In Law	Other	Total	%
0-5	0	0	0	28	0	0	0	28	1.99%
6-10	0	0	0	18	0	0	0	18	1.28%
11-20	192	0	0	27	0	0	0	219	15.58%
21-30	882	22	0	3	0	0	0	907	64.51%
31-40	63	28	0	0	0	0	0	91	6.47%
41-50	32	18	0	0	2	0	0	52	3.70%
51-60	6	3	0	0	27	0	0	36	2.56%
61-70	0	0	0	0	34	1	0	35	2.49%
>70	0	0	0	0	20	0	0	20	1.42%
Total	1175	71	0	76	83	1	0	1406	100.00%
%	84%	5%	0%	5%	6%	0%	0%	100%	



**5. Claims Approved - Age Band & Relationship wise :**

Age Band	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
0-5	0	0	0	0	0	0	2	160308	0	0	0	0	0	0	2	160308	4.17%	4.65%
6-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
11-20	2	74698	0	0	0	0	8	571753	0	0	0	0	0	0	10	646451	20.83%	18.74%
21-30	2	100000	3	135265	0	0	0	0	0	0	0	0	0	5	235265	10.42%	6.82%	
31-40	1	52597	2	169309	0	0	0	0	0	0	0	0	0	3	221906	6.25%	6.43%	
41-50	4	195986	0	0	0	0	0	0	0	0	0	0	0	4	195986	8.33%	5.68%	
51-60	2	302591	0	0	0	0	0	0	2	188979	0	0	0	4	491570	8.33%	14.25%	
61-70	0	0	0	0	0	0	0	0	13	787618	2	84000	0	15	871618	31.25%	25.26%	
>70	0	0	0	0	0	0	0	0	5	626982	0	0	0	5	626982	10.42%	18.17%	
<b>Total</b>	<b>11</b>	<b>725872</b>	<b>5</b>	<b>304574</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>732061</b>	<b>20</b>	<b>1603579</b>	<b>2</b>	<b>84000</b>	<b>0</b>	<b>48</b>	<b>3450086</b>	<b>100.00%</b>	<b>100.00%</b>	
%	23%	21%	10%	9%	0%	0%	21%	21%	42%	46%	4%	2%	0%	0%	100%	100%		

\* Count is only for Approved Claims(Settled and Awaiting UTR(Cheque Pending)).

**6. Claims Approved - Amount Band & Relationship wise :**

Amount Band	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
00K-10K	1	11713	0	0	0	0	0	0	0	28788	0	0	0	0	1	40501	2.08%	1.17%
10K-20K	1	13455	0	0	0	0	0	0	9	157710	0	0	0	10	171165	20.83%	4.96%	
20K-30K	1	29210	0	0	0	0	1	22930	3	60917	0	0	0	5	113057	10.42%	3.28%	
30K-40K	0	0	1	37760	0	0	0	0	2	69390	0	0	0	3	107150	6.25%	3.11%	
40K-50K	6	286761	3	147505	0	0	0	0	1	42050	2	84000	0	12	560316	25.00%	16.24%	
50K-60K	0	56718	0	0	0	0	0	0	0	0	0	0	0	0	56718	0%	1.64%	
60K-70K	0	0	0	0	0	0	1	63991	0	0	0	0	0	1	63991	2.08%	1.85%	
70K-80K	0	0	0	0	0	0	3	217959	1	71416	0	0	0	4	289375	8.33%	8.39%	
80K-90K	0	0	0	0	0	0	4	334724	0	0	0	0	0	4	334724	8.33%	9.70%	
90K-100K	1	99182	0	0	0	0	1	92457	0	0	0	0	0	2	191639	4.17%	5.55%	
>100K	1	228833	1	119309	0	0	0	0	4	1173308	0	0	0	6	1521450	12.50%	44.10%	
<b>Total</b>	<b>11</b>	<b>725872</b>	<b>5</b>	<b>304574</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>732061</b>	<b>20</b>	<b>1603579</b>	<b>2</b>	<b>84000</b>	<b>0</b>	<b>48</b>	<b>3450086</b>	<b>100.00%</b>	<b>100.00%</b>	
%	23%	21%	10%	9%	0%	0%	21%	21%	42%	46%	4%	2%	0%	0%	100%	100%		

\* Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).

