

एम.पी. स्टेट को-ऑपरेटिव डेयरी फेडरेशन लिमिटेड
दुग्ध भवन, दुग्ध मार्ग, हबीबगंज, भोपाल – 462024

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दुग्ध उत्पादक चिकित्सा बीमा योजना हेतु ई-निविदा सूचना

एमपीसीडीएफ से संबद्ध दुग्ध सहकारी संघ, भोपाल, इंदौर, उज्जैन, ग्वालियर, जबलपुर एवं बुंदेलखण्ड (सागर) के कार्यक्षेत्र अंतर्गत लगभग 7000 कार्यशील दुग्ध सहकारी समिति ग्रामों के लगभग 1.00 लाख दुग्ध प्रदायक सदस्यों एवं उनके आश्रितों का एक वर्ष की अवधि के लिये समूह चिकित्सा बीमा हेतु राष्ट्रीयकृत बीमा कंपनियों से ई-निविदा आमंत्रित की जाती है। निविदा प्रपत्र का मूल्य रु. 500/- निर्धारित है।

ई-निविदा क्रय हेतु अंतिम दिनांक एवं समय	तकनीकी निविदा भौतिक रूप से जमा करने की अंतिम दिनांक, समय एवं स्थान	ई-वित्तीय निविदा ऑनलाईन जमा करने की अंतिम दिनांक एवं समय	ई-निविदा की तकनीकी बिड खोलने की दिनांक, समय एवं स्थान	ई-निविदा की वित्तीय बिड खोलने की दिनांक, समय एवं स्थान
दिनांक 23.09.2020 समय 12:00 PM	दिनांक 23.09.2020 समय 03:00 PM स्थान MPCDF, Bhopal	दिनांक 23.09.2020 समय 03:00 PM	दिनांक 24.09.2020 समय 3:00 PM स्थान MPCDF, Bhopal	दिनांक 28.09.2020 समय 3:00 PM स्थान MPCDF, Bhopal

निविदा प्रपत्र का पूर्ण विवरण मध्य प्रदेश स्टेट को-ऑपरेटिव डेयरी फेडरेशन लिमिटेड, भोपाल की वेबसाईट www.mpcdf.gov.in पर देखा जा सकता है। विस्तृत निविदा प्रपत्र पोर्टल www.mptenders.gov.in पर उपलब्ध है। समस्त निविदाएं या किसी एक निविदा को बिना कारण बताये निरस्त करने का अधिकार प्रबंध संचालक, एमपीसीडीएफ, भोपाल के पास सुरक्षित रहेगा।

प्रबंध संचालक

एम.पी. स्टेट को-ऑपरेटिव डेयरी फेडरेशन लिमिटेड
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निविदा विवरण

ई-निविदा	दुग्ध सहकारी समिति सदस्यों एवं उनके 03 आश्रितों(पत्नि/पति एवं 03 माह से 25 वर्ष तक की आयु के दो आश्रित बच्चे) हेतु दुग्ध उत्पादक चिकित्सा बीमा योजना
संदर्भ	MPCDF/FO/228/2020/NIT-I
निविदा प्रपत्र मूल्य	रु. 500 /—
प्रपत्र- I	निविदा की नियम एवं शर्तें
प्रपत्र- II	बीमा मानदण्ड
प्रपत्र- III	तकनीकी निविदा प्रपत्र
प्रपत्र- IV	वित्तीय निविदा प्रपत्र
प्रपत्र- V	दुग्ध प्रदायकों की आयु ग्रुपिंग की सूची
प्रपत्र- VI	अनुबंध प्रारूप
ई-निविदा क्रय हेतु अंतिम दिनांक एवं समय	दिनांक 23.09.2020 समय 12:00 PM
तकनीकी निविदा भौतिक रूप से जमा करने की अंतिम दिनांक, समय एवं स्थान	दिनांक 23.09.2020 समय 03:00 PM स्थान MPCDF, Bhopal
ई-वित्तीय निविदा ऑनलाईन जमा करने की अंतिम दिनांक एवं समय	दिनांक 23.09.2020 समय 03:00 PM
ई-निविदा की तकनीकी बिड खोलने की दिनांक, समय एवं स्थान	दिनांक 24.09.2020 समय 03:00 PM स्थान MPCDF, Bhopal
ई-निविदा की वित्तीय बिड खोलने की दिनांक, समय एवं स्थान	दिनांक 28.09.2020 समय 03:00 PM स्थान MPCDF, Bhopal
Envelop -A	तकनीकी निविदा प्रपत्र में वर्णित दस्तावेजों की स्वयं प्रमाणित छायाप्रति।
पत्राचार हेतु कार्यालय का पता	प्रबंध संचालक, एम.पी. स्टेट को-ऑपरेटिव डेयरी फेडरेशन लिमिटेड दुग्ध भवन, दुग्ध मार्ग, हबीबगंज, भोपाल – 462024

