



DOW UNIVERSITY OF HEALTH SCIENCES KARACHI

*Baba-e-Urdu Road,
Karachi-74200*

*Ph: (92-21) 99215754-7 Fax: (92-21) 99215763
www.duhs.edu.pk*

BIDDING DOCUMENT

IFB NO: DUHS/HR/2015/01

DATED: 11th January 2015

HEALTH INSURANCE SERVICES

(Tender Fees: Rs. 2,000/- (Non-Refundable))

Closing Date: 28th January 2015 @ 11:00 a.m.
Opening Date: 28th January 2015 @ 11:30 a.m.
Opening Venue: Office of the Registrar, 4th Floor, Admin Block, Dow
University of Health Sciences, Baba-e-Urdu Road,
Karachi. 74200.



1. INVITATION FOR BIDS



DOW UNIVERSITY OF HEALTH SCIENCES

NOTICE INVITING TENDERS (NIT)

IFB No. DUHS/HR/2015/01 Dated: 11th January 2015

The Dow University of Health Sciences, Karachi invites Tenders under sealed cover for providing "HEALTH INSURANCE SERVICES" to its employees and their dependent families from SECP approved insurance Companies having minimum five (05) years' experience in rendering Health Insurance services.

DESCRIPTIONS

TENDER REF NO.	DUHS/HR/2015/01
TENDER FEE	Rs. 2000/- (Rupees Two Thousand Only -Non-Refundable)
PURCHASING DATE	12th January, 2015
LAST PURCHASING DATE	27th January, 2015
BID DELIVERY DATE AND TIME	28th January, 2015 at 11:00 A.M.
BID OPENING DATE AND TIME	28th January, 2015 At 11: 30 A.M
TENDER PROCEDURE	SINGLE STAGE ONE ENVELOPE (Rule 46-1 SPPRA)

Bids must be delivered at the address mentioned below on or before 28th January 2015. Bidding Documents containing detailed terms and conditions can be obtained personally / representative during office hours (10:00 A.M. to 03:00 P.M. except Friday from 10:00 A.M. to 12:00 P.M) from the Office of the Registrar, Dow University of Health Sciences, Baba-e-Urdu Road, Karachi or downloaded Bidding Documents from website www.duhs.edu.pk will be accepted on the above described payment (Tender fees) in shape of Call deposit / Pay Order in favor of Dow University of Health Sciences, Karachi. Copy of the following documents to be attached with the bids.

1. NTN Certificate
2. Valid GST Registration
3. Detailed Profile of the Company with Relevant Experience
4. Detailed Turn-over of at least Three Years.
5. Copy of License.

All bids must be accompanied with Bid Security not less than 3% of total value of the bid in shape of Call deposit / Pay Order / Bank Guarantee in favor of Dow University of Health Sciences, Karachi. The bids without or less than 3% Bid Security will not be considered and rejected.

Bids with minimum Bid Validity of 90 days should be submitted / delivered to the Office of the Registrar, Dow University of Health Sciences, Baba-e-Urdu Road, Karachi on or before 28th January, 2015 at 11:00 A.M. positively.

The bidders not registered with Sales Tax and Income Tax or do not fulfill the terms and conditions will not be considered and their offer will be rejected as non-responsive. Government notified black listed firms shall not be entertained.

In case of any unforeseen situation or Government Holiday resulting in closure of the Office on the date of opening, the Tenders shall be submitted / opened on the next working day at the same time and venue.

NOTE:

The Dow University of Health Sciences reserves the right to reject any or all the bids subject to the relevant provisions of the SPPRA Rules.

