



MATSYAFED
KERALA STATE CO-OPERATIVE FEDERATION FOR FISHERIES DEVELOPMENT LIMITED NO.
F (T) 738 (MATSYAFED)

Kamaleswaram, Manacaud P.O., Thiruvananthapuram - 695009

Phone: 0471-2458606, 2457756, 2457172 Fax: 0471-2457752

Website: www.matsyafed.in E-mail: matsyafed@matsyafed.in mdmfed@gmail.com

Mfed/94/2024-EMC

19/06/2024

QUOTATION NOTICE

Sub:- Matsyafed Employees's Medclaim policy for the year 2024-25- Renewal -
Competitive Quotations invited- reg.

Sealed competitive quotations are invited from Insurance Companies having IRDA approval for the renewal of Group Medclaim Policy for the employees of the Federation for 2024-25 for the period from 7th August 2024 to 6th August 2025. The coverage is for the employees, Director Board Members & their family members including dependent parents. The employees are in the age group of **18-58** years (those in service). The upper age limit shall not be considered for the coverage of Director Board Members. The number of employees to be covered under the scheme is about 500 and approximately 1350 dependents. The floater sum coverage should be in three categories of Rs.300000/-, Rs.400000/-, Rs.500000/-.

The Insurance Company shall specify:

1. The maximum number of dependants an employee can nominate.
2. The premium payable by each employee for an assured floater sum coverage for Rs.300000/- , Rs.400000/- & Rs.500000/- as shown in the **table** below.
3. Additional premium payable for members exceeding the permitted number of dependants.
4. Details of disease / ailments/ injuries which are covered and not covered under the scheme and caps if any there on.
5. Approximate time required for settling a claim having proper supporting documents.
6. List of exclusions and conditions or state of affairs that lead to exclusion shall be specifically indicated.
7. The Company should have its own claim processing Office in Kerala preferably at Thiruvananthapuram/Ernakulam
8. Other relevant conditions if any.

Conditions

1. All pre-existing illness should be covered since it is a renewal policy.
2. Facilities of availing pre-hospitalisation for 30 days and post hospitalization for 60 days.
3. The upper age limit shall not be considered for the coverage of dependents.
4. Maternity benefits must be continued for employees/ spouse. For Normal delivery Rs.35000/- & for Ceasarian Rs.45000/-.
5. New born baby to be covered from birth onwards.

6. An undertaking to the effect that nothing other than the offer given in the quotation forbidding the claim of the insured will be included in the policy issued by the company for this purpose.
7. Payment of assured sum on cashless/ reimbursement as the case may be.
8. Cataract Rs.35000/-, Hernia Rs. 40000/-, Hysterectomy Rs.80000/- .
9. In the case of critical illness like heart attack & cerebral hemorrhage, company should facilitate cashless treatment/ initial advance to Hospital.
10. Any conditions which are not acceptable to the company should be specifically stated in the quotation otherwise it will be deemed that the conditions are acceptable by the company.

The quotations containing the above details and the amount of premium in the proforma shown below should reach this office on or before **02/07/2024 (3pm)** and will be opened at 3.30 PM on the same day in the presence of those quotationers present. The right to accept or reject a quotation rests with the Managing Director.

Table

Floater Sum Insured (Rs)	Employee Alone	Employee+1 Dependent	Employee+2 Dependents	Employee+3 Dependents	Employee+4 Dependents	Empl.+5 Dependents
300000/-						
400000/-						
500000/-						

MANAGING DIRECTOR

19/6/2024