प्रबंध संचालक

प्रपत्र- I नियम एवं शर्तें

एमपीसीडीएफ से संबद्ध दुग्ध सहकारी संघ, भोपाल, इंदौर, उज्जैन, ग्वालियर, जबलपुर एवं बुंदेलखण्ड (सागर) के कार्यक्षेत्र अंतर्गत लगभग 7000 कार्यशील दुग्ध सहकारी समिति ग्रामों के लगभग 1.00 लाख दुग्ध प्रदायक सदस्यों एवं उनके 03 आश्रितों(पत्नि/पति एवं 03 माह से 25 वर्ष तक की आयु के दो बच्चे) के लिए दुग्ध उत्पादक चिकित्सा बीमा योजना हेतु ई-निविदा आमंत्रित की जाती है।

समस्त निविदाएं या किसी एक निविदा को बिना कारण बताये निरस्त करने का अधिकार प्रबंध संचालक, एमपीसीडीएफ, भोपाल के पास सुरक्षित रहेगा।

1.0 ई-निविदा प्रस्तुतीकरण :

- 1.1 ई-वित्तीय निविदा निर्धारित समय एवं दिनांक तक ऑनलाईन के माध्यम से प्रस्तुत की जावे।
- 1.2 तकनीकी निविदा प्रपत्र में वर्णित समस्त दस्तावेज को भौतिक रूप से लिफाफे में बंद कर कार्यालय प्रस्तुत करें।
Envelop -A : तकनीकी निविदा भौतिक रूप से एवं तकनीकी निविदा प्रपत्र में वर्णित दस्तावेजों की स्वयं प्रमाणित छायाप्रति।
- 1.3 ई-निविदा हेतु दरें केवल ऑनलाईन के माध्यम से ही प्रस्तुत की जावे।
- 1.4 निविदाकार द्वारा ई-निविदा में कार्यालयीन पता, ई-मेल एवं फोन नंबर का आवश्यक रूप से उल्लेख करें यदि कार्यालय पता में कोई बदलाव होने पर एमपीसीडीएफ कार्यालय को सूचित करें।

2.0 दरें :

- 2.1 निविदाकार द्वारा प्रस्तुत की गई दरें कार्य आदेश जारी करने की दिनांक से केवल एक वर्ष के लिये वैध रहेगी। हितग्राहियों के बीमा क्लेम का निपटारा संतोषजनक होने पर निविदा की अवधि समाप्त होने के पश्चात् उक्त अवधि में आपसी सहमति से पूर्व अनुमोदित दर पर ही एक-एक वर्ष के मान से कुल दो वर्ष तक वृद्धि की जा सकेगी।
- 2.2 निविदाकार द्वारा प्रस्तुत की गई दरों में निविदा अवधि के दौरान कोई बदलाव नहीं किया जा सकेगा तथा कोई अघोषित भार/कर नहीं लगाया जा सकेगा।

3.0 सामान्य नियम एवं शर्तें :

- 3.1 स्वीकृत दरें एमपीसीडीएफ से संबद्ध दुग्ध संघों को प्रेषित की जावेगी व ई-निविदा में सफल निविदाकार एवं दुग्ध संघ के मध्य दुग्ध सहकारी समिति सदस्यों के चिकित्सा बीमा हेतु अनुबंध निष्पादित किया जावेगा एवं दुग्ध संघ के संचालक मण्डल/प्राधिकृत अधिकारी के अनुमोदन उपरांत लागू किया जाएगा।
- 3.2 एक बार निविदा दरें खुलने के उपरांत निविदाकार द्वारा निविदा वापस नहीं ली जा सकती।
- 3.3 कार्य आदेश जारी होने के उपरांत सफल निविदाकार द्वारा आवश्यक बीमा मानदण्ड पूर्ण न करने की स्थिति में निविदाकार की निविदा निरस्त की जावेगी।
- 3.4 निविदाकार द्वारा निविदा के नियम एवं शर्तों को भली भांति पढ़ व समझ लिया है एवं दस्तावेजों की शर्तों एवं नियम व पालन के लिये पूर्ण रूप से सहमत है।
- 3.5 किसी भी निविदाकार द्वारा एक से अधिक निविदा प्रस्तुत नहीं की जा सकेगी।