REGISTRAR
Dow University of Health Sciences
4th Floor, Admin Block, Baba-e-Urdu Road, Karachi-
74200, Pakistan
Phone: (92-21) 99215754-7, Fax- (92-21)99215763
E-mail: registrar@duhs.edu.pk

PID(K) 1906



2. INTROUCTION

IFB NO: DUHS/HR/2015/01 DATED: 11th January 2015

- 2.1 The Dow University of Health Sciences, Karachi invites sealed Single Stage One Envelope Bids under SPPRA Rules for providing Health Insurance services to its employees and their families from **SECP approved Insurance Companies having minimum 05 years' experience in rendering Health Insurance services.**
- 2.2 Employees and their dependents will be covered under the following policies:-
- 2.3 **Premium Policy**
For Hospitalization of Employees and their dependent spouses and children only. Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also.
- 2.4 **Parents In-Patient Pool Policy**
For Hospitalization of dependent Parents only on ASO Pool Basis. **ASO Pool of Rs. 10,000,000/-.**
- 2.5 **Dow ASO Pool Policy**
For Hospitalization of Employees covered in Dow Pool Policy and their dependent spouses and children. Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also. **ASO Pool of Rs. 1,225,000/-.**
- 2.6 The Details of Employees and their dependents divided in 04 categories for different policies is in the following pages.
- 2.7 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.



3. BENEFIT STRUCTURE

3.1 The benefits plan of DUHS for Premium Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	Private Room	Private Room	Semi Private Room	General Ward / Room
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000

3.2 The benefits plan of DUHS for its Parents In-Patient ASO Pool Policy is as under:-

Sr. #	Coverage	Categories and Annual Entitlements in Rupees			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	150,000	125,000	75,000	50,000
2	Daily Room / Bed limit per Insured	Private Room	Private Room	Semi Private Room	General Ward / Room

3.3 The benefits plan of DUHS for its Dow ASO Pool Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	Private Room	Private Room	Semi Private Room	General Ward / Room
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000



4. DETAILS OF LIVES TO BE INSURED

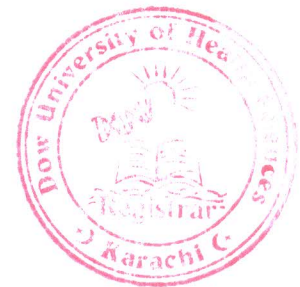
4.1 Category And Age Wise Detail Of Lives To Be Covered Under DUHS Premium Policy.

4.1.1 PLAN A

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	33	0	33
19-29	0	0	32	0	32
30-34	0	0	0	0	0
35-39	0	1	0	0	1
40-44	1	3	0	0	4
45-49	4	11	0	0	15
50-54	9	6	0	0	15
55-59	19	5	0	0	24
60-64	5	5	0	0	10
65-69	0	1	0	1	2
70-75	0	1	0	4	5
76-80	0	0	0	22	22
Total	38	33	65	27	163

4.1.2 PLAN B

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	408	0	408
19-29	1	13	155	0	169
30-34	31	32	3	0	66
35-39	61	40	0	0	101
40-44	47	46	0	0	93
45-49	43	44	0	1	88
50-54	67	52	0	5	124
55-59	66	29	0	22	117
60-64	7	9	0	54	70
65-69	0	6	0	67	73
70-75	1	0	0	96	97
76-80	0	0	0	109	109
Total	324	271	566	354	1515

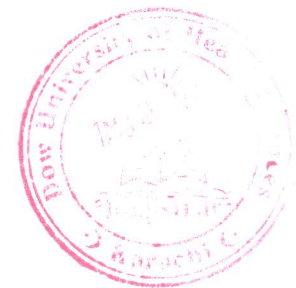


4.1.3 PLAN C

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	1	680	0	681
19-29	186	110	127	0	423
30-34	212	116	2	0	330
35-39	148	93	0	3	244
40-44	88	71	0	11	170
45-49	47	41	0	50	138
50-54	31	26	0	130	187
55-59	30	21	0	200	251
60-64	18	16	0	258	292
65-69	9	5	0	223	237
70-75	3	1	0	124	128
76-80	0	2	0	71	73
Total	772	503	809	1070	3154

4.1.4 PLAN D

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	1396	0	1396
19-29	212	146	523	0	881
30-34	184	133	8	0	325
35-39	125	135	0	1	261
40-44	136	130	0	26	292
45-49	189	110	0	70	369
50-54	146	75	0	155	376
55-59	72	26	0	373	471
60-64	21	13	0	249	283
65-69	2	7	0	222	231
70-75	2	1	0	186	189
76-80	1	1	0	120	122
Total	1090	777	1927	1402	5196