\* Banding for Incurred Amount

**7. Claims Approved - Top 15 Ailment wise :**

Ailment Group	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
CIRCULATORY	1	5531	0	0	0	0	0	0	4	994774	0	0	0	0	5	1000305	10.42%	28.99%
NEOPLASM	0	0	1	119309	0	0	7	489186	8	157461	0	0	0	0	16	765956	33.33%	22.20%
CLINICAL FINDINGS	2	302591	0	0	0	0	0	0	0	0	0	0	0	2	302591	4.17%	8.77%	
PREGNANCY	1	52597	4	185265	0	0	0	0	0	0	0	0	0	5	237862	10.42%	6.89%	
EYE	0	0	0	0	0	0	0	0	5	142660	1	42000	0	6	184660	12.50%	5.35%	
UROLOGY	2	149125	0	0	0	0	0	0	0	0	0	0	0	2	149125	4.17%	4.32%	
INFECTIOUS	1	45488	0	0	0	0	1	87257	0	0	0	0	0	2	132745	4.17%	3.85%	
INJURY	1	41330	0	0	0	0	1	82567	0	0	0	0	0	2	123897	4.17%	3.59%	
ENDOCRINE	0	0	0	0	0	0	0	0	1	120462	0	0	0	1	120462	2.08%	3.49%	
DIGESTIVE	2	79210	0	0	0	0	0	0	0	0	0	0	0	2	79210	4.17%	2.30%	
PERINATAL PERIOD CONDITIONS	0	0	0	0	0	0	1	73051	0	0	0	0	0	1	73051	2.08%	2.12%	
SKIN	1	50000	0	0	0	0	0	0	0	0	0	0	0	1	50000	2.08%	1.45%	
RESPIRATORY	0	0	0	0	0	0	0	0	1	20013	0	0	0	1	20013	2.08%	0.58%	
OTHERS	0	0	0	0	0	0	0	0	1	168209	1	42000	0	2	210209	4.17%	6.09%	
%	23%	21%	10%	9%	0%	0%	21%	21%	42%	46%	4%	2%	0%	0%	100%	100%		
<b>Total</b>	<b>11</b>	<b>725872</b>	<b>5</b>	<b>304574</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>732061</b>	<b>20</b>	<b>1603579</b>	<b>2</b>	<b>84000</b>	<b>0</b>	<b>48</b>	<b>3450086</b>	<b>100.00%</b>	<b>100.00%</b>	

\* Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).

**8. Top 15 Cashless Hospital wise utilization :**

Hospital_ID	Hospital_Name	No of Claims	Amount
HOS-KOL-7611	TATA MEDICAL CENTRE	8	571753
HOS-BLR-327	RABINDRANATH TAGORE INTERNATIONAL INST. OF CARDIAC SCIENCES(UNIT OF NARAYANA HRUDAYALAYA LTD)	3	463981
HOS-BLR-015149	MANIPAL HOSPITALS (WHITEFIELD)	2	458192
HOS-MUM-018697	KINGSWAY HOSPITALS (A UNIT OF SPANV MEDISEARCH LIFESCIENCES PVT LTD)	1	426445
HOS-RAN-007832	SANTEVITA HOSPITAL	5	238918
HOS-DEL-011931	INSTITUTE OF LIVER AND BILIARY SCIENCES	1	228833
HOS-RAN-6491	RAM PYARI ORTHO HOSPITAL RESEARCH CENTRE PVT LTD	1	168209
HOS-DEL-6	DAYANAND MEDICAL COLLEGE HOSPITAL	9	125510
HOS-RAN-019578	SAMFORD HOSPITAL PRIVATE LIMITED	1	120462
HOS-RAN-014057	BHAGWAN MAHAVIR MEDICA SUPERSPECIALTY HOSPITAL	4	101153
HOS-KOL-1267	ILS HOSPITAL (SALT LAKE CITY)	1	99182
HOS-RAN-018888	MATRI PRERNA EYE HOSPITAL	2	84000
HOS-KOL-297	HILL VIEW HOSPITAL&RESEARCH CENTER	1	80908
HOS-PAT-007864	HEART HOSPITAL PRIVATE LIMITED	1	71416
HOS-DEL-304	METRO HEART INSTITUTE	1	50000

**9. Claims Approved - Cashless & Member Summary :**

Type of claim	Events	Events%	Amount	Amount%
MEMBER	10	20.83%	618199	17.92%
CASHLESS	38	79.17%	2831887	82.08%
TOTAL	48	100.00%	3450086	100.00%

**10. Turn Around Time (TAT) :**

Claim Process TAT :