- 3.6 निविदा को स्वीकार करना एवं दर अनुमोदन आदेश जारी करने का अधिकार प्रबंध संचालक एमपीसीडीएफ भोपाल को ही रहेगा।
- 3.7 अनुमोदित दरों के आधार पर संबंधित दुग्ध संघों द्वारा कार्य आदेश जारी किया जाएगा जिसकी प्रिमियम एवं सेवा शुल्क आदि का भुगतान संबंधित दुग्ध संघ द्वारा किया जाएगा।
- 3.8 समस्त निविदाएं या किसी एक निविदा को निरस्त करने का अधिकार प्रबंध संचालक, एमपीसीडीएफ, भोपाल के पास सुरक्षित रहेगा।
- 3.9 निविदाकार द्वारा बीमा दावा निपटान 100% होना चाहिए। निर्धारित समयावधि में दावा निपटान नहीं होने की स्थिति में निविदाकार को दो बार सूचना देने के पश्चात् निराकरण नहीं होने पर एमपीसीडीएफ द्वारा निविदाकार को सेवा से पृथक करते हुए भविष्य के लिये काली सूची में दर्ज किया जायेगा।
- 3.10 सफल निविदाकार बीमा कंपनी चाहे तो योजना के त्वरित एवं पारदर्शी क्रियान्वयन हेतु TPA(Third Party Administrator) नियुक्त कर सकती है, परन्तु अनुबंध बीमा कंपनी एवं दुग्ध संघ के मध्य निष्पादित किया जावेगा। बीमा दावों के निपटान की संपूर्ण जिम्मेवारी बीमा कंपनी की होगी।
- 3.11 **फ्री लुक अवधि** : IRDA के नियमानुसार दुग्ध सहकारी समिति सदस्य द्वारा पॉलिसी दस्तावेज प्राप्त होने पर फ्री लुक अवधि विकल्प की कार्यवाही की जा सकेगी।
- 4.0 विवाद निपटारा :**
- 4.1 किसी भी प्रकार के विवाद की स्थिति में अंतिम निर्णय लेने के लिये आर्बिट्रेशन एक्ट 1996 के अनुसार कार्यवाही की जावेगी।

प्रबंध संचालक

प्रपत्र- II

दुग्ध प्रदायक सदस्यों एवं उनके 03 आश्रितों (पत्नि/पति एवं 03 माह से 25 वर्ष तक की आयु के दो आश्रित बच्चे) के चिकित्सा बीमा हेतु आवश्यक मानदण्ड

कं.	विवरण	मानदण्ड								
1.	पात्रता	सहकारी दुग्ध संघों से संबद्ध दुग्ध सहकारी समितियों के सदस्य, नाम मात्र समिति सदस्य उनके 03 आश्रितों (पत्नि/पति एवं 03 माह से 25 वर्ष तक की आयु के दो आश्रित बच्चे) योजना हेतु पात्र रहेंगे।								
2.	बीमा अवधि	बीमा अवधि 01 वर्ष रहेगी।								
3.	आयु	न्यूनतम 18 वर्ष से 70 वर्ष तक की आयु वर्ग के दुग्ध सहकारी समितियों के सदस्य, नाम मात्र समिति सदस्य एवं उनके 03 आश्रितों(पत्नि/पति एवं 03 माह से 25 वर्ष तक की आयु के दो बच्चे) योजना में सम्मिलित होंगे। दुग्ध प्रदायक सदस्यों की अनुमानित आयु की ग्रुपिंग कर सूची प्रारूप V पर संलग्न है।								
4.	प्रीमियम राशि	प्रीमियम राशि टैक्स रहित होना चाहिए।								
5.	अंशदान	<p>➤ दुग्ध प्रदायकों के बीमा के लिये प्रीमियम राशि हेतु वहन किये जाने वाले अंशदान निम्नानुसार है :</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>अंशदान</th> <th>प्रतिशत</th> </tr> </thead> <tbody> <tr> <td>दुग्ध संघ</td> <td>25%</td> </tr> <tr> <td>दुग्ध सहकारी समिति</td> <td>25%</td> </tr> <tr> <td>समिति सदस्य</td> <td>50%</td> </tr> </tbody> </table>	अंशदान	प्रतिशत	दुग्ध संघ	25%	दुग्ध सहकारी समिति	25%	समिति सदस्य	50%
अंशदान	प्रतिशत									
दुग्ध संघ	25%									
दुग्ध सहकारी समिति	25%									
समिति सदस्य	50%									
6.	हितग्राही लाभ	सामान्य बीमारी के उपचार हेतु कुल राशि रु. 1,00,000/- प्रति परिवार प्रति वर्ष एवं गंभीर बीमारियों हेतु कुल राशि रु. 2,00,000/- प्रति परिवार प्रति वर्ष								