4.2 Category And Age Wise Detail Of Lives To Be Covered Under DUHS ASO Pool Policy.

4.2.1 PLAN A

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	8	0	8
19-29	0	0	3	0	3
30-34	0	0	0	0	11
35-39	0	0	0	0	0
40-44	0	1	0	0	1
45-49	1	2	0	0	3
50-54	1	0	0	0	1
55-59	2	0	0	0	2
60-64	1	1	0	0	2
65-69	0	0	0	0	0
70-75	0	0	0	0	0
76-80	0	0	0	0	0
Total	5	4	11	0	20

4.2.2 PLAN B

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	6	0	6
19-29	0	0	8	0	8
30-34	0	0	0	0	0
35-39	0	1	0	0	1
40-44	0	1	0	0	1
45-49	1	3	0	0	4
50-54	1	0	0	0	1
55-59	3	1	0	0	4
60-64	1	0	0	0	1
65-69	0	0	0	1	1
70-75	0	0	0	1	1
76-80	0	0	0	2	2
Total	6	6	14	4	30



4.2.3 PLAN C

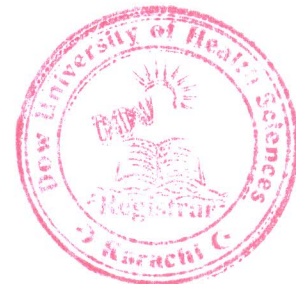
Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	0	0	0
19-29	0	0	0	0	0
30-34	1	1	0	0	2
35-39	0	0	0	0	0
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	0	0
55-59	0	0	0	0	0
60-64	0	0	0	1	0
65-69	0	0	0	0	0
70-75	0	0	0	1	0
76-80	0	0	0	0	0
Total	1	1	0	2	4

4.2.4 PLAN D

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	0	0	0
19-29	0	0	0	0	0
30-34	0	0	0	0	0
35-39	0	0	0	0	0
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	0	0
55-59	0	0	0	0	0
60-64	0	0	0	0	0
65-69	0	0	0	0	0
70-75	0	0	0	0	0
76-80	0	0	0	0	0
Total	0	0	0	0	0

4.3 Category Wise Detail Of Lives To Be Covered Under Parents In-Patient ASO Pool Policy.

Sr.#	Coverage	Category and Number of Lives			
		A	B	C	D
1.	Parents IPD	27	358	1072	1402
				Total	2859



5. INSTRUCTIONS TO BIDDERS

- 5.1 Tender is open to the Bidders (**Insurance Companies**) who are registered with SECP having minimum 05years' experience in rendering Health Insurance Services. Bidders who don't possess the relevant experience will not be entertained & their bids will be rejected.
- 5.2 The Bidders must submit an Affidavit on Legal Stamp paper that they are not notified as Black-Listed. Government notified black listed firms will not be entertained & their bids will be rejected.
- 5.3 **EVALUATION CRITERIA**
The following documents must be submitted by the Bidders for Evaluation of Bids otherwise their bids shall be liable to be ignored / rejected.
- 5.3.1 Copy of Registration with Sindh Revenue Board (SRB.)
 - 5.3.2 Copy of Registration with FBR.
 - 5.3.3 Detail Profile of the Company including Official Address, Contact Numbers.
 - 5.3.4 Proof of relevant experience i. e. minimum 05 Years.
 - 5.3.5 Detailed Turn-over of at least Three Years. (Audit Reports conducted by reputable Auditors).
 - 5.3.6 Complete Details of Benefits to be covered & Exclusions.
 - 5.3.7 Copy of Valid License.
 - 5.3.8 List of Panel Hospitals throughout Pakistan.
 - 5.3.9 List of atleast 10 top clients receiving Health Insurance Coverage with Address & Contact Numbers.
 - 5.3.10 Affidavit on Legal Paper as per clause 5.2 of this Document.
 - 5.3.11 3% Bid Security as per clause 5.7 of this Document.
 - 5.3.12 Bid Validity of 90 Days as per clause 5.6 of this Document.
 - 5.3.13 Affidavit on Legal paper as per clause 5.4 of this Document.
 - 5.3.14 Duly filled performa as per Annexures A & B.
- 5.4 An Affidavit on Legal Paper confirming the acceptance of the Terms and Conditions of this Bidding Document must be provided with the Bid. Performa attached at Annexure - A.
- 5.5 Quoted Rates must be in Pakistani Rupees on FOR Basis.
- 5.6 Bids with minimum Validity Period of 90 days shall be submitted. The bid without or less than 90 days Validity will not be considered and rejected.
- 5.7 The bids should be accompanied with Bid Security not less than 3% of the total Bid in shape of Pay Order / Call Deposit or Bank guarantee in favor of Dow University of Health Sciences, Karachi. Bids without or less than 3% Bid Security will not be considered and rejected.
- 5.8 The Bid Security will be returned to the unsuccessful bidders once the contract has been signed with the successful bidder.