TAT Band	Nos.	%
0-7	24	92.31%
8-15	2	7.69%
16-30	0	0%
31-45	0	0%
46-60	0	0%
61-90	0	0%
>90	0	0%
Total	26	100.00%

Note: Only Settled, Awaiting UTR, Approved and Rejected claims are considered  
 \* LDR to Decision date  
 \* only for Member claims

**11. Month on Month**

Hospitalization and Daycare	Otherthan Hospitalization		Total		Inc Count	Inc Amount
	Inc Count	Inc Amount	Inc Count	Inc Amount		
Admission Month						
Aug 2022	6	708257	0	0	6	708257
Sep 2022	7	246121	0	0	7	246121
Oct 2022	8	444301	0	0	8	444301
Nov 2022	8	397351	0	0	8	397351
Dec 2022	3	393224	0	0	3	393224
Jan 2023	2	62406	0	0	2	62406
Feb 2023	3	91563	0	0	3	91563
Mar 2023	1	20257	0	0	1	20257
Apr 2023	3	208222	0	0	3	208222
May 2023	5	668175	0	0	5	668175
Jun 2023	2	210209	0	0	2	210209
TOTAL	48	3450086	0	0	48	3450086

**12. Payout Ratio**

Claimed Amount	Settled Amount	Payout %
3035208	2747179	91%

DISCLAIMER: Confidential information, not intended for public dissemination. VidalHTPA makes no representations or warranties, express, implied or otherwise, regarding the accuracy and completeness of the information, and shall have no liability resulting from the use of the information. The Receiving Party will use information received in a safe and prudent manner and is responsible for all risk or loss arising out of its use of such information. Data will be refreshed on every day night . Report is based on previous Day Data.



पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
<b>Policy Number: 180102502210000102</b>	व्यवसाय सत्रोत / Business Source: 180102
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 180102 कार्यालय पता/ Office Address: LOHARDAGGA BRANCH National Insurance Co. Ltd, LOHARDAGGA BRANCH, B.S. Malwas Building, Ratu Road, Ranchi - 834001. <b>State Code:</b> 20 , Jharkhand <b>GSTIN:</b> 20AAACN9967E2ZG <b>Contact Number:</b> 224005 <b>Mobile Number:</b>	विक्रय चैनल वविरण/ <b>Sales Channel Details</b> कोड/ Code: 180102 नाम/ Name: Lohardagga Branch Contact Number: सह दलाल कोड / Co Broker Code:  कस्टमर केयर टॉल फ्री नंबर/Customer <b>Care Toll Free Number:</b> <b>1800 345 0330</b> ईमेल/ <b>email:customer.support@nic.co.in</b>

ग्राहक का नाम /Customer Name: M/S INDIAN INSTITUTE OF MANAGEMENT RANCHI	ग्राहक आईडी /Customer ID: 9702197174	पैन /PAN: AAATI8057P
पता/ Address: AT- 5TH FLOOR, SUCHANA BHAWAN, AUDREY HOUSE CAMPUS, MEUR'S ROAD, RANCHI., City: RANCHI, District: RANCHI, State: JHARKHAND, PIN: 834008. Cell: 9999999999	फोन /Phone:	ई-मेल /E-Mail: purchase@iimranchi.ac.in

पॉलिसी: 31/07/2022 के 00:00 से 30/07/2023 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 31/07/2022 to midnight of 30/07/2023

प्रीमियम/ Premium	₹ 39,56,337.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 3,56,070.00		
SGST/UTGST	₹ 3,56,070.00		
IGST	₹ 0.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800220728175697 Dt. 28/07/2022
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्तियोग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	180102812210000796 Dt. 29/07/2022
कुल /Total Amount	₹ 46,68,478.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Forty Six Lakh Sixty Eight Thousand Four Hundred Seventy Eight Only.)

<b>Total Location Sum Insured</b>	₹ 12,62,00,000.00
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**LocationAddress:**

1)5th FLOOR, SUCHANA BHAWAN, AUDREY HOUSE CAMPUS, MEUR'S ROAD, RANCHI,,Ranchi,Ranchi,Jharkhand,834008.

**Number of families:**1114 **Number of Lives covered:** 1337

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	GROUP MEDICLAIM- TAILOR MADE	12,62,00,000.00
	अधिक/Excess: 0.		
	Additional Information: NA		

**TPA Details:** VIDAL HEALTH TPA PVT LTD - KOLKATA, Sixth Floor, Flat No A-12, Chatterjee International Centre, 33A, Jawarlal Nehru Road, Kolkata - 700071 Contact No : 44 - 2358683 Fax : 44 - 42024343 Email : Nationalfeereceipts@vidalhealthtpa.com.