7. अनुबंध प्रक्रिया :

योजना क्रियान्वयन हेतु ई-निविदा में चयनित बीमा कम्पनी एवं दुग्ध संघ के मध्य 01 वर्ष की अवधि हेतु अनुबंध निष्पादित किया जाएगा। इसके उपरांत समितिवार सदस्यों की सूची एवं प्रीमियम राशि प्राप्त होने के पश्चात् कम्पनी संघ के पक्ष में मास्टर पॉलिसी जारी करेगी।

8. दावा प्रथम सूचना अवधि : प्रतिपूर्ति हेतु अस्पताल में भरती होने के 03 दिवस की अवधि में फोन, ई-मेल एवं एस.एम.एस. के द्वारा।

9. दावा प्रपत्र प्रस्तुतीकरण हेतु अवधि : प्रतिपूर्ति हेतु अस्पताल से डिस्चार्ज होने के 15 दिवस की अवधि में।

10. दावा निपटान अवधि : दावा निपटान की समय सीमा दावा प्राप्त होने की दिनांक से 01 माह की रहेगी।

FORMAT- III

Technical bid format for group Medi Claim insurance of milk producer members and dependents of dairy cooperative societies

S.No	Particulars	Criteria
1.	Name of Tenderer	
2.	Registration Number	
3.	IRDA Registration number	
4.	PAN No.	
5.	GST NO.	
6.	Office address	
7.	Tenderer's readiness to appoint a key account manager or dedicated resource person.	YES/NO
	Grace period	30 days Minimum
	Association with other government organisations.	
8.	Name of contact person - Address- Mobile No. - E-mail -	
9.	insurance period	1 Year
10.	First Claim Intimation period	maximum 3 days from the date of Hospitalization
11.	Claim Documents Submission period	maximum 15 days from the date of discharge from Hospital
12.	Claim settlement period	maximum 30 days (from the date of submission of documents)
13.	Minimum required documents for Claim (attach list)	

NOTE:

1. This Format is to be completely filled by Tenderer.
2. All the documents mentioned in above format mandatorily be self attested and to be uploaded online as a technical bid.

Signature of Tenderer and seal

Name -----

Address -----

Mobile No. -----

FORMAT- IV

Financial bid format for Health insurance of milk producer members and their 03 dependant (Wife/Husband & 02 child of 03 month to 25 years of age group) of dairy cooperative societies

Name of Tenderer :

Sno.	Benefits		Premium/family/year (exclusive of GST)
1.	Treatment of General dieases - Serious dieases	Up to Rs. 1,00,000/- Up to Rs. 2,00,000/-	(In figure) Rs. ----- (In words) Rs. -----

Note :

1. This Format mandatorily be filled online only.

Signature of Tenderer and seal

Name -----

Address -----

FORMAT- V

M.P. STATE CO OPERATIVE DAIRY FEDERATION LTD.									
Information of milk producer member									
S.No.	Age Grouping	Union Name						Total	Percentage
		Bhopal	Indore	Ujjain	Gwalior	Jabalpur	Sagar		
1	18-25	1181	2008	1489	532	439	675	6324	6%
2	26-30	2720	2992	2765	875	903	1426	11681	10%
3	31-35	4300	3905	3814	891	1163	1487	15560	14%
4	36-40	5358	4599	5139	1298	1526	1831	19751	17%
5	41-45	5615	4058	4488	930	1350	1773	18214	16%
6	46-50	5094	3630	4104	952	1376	958	16114	14%
7	51-55	3451	2619	2964	452	922	563	10971	10%
8	56-60	2551	1954	2340	331	708	367	8251	7%
9	61-65	1340	1219	1269	167	417	213	4625	4%
10	66-70	785	555	620	68	147	32	2207	2%
Total		32395	27539	28992	6496	8951	9325	113698	100%

AGREEMENT PROFORMA

Insurance Company

AND

-----SAHKARI DUGDHA SANGH,-----

This Agreement executed at _____ on this _____.