- 5.9 In case the offer is withdrawn, amended or revised by the Bidder during the validity period of the offer, the Bid Security shall be liable to be forfeited.
- 5.10 The successful Bidder at the time of signing of Contract will also have to submit a Performance Security @ 7% of the Contract Price in shape of Pay Order / Bank Guarantee or Call Deposit in the name of Dow University of Health Sciences, Karachi. The Bid Security will be returned to the successful bidders after submission of the Performance Security.
- 5.11 If the Successful Bidder fails to provide the Performance Security of the Contract or execute the Contract Agreement, the Bid Security shall be liable to be forfeited and the Contract will be given to the next successful Bidder.
- 5.12 Bidders should quote their firm and final rates inclusive of all taxes and Misc. Charges (if applicable).
- 5.13 If there is a discrepancy between words and figures of the amount, the amount in words will prevail.
- 5.14 Bids must be duly filled in, stamped, signed and properly sealed in one envelope.
- 5.15 Envelopes shall also bear the word **“FINANCIAL PROPOSAL”** with complete Name & Address of the Procuring Agency.
- 5.16 The language of the Bids shall be English.
- 5.17 Any overwriting, cutting, crossing etc. is not acceptable.
- 5.18 Hand written Offers will not be accepted.
- 5.19 DUHS reserves the right to reject any or all the Bids prior to acceptance without giving any reasons subject to the relevant provisions of SPPRA Rules.
- 5.20 **All bids must be submitted / delivered to the Office of the Registrar, Dow University of Health Sciences, 4th Floor, Admin Block, Baba-e-Urdu Road, Karachi, on or before the prescribed deadline of 11:00 a.m. on 28th January 2015.**
- 5.21 **The bids will be opened on the same day at 11:30 a.m. at the Office of the Registrar, Dow University of Health Sciences, 4th Floor, Admin Block, Baba-e-Urdu Road, Karachi. In case of any unforeseen situation or Government Holiday resulting in closure of Office on bid opening date, the bids shall be submitted / opened on the next working day at the same time and venue.**
- 5.22 Incomplete, late and conditional bids will not be considered and will be rejected.



