



भारतीय प्रौद्योगिकी संस्थान इंदौर
सिमरोल, खंडवा रोड, इंदौर - 453 552

Indian Institute of Technology Indore
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IIT Indore

RFQ No.: IITI(MM)/STAF/MED-STU/2018-2019

June 25, 2018

CORRIGENDUM

Sub.: Mediclaim Insurance Cum Floater Policy for Student- reg.

With reference to the Tender/RFQ No, Tender ID. IITI(MM)/ BSBE/1/1A/06/PK/2018-2019 dated 09/06/2018, the following modifications are as mentioned below:

Re-Schedule of last date and Time of submission of bid July 3, 2018@ 03.00 PM instead of dated June 26, 2018@ 03.00 PM. Please refer the tender documents for other details.

Previous Medical insurance policy and Claim dump sheet are attached.

* This will be treated as a part of the tender/RFQ document.

All other terms & conditions of the tender/RFQ remain UNCHANGED.


Dy. Registrar (MM)



**IFFCO TOKIO GENERAL INSURANCE COMPANY
LIMITED**

Group Medishield Insurance Policy

For

INDIAN INSTITUTE OF TECHNOLOGY INDORE

Period of Insurance: 21/07/2017 To 20/07/2018

Policy No: 52818666



Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life. We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho"**.

IFFCO-TOKIO General Insurance Company Limited

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi-110017
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Group Medishield Insurance Policy Schedule
CUM TAX INVOICE

Issuing Office	SBU	22
IFFCO TOKIO GEN INS CO LTD 1st Floor, Commerce House 7, race course Road New Palasiya, Near 56 shops INDORE MADHYA PRA 452001 INDIA GSTIN : 23AAACI7573H1ZK General insurance Service :9971		

Insured	INDIAN INSTITUTE OF TECHNOLOGY INDORE			Policy Invoice No	1-GL03ZSI
Address	SIMROL CAMPUS KHANDWA ROAD P.O. SIMROL INDORE			Policy No	52818666 ✓
	INDORE MADHYA PRA INDIA			Covernote No	
Phone #		Pin Code	452010	Date Of Declaration	
	0731-2438917	Agent Code		Period of Insurance	
State code	23	GSTIN		from 00.00 hours on	21/07/2017 ✓
State	MADHYA PRADESH	Country	INDIA	To Mid Night on	20/07/2018 ✓
Total Members Covered	968				

Co-insurance Details

Iffco Tokio General Insurance Company LTD 100 %

Premium Details

Gross Premium (Taxable Value)	Rs. 689905	Net Premium Payable (Total Invoice Value)	Rs . 814087.9
Third Party Administrator	VIPULMEDCORP TPA PRIVATE LIMITED		

GST DETAILS

	CGST	SGST	UGST	IGST
Percentage (%)	9	9		
Amount (Rs.)	62091.5	62091.5		

Policy Conditions/Extensions/endorsements**Plan 1****Family Composition**

**Family Composition : Employees only on individual Sum insured basis for all.

Each member premium Rs. 841(Inclusive GST)

Sum Insured 150000/-

Maximum age of any member in the group (now & future inclusions) : 18 to 40 years

Day Care Surgeries is covered under the policy. (As per annexure attached).

Pre Existing Disease

*Pre - Existing Diseases Notwithstanding anything stated to contrary it is hereby declared and agreed that Clause 1 of 'what is not covered' under 'Coverage' clause (clause 40) of the Policy stands deleted.

First 30 Days Exclusion

*First 30 Days Exclusion (the clause no. 2 under "What is not covered") Waived.

First 1 Year Exclusion

*First year Exclusion (the clause no.3 under " What is not covered")Waived.

Maternity Benefit Cover

**Maternity Benefit-not covered

Room Rent Condition

** Room rent will be 2%(Two) of the sum insured .

Room Rent Proportion

**All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding medicines,consumables and implants medically prescribed by the treating doctor under the policy

**In case of package treatment where individual bifurcation of room rent, medicines, operation theatre expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy

Day One Cover for New Joinees

*Day One Cover for New Joinees subject to receipt of premium / sufficient CD balance as on effective date of cover & also intimation by 15th day of every succeeding month.

Declaration Period

**For Employees who are existing members of the group (at inception of the policy) and/ or their dependents who are left out at inception of the Policy , such left out employees and/or left out employee's dependents to be declared within 15 days of the inception of the Policy.

Mid Term Inclusion of Dep

** Mid-term inclusion of Existing Employee's newly acquired dependent (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15th of succeeding month subject to maintenance of sufficient CD Balance.

In case of Non Compliance of above Condition the following conditions shall apply

(I) Midterm additions of Employee / Employee's dependents other than Dependent Parents/Dependent Parent In Laws

1) * Risk premium on prorata basis on each inclusion of Employee/ Employee's dependent+ flat administrative charges Rs 500/- on each dependent + Service Tax shall be leviable

*2) Inclusion of such midterm dependents shall be subject to Waiting period of 1 month for all claims except for Accidental Claims

*(II) Midterm additions of Dependent Parents/Dependent Parent In Laws

1) Risk premium on prorata basis on each inclusion of dependent+ flat administrative charges Rs 2000/- on each dependent + Service Tax shall be leviable

2) Inclusion of such midterm dependents shall be subject to Waiting period of 4 months for all claims except for Accidental Claims

* Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependent irrespective of whether the sum

****Domiciliary Hospitalisation:** At the request of Insured, It is hereby agreed and declared that the benefit of Domiciliary Hospitalisation Expense from the Scope of Cover stand deleted. Accordingly, the clause no.12 of "What is not covered" of this Policy also stands deleted. It is also provided that Sum Insured in respect of any Insured person covered under this Policy remain same as declared in the Schedule notwithstanding deletion of Domiciliary Hospitalisation benefit

Ambulance Charges

****Ambulance charges not covered**

Pre Hospitalization

****Pre-Hospitalisation Relevant medical expenses incurred up to 30 days prior to hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.**

Post Hospitalization

****Post Hospitalisation Relevant medical expenses incurred during period up to 60 days after Hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.**

Claim Intimation

****Intimation of claims: As per the Standard ITGI GMC policy. Non compliance will result in 10% Co-pay.**

Submission Of Claim Documents

***Submission of Claim Documents :** All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and Hospitalisation expenses. For Post Hospitalisation expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalisation treatment or Post hospitalisation days limit stated in the Policy whichever is earlier. Non compliance will result in 10% Co-pay.

Other Coverages

***Service charge /surcharge/ nursing charge shall be reimbursed.**