BETWEEN :

“NAME OF INSURANCE SERVICE PROVIDER, licensed Under terms of the Insurance Act, 1938 and licensed by Insurance Regulatory and Development Authority to carry out the general business and having its state office at “SPECIFY LOCATION” (hereinafter referred to as INSURANCE COMPANY) which expression shall, unless it be repugnant to the subject or context thereof, include its successor and permitted assigns) of the One Part.

AND

-----SAHKARI DUGDHA SANGH,----- a Society incorporated under the provision of Co-operative Societies Act 1960, having its register office at “----- MP (hereinafter referred to as Dugdha Sangh), which expression shall, unless it be repugnant to the subject or context thereof, include its successor and permitted assigns) of the other Part.

“NAME OF SELECTED INSURANCE PROVIDER” and DUGDHA SANGH hereinafter collectively referred to as “the Parties” and individually as "Party").

WHEREAS

- A. "NAME OF SELECTED INSURANCE PROVIDER" is authorized to carry on the business of General Insurance Under Insurance Act, 1938.
- B. DUGDHA SANGH a Milk Union of Dairy Co-operative Societies in the Madhya-Pradesh and renders help in the co-operative tradition to its members in all spheres of dairy i.e. from the welfare of milk producers, to the collection and distribution of milk and milk products.
- C. "SELECTED INSURANCE PROVIDER" and DUGDHA SANGH in pursuance of the scheme finalized by DUGDHA SANGH agreed to enter into a Memorandum of Understanding covering the members of DUGDHA SANGH, who opted For Scheme for a premium of Rs. ----- + GST per family (member + three dependents) per annum.
- D. "SELECTED INSURANCE PROVIDER" having agreed to issue separate Group Health Insurance Policies for members of Bhopal, Indore, Gwalior, Ujjain, Jabalpur and BKDS(Sagar) Dugdha Sangh, those have opted for this coverage on terms on Premium Rates and Terms as agreed through this tender
- E. DUGDHA SANGH having agreed that the option for this Group Mediclaim Policy will be extended to only milk producer member and their families (Spouse + 2 dependent children), who are affiliated to DUGDHA SANGH in specified societies.
- F. Where as, the Parties are desirous of setting out the process for settlement of claims, under the Health Insurance Policy, this Memorandum of Understanding shall operate for the Group Health Insurance Policy (Annexure-I, "SPECIFY POLICY NO.)
The term & condition of Group Insurance policy will not supersede any term & condition of this Agreement and offer submitted by Insurance Company.
- G. The term & condition of the Draft Policy submitted by the Insurance Company with technical offer shall be remain same throughout the policy period, unless any change is made with prior consent of DUGDHA SANGH and MPCDF.

NOW THEREFORE THIS AGREEMENT WITNESS HERE AS UNDER:

1.0 Definitions

In this Agreement unless repugnant to the context the words indicated hereunder will have the same meaning as assigned to them herein

1.1

"Act" means the Insurance Act, 1938 and rules and regulations made there under and shall include any amendments made thereto from time to time;

1.2

"Effective Date" means the date of this agreement or such other dates as may be agreed between the Parties.

1.3

"Health Insurance Product" shall mean Insurance provided by Insurance Co. to the milk producers of the dairy co-operative societies.

1.4

An "Insured Group" means beneficiaries sponsored by the Milk Unions & Dairy Cooperative Societies Specified by Milk Union for providing Health Insurance coverage for milk producer members and their families.

1.4.1 Individual - Male or female members (individual shall mean a person, who is either unmarried or has no live family members of his own).

1.4.2. Family - Family consisting of 1 + 1 + 2 (Husband, Wife and any two wholly dependent children up to age of 25 years).

1.5.

Plan Period means - Period of one year from the date of Inception of Policy. Extendable for a further period two year with prior permission of the MD, MPCDF, one year at a time, on mutual consent on satisfactory report from the CEO of the Milk Unions and "NAME OF SELECTED INSURANCE PROVIDER".

1.6

Day Care Treatment Expenses:

On Hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to day care treatment, i.e. Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removed), D&C, Tonsillectomy, Animal bite and the Insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization.