<b>Clauses</b>	<b>As per Annexure I</b>
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टिप्पणियां/ <b>Remarks:</b> REMARKS:- 1)THE SUM INSURED FOR FACULTY & STAFF MEMBERS IS RS. 800000/- PER FAMILY ON FLOATER BASIS & FOR
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पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
<b>Policy Number: 180102502210000102</b>	व्यवसाय स्रोत / Business Source: 180102
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 180102 कार्यालय पता/ Office Address: LOHARDAGGA BRANCH National Insurance Co. Ltd, LOHARDAGGA BRANCH, B.S. Malwas Building, Ratu Road, Ranchi - 834001. State Code: 20, Jharkhand GSTIN: 20AAACN9967E2ZG Contact Number: 224005 Mobile Number:	विक्रय चैनल विवरण/ <b>Sales Channel Details</b> कोड/ Code: 180102 नाम/ Name: Lohardagga Branch Contact Number: सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: <b>1800 345 0330</b> ईमेल/ email:customer.support@nic.co.in

STUDENTS Rs. 50000/-

- 2) IN PATIENT TREATMENT INCLUDING CRITICAL ILLNESS, SURGERY COVERED FULLY, DAY CARE TREATMENT AS DEFINED IN THE POLICY COVERED FULLY.  
3) 30 DAYS PRE, 60 DAYS POST AND DOMICILIARY HOSPITALIZATION COVERED FULLY (AS PER IRDA NORMS)  
4) 30 DAYS, 1 YEAR, 2 YEARS & 4 YEARS WAITING PERIOD WAIVED OFF FULLY  
5) PRE- EXISTING DISEASES TO BE COVERED FULLY FROM DAY 1  
6) MATERNITY BENEFIT & NEW BORN BABY TO BE COVERED FROM DAY 1 & 9 MONTHS WAITING PERIOD TO BE WAIVED OFF  
7) SUB- LIMITS a) ROOM CHARGES =1% OF S.I. b) ICU CHARGES =2% of S.I. c) AMBULANCE EXPENSES =1% of S.I. D) NO DISEASE WISE SUB -LIMITS  
8) CO PAYMENT WAIVED OFF  
9) HOSPITALIZATION EXPENSES OF ORGAN DONOR TREATMENT TO BE COVERED FULLY, COST OF ORGAN NOT COVERED  
10) NO RESTRICTION ON DOCTOR'S AND CONSULTANT FEES, BLOOD, ANAESTHESIA, OXYGEN, OT CHARGES, SURGICAL APPLIANCES, MEDICINES, DRUGS, DIAGNOSTIC MATERIALS, X RAY, DIALYSIS, RADIOTHERAPY, CHEMOTHERAPY, COST OF IMPLANTS SUCH AS PACEMAKER, ARTIFICIAL LIMBS AND STENT  
11) NEW EMPLOYEES SHALL BE INCLUDED IN GROUP MEDICLAIM POLICY FROM THE DATE OF JOINING SUBJECT TO AVAILABILITY OF PREMIUM & RESIGNED/ TERMINATED EMPLOYEES SHALL BE DELETED FROM THE LIST FROM THE DATE OF RESIGNATION / TERMINATION. THE SAME IS ALSO APPLICABLE IN CASE OF JOINING OR LEAVING OF STUDENTS. PREMIUM TO BE CHARGED /REFUNDED ON PRO RATA BASIS  
12) CASHLESS FACILITY IN NETWORK HOSPITALS.

Other terms, conditions and exceptions as per NGMP policy except policy clauses 2.5 (Modern Treatment), 2.6 (Adventurous Sport) & 3.1.3 (HIV/AIDS cover).

LIST OF EMPLOYEE AND STUDENT AS PER ANNEXURE-I.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नरिधारित कएिे जांए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्त जसिके लएिे यह वशिष्टि अरुथ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अरुथ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दयिा जाता है कऱिे पुरीमयिम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमकित्ता नरिस्त हो जांएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/July/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंशुरेन्सइंडयिालमिडिड

स्टांप इयुलमिडिड/ For and on behalf of National Insurance  
Stamp  
Duty:  
(₹ 1.00)

कृते नेशनल इंशुरेन्स कंपनी  
Company Limited

अधकृत हस्ताक्षरकर्ता/ Authorized Signatory