1.7

Hospital: Mediclaim facilities will be provided through all Government Hospitals and Private empaneled/non empaneled hospitals with in India.

(a) Empaneled hospitals will be changed by the Insurer with in case if there is any complaint against the concerned hospital during the Policy period for which, a set procedure shall be followed.

(b) Insurance company can Opet TPA Facility for providing cashless treatment facility in empaneled hospitals & reimbursement treatment facility in non-empaneled Hospitals in terms of IRDA regulations and in respect to decide modalities for smooth running of scheme but no any fee or amount will be paid to TPA by Milk Union.

(c) Member can avail treatment at any Govt./Private hospital of his choice, make upfront payment and thereafter submit claim for reimbursement, Payment of reimbursement claim shall be payable within the terms & condition of the policy.

d) Hospital Eligibility –In MP hospital should be registered from local Distt. CMHO/ competent authority. This is the only criteria.

1.8

IRDA' Insurance regulatory and development authority of India

2.0 Scope

2.1

The MPCDF through various milk unions arranges for group Health Insurance Scheme for milk producer member and their families for providing the Medical facilities.

2.2

Insurance Company will provide Health Insurance cover for the scheme to specified group ON Cashless / Reimbursement basis.

2.3.

The maximum Sum Insured is Rs. 1,00,000/- per family on a floater basis for non-critical diseases/Surgeries as defined under Para 2.7 (H) of this Agreement & Rs. 2,00,000/- per family in case of major surgeries/diseases.

2.4.

Insurance Company will cover all diseases including COVID 19 (Excluding external Congenital Diseases, Sexually Transmitted Diseases, HIV/AIDS, Self Injury, Diseases arising out of war or invasion.)

2.5

Circumcision, Naturopathy, Massages and like treatment, cosmetic or aesthetic treatment, plastic surgery other than as may be necessitated due to any accident/illness etc, will be out of scope of cover of policy.

2.6

Age. Group: Age of all the group members will be between 3 months to 70 years only. Age of individual, husband/ wife and dependent children shall be considered as per given Aadhar Card/ PAN Card or any Govt. Issued document with photograph and date of Birth at the time of enrollment by the member (photocopy shall be kept in record). It shall be responsibility of dairy cooperative societies to collect all these documents and arrange to send photocopies of the same in soft/hard copies to Insurance Company. Any Govt. approved ID like Aadhar Card, Passport, Rashan Card, Voter Card, Pan Card, Driving License can be asked to submit while taking treatment in the Empaneled hospital.

2.7 Benefits.

The policy covers reimbursement of hospitalization expenses for illness/diseases as per conditions mentioned below --

- A.) Room, Boarding Expenses as provided by the Hospital/Nursing Home.
- B) Nursing expenses
- C) Surgeon Anesthesia, Medical Practitioner, Consultant Specialist Fees.

D) Anesthesia Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.

E) Hospitalization expenses for illness/diseases/injuries upon the advice of a Medical Practitioner, due to contracting of any disease or suffering from any one illness or sustaining of any bodily injury through accident or otherwise during the policy period.

F) There should be no disease wise capping under the proposed policy under normal & major disease categories.

G) Pre-existing diseases are also to be covered.

H) List of major surgeries/diseases where is sum insured will be up to Rs. 2.00 Lakhs as mentioned below -

I) Medical & Surgical Treatment for Heart, Brain, Liver Cancer, Kidney & Neurological diseases/ailments

II. Stroke

III. Multiple Sclerosis, Cirrhosis, Meningitis

IV. Major Organ transplants like Kidney, Liver Lung, Pancreas or Bone-marrow Transplantation & Joint Replacement like Hip, Knee etc.

I) Reimbursement claim may be submitted at the nearest office of the Insurance co. within the State of Madhya Pradesh only.

J) The relevant medical/diagnostic expenses incurred during the period up to 30 days prior to the hospitalization/up to 60 days after hospitalization of diseases/illness/injuries sustained will be treated as pre and post hospitalization respectively and will be considered as a part of the claim subject to limit of sum insured.

K) The limit of Room Rent will be 2% and 4% of sum assured value for per family under normal & ICU ward respectively. No proportionate deductions on medical expenses to be imposed in case the patient opts for room with higher limits.

3.0 RIGHTS AND OBLIGATIONS Of DUGDHA SANGH

3.1. Details of Members

It is hereby agreed and declared that CEO of milk unions shall arrange to the Insurance Company, "Society wise list of beneficiaries" indicating in the name, age, photograph, residence address and their supporting proofs of documents duly verified and attested Name/s of family members to be insured shall be furnished at the time of taking insurance cover and latest by2020.

3.2. Insured Members

The policy shall cover all eligible beneficiaries of the milk unions dairy cooperative societies and their dependents as agreed, whose premium at Rs. _____ + GST per family per annum will be paid by

the various milk unions situated at Bhopal, Indore, Ujjain, Gwalior, Sagar & Jabalpur & policy will be issued respectively.

3.3 Group Size –

The minimum group size for which policy will be issued will 50,000 members and their dependents collectively for the whole MP state.

3.4

There will be no addition of members in the policy during policy period except in case of legal marriage and new born babies.

4.0 GOVERNING LAW AND ARBITRATION

4.1

The provisions of this Agreement shall be governed by, and Construed in accordance with the Indian laws.

4.2.

Any dispute, arising out of or in connection with the Agreement or the breach, termination or invalidity thereof shall be settled by arbitration in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996. and shall include any amendment made time to time.

4.3.

The place of arbitration shall be Bhopal.

4.4.

The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgment thereon in any one or more of the highest courts having jurisdiction. The parties for the agree (to the maximum extent possible and allowed to them) that such enforcement shall be subject to the provisions of the Indian arbitration & conciliation act 1996 and neither parties shall seek to register the enforcement of any award in India on the basis that award is not subject to such provision. The rights and obligations of the parties under, or pursuant to, this clause, including the arbitration agreement in this clause, shall be governed by and subject to Indian Law.

4.5

A claims Redressal Committee consisting of two members i.e. one Executive each from Insurance Company, CEO of Milk Unions will be constituted. The Claims Redressal meeting conducted once in every 3 month at the Office of the Milk Union. The Committee may review any complaint regarding claims and its declaration shall be final to the insurer binding on all the parties.

4.6

The details of insured person and premium thereof will be made available to the Insurance Company Office before inception of the cover.

4.7

Risk will commence from the date of receipt of premium by Insurance Company

4.8

Identity card shall have the photograph of family/its member and individual along with other details as required and the same will be issued by the Insurance Company within 30 days of submission of data to insurance company.

4.9

The provisions, terms and conditions of offer shall be part of the Agreement, which have already agreed by the Insurance Company.

5.0 Publicity

5.1

The Insurance Company and Milk Unions will arrange holding of Workshops jointly with Cooperative Milk Union's Office to brief them about the risk coverage

6.0 REVIEW

6.1

A meeting with MPCDF constituted committee under the, Chairmanship of CEO of Milk Unions shall be held regularly on quarterly basis to appraise him about the progress of the scheme as well as settlement of claims.

6.2

The Agreement may be reviewed on quarterly basis with a provision for suitable modification, if required in accordance with the changing requirements and with the written consent of MPCDF.

7.0 TIE UP ARRANGEMENTS

In the real spirit of 'togetherness the employees and beneficiary members of Milk unions shall be given a preferential treatment in all the offices of the Insurance Company. Similarly, the employees of the Insurance Company shall be given a preferential treatment in all the offices of Milk unions.

8.0 CANCELLATION CLAUSE

In case MPCDF find any violation of terms & condition of offer and Agreement resulting unsatisfactory services to insured, MPCDF may cancel Agreement by giving 30 days notice to the Insurance Co. and Insurance Co. will have to deal the pending claims within 30 days, and have to refund premium for unexpired part of policy from date of cancellation to respective milk unions on pro-rata basis.

9.0. Miscellaneous

(A) Amendments/ Waivers --

(i)

Any provision of this Agreement may be amended or waived with the written of consent both the parties, if any only if such amendment or waiver is in writing area signed. In case of an amendment to the Agreement, the same will be signed by MPCDF/Milk unions and insurance Company and in case of a waiver; the same will be signed by the Party against whom the waiver is to be effective.

(ii)

No failure or delay by any Party in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise of any other right, power or privilege. The rights and remedies herein provided shall be cumulative and not exclusive of any rights or remedies provided by law.

(B) Notices -

All notices, requests and other communications to any Party hereunder shall be in writing and shall be given to such Party on e – mail/Postal letter on its address.

Each such notice, request or communication shall be effective:-

(i)

If given by e mail when such e mail is transmitted to the specified herein and the appropriate revert is received, or

(ii)

If delivered by air courier service, 72 hours after such communication is delivered to the Courier service, shipping charges paid and properly addressed, and

(iii)

If given by any other means, when delivered at the address of specified herein.

Designated Office of the -----

Designated Office of the -----

(C) Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

(D) Schedules, Part of Agreement

This Agreement together With all Schedules hereto forms a single Agreement between the Parties hereto.

(E) Counterparts

This Agreement has been signed in duplicate, each of which shall be deemed to be an original.

ANNEXURE I -Group Health Insurance Policy

ANNEXURE II & III – List of Panel Hospitals

Chief Executive Officer (Milk Union) -----

Insurance Company (Regional Head) -----

Witness (1):

Witness (1):

Witness (2):

Witness (2):

List of empanel hospitals for Cashless treatment

Claim Procedure -

Protocol for availing Cashless treatment to the members

1. Beneficiary along with Insurance Company ID card approaches Network Hospital. Hospital shall not ask for any other ID proof if Insurance Company ID card is submitted by the beneficiary
2. Network Hospital start cashless treatment immediately after patient reach hospital.

(Signature with Seal by the Ins. Co.
in token of acceptance of above)

Protocol for Reimbursement claims

1. Beneficiary along with. Insurance Company ID card or Master Policy approaches to Hospital. Hospital shall not ask for any other ID proof if Insurance Company ID, card is submitted by the beneficiary.
2. Beneficiary / Hospital to provide intimation as per the intimation clause below to the Insurance Company through SMS/E-mail/Speed post.
3. Beneficiary makes the payment, collects all the documents from the hospital and gets discharged.
4. Any format/ type of papers given by hospital shall be considered for reimbursement of claims.
5. Member submits the claim to Insurance Company within 15 days from the date of discharge.
6. Insurance Company scrutinizes the claim for medical and financial eligibility.
7. Insurance Company raises query if any, within 5 days however if query raise after 15 days of receipt of claims documents, insured shall not be liable to reply the query.
8. Insured responds to the query within 15 days.
9. Insurance Company makes settlement of claims within 15 days from the date of submission of complete documents or satisfying the query if any.

Note:

1. In case of non-availability of network hospitals, member can avail treatment at any hospital. of his choice, make upfront payment and thereafter claim for reimbursement.
- 2 Intimation in all the 'cases shall be given to servicing insurance company within 72 hrs./before the discharge of hospitalization through letter/SMS/Telephone/mail. In case there is delay in intimation and valid / justified reason of delay is communicated to Insurance Company, the Insurance Co. shall consider the same sympathetically & claim shall not be rejected / disallowed. In case the member insured is hospitalized in the network hospital (empanelled) even on payment basis (Reimbursement method), either network hospital or beneficiary shall be responsible for intimation within 72 hrs./before the discharge to Insurance Company.
3. Intimation shall not be necessary in case insured avails treatment at Govt. hospital.
4. Right of rejection of any case of reimbursement will be in the jurisdiction of Redressal Committee.
5. Card or policy issued by the Insurance Company / Insurance Company will be treated as ID card.

(Signature with Seal by the Ins. Co.
in token of acceptance of above)

Documents required for in - patient claim processing -

1. Discharge Summary: Containing member detail, Diagnosis, Line of treatment, treating doctor's signature and Hospital stamp.
2. Consolidated bill with break up.
3. Reports of investigation (if not Mentioned in the Discharge summary) duly prescribed
4. Bills duly supported by receipts and prescription by the treating Doctor (in case of pre & post hospitalization only).
4. Copy of prescription / report/ bill of medicine, investigation, procedure performed outside the network hospital (due to non - availability of such services in the network hospital).
6. Claim form as per Insurance Company General Insurance Company Limited norms duly signed by the claimant,

Document for Pre - & Post hospitalization Claim processing:

1. Copy of Discharge summary of the hospital.
2. Prescription for medicine, investigation, procedure.
3. Bills of the above.
4. Reports for Investigation,

Considering the location of end user it is proposed to accept all the above documents i.e. Prescription, report finding and bill as a part of the same document.

Payment of Claims -

The claim payment shall be released directly by the insurance company to the insured.

II PARTY

(Signature with Seal by the Ins. Co.
in token of acceptance of above)

I st PARTY

(Signature with Seal by CEO of Milk Union)