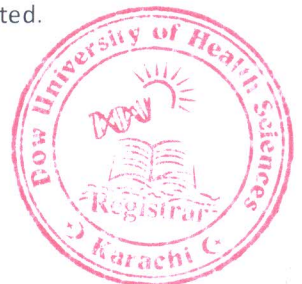
6 TERMS & CONDITIONS FOR CONTRACT – HOSPITALIZATION COVER

- 6.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 6.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 6.3 Daily Room & Board Charges.
- 6.4 Miscellaneous Hospital Services and Supplies. Drugs, Dressings, Prescribed Medicines, Laboratory Examinations, Physiotherapy, intravenous injections & solutions, administration of blood and blood plasma including cost and any other fluids administered during surgery.
- 6.5 Emergency Room treatment for Accidental and Non-Accidental emergencies.
- 6.6 Doctor's visits. (Consultant, Specialist, etc.)
- 6.7 Surgical Operation Charges.
- 6.8 Local Ambulance Charges.
- 6.9 Pre-Post Hospitalization cover including Diagnostic Tests, Consultation Charges & prescribed Medicines within 30 days prior to or after Hospitalization.
- 6.10 ICU and Operation Theatre Charges.
- 6.11 Specialized Investigations & Day Care Surgeries. Dialysis, MRI, CT Scan, Thallium Scan, Angiography, Cataract, Endoscopy, Echo, Treatment for Fractures, Lacerated wounds, Emergency Dental Treatment due to accidental injuries, Day Care surgical Charges including medicines and investigations.
- 6.12 Declared / Undeclared Pre-Existing Conditions.
- 6.13 Psychiatric Treatments.
- 6.14 Congenital Birth Defects.
- 6.15 Interferon Therapy of Hepatitis 'B' and 'C'.
- 6.16 Maternity related complications.
- 6.17 Enhancement of Hospitalization Limit in case of Accidental Injuries. (50% of available limit).
- 6.18 Radiotherapy and Chemotherapy.
- 6.19 Any other Benefit / Cover with mutual consent.
- 6.20 Any Age restrictions or other exclusions for coverage must be clearly indicated.



7 TERMS & CONDITIONS FOR CONTRACT – MATERNITY COVER

- 7.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 7.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 7.3 Daily Room & Board Charges / Labor Room Charges.
- 7.4 Ante-Natal Care such as Ultrasound scans, Lab Tests and examinations.
- 7.5 Hospital Charges & Obstetricians Fee for Childbirth.
- 7.6 Midwife Charges if delivery takes place at home.
- 7.7 Operation Theatre /Physician's /Surgeon's Charges.
- 7.8 Prescribed Medical Supplies & Services during Hospitalization.
- 7.9 Anesthesia Charges.
- 7.10 Blood Transfusion including Cost of Blood.
- 7.11 ICU Charges.
- 7.12 Baby Nursing Care while the Mother is confined to the Hospital.
- 7.13 Circumcision Charges of Newborn Baby Boys.
- 7.14 Post- natal Care immediately following childbirth such as Stitches, Follow up Visits & Prescribed Medicines.
- 7.15 Secondary Conditions brought about by Pregnancy such as Backache, High BP, Vaginal Bleeding, Nausea & Vomiting etc requiring Hospitalization.
- 7.16 In the event of D&C, Normal delivery benefits as mentioned in Benefits Schedule.
- 7.17 Declared / Undeclared Pre-Existing Conditions.
- 7.18 Any other Benefit / Cover with mutual consent.
- 7.19 Any Age restrictions or other exclusions for coverage must be clearly indicated.



8 TERMS & CONDITIONS FOR CONTRACT – OUT-PATIENT COVER

- 8.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 8.2 Reimbursement only.
- 8.3 Physician / Consultant's fees for consultations.
- 8.4 Psychiatrists and Psychologist's Fee for Psychiatric Treatment.
- 8.5 Prescribed Drugs and Dressings.
- 8.6 Pathology, Radiology and Diagnostic Tests, X-rays & Ultrasounds.
- 8.7 Vaccinations.
- 8.8 Out-Patient Surgical Operations.
- 8.9 Wellness Mammogram, PAP Smear, Prostate Cancer Screening or Colon Cancer Screening.
- 8.10 Dental Treatment including Extractions Teeth, Root Canalizing or Caping or Similar Treatment.
- 8.11 Accident Related Dental Treatment.
- 8.12 Costs for Treatment by Therapists and Complementary Medicine Practitioners.
- 8.13 Declared / Undeclared Pre-Existing Conditions.
- 8.14 Coverage / Treatment from any Hospital / Clinic of the Patient's Choice.
- 8.15 Any other Benefit / Cover with mutual consent.
- 8.16 Any Age restrictions or other exclusions for coverage must be clearly indicated.



9 OTHER TERMS & CONDITIONS OF CONTRACT

- 9.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 9.2 Contract Price /Premium will be paid by DUHS in equal Quarterly Installments upon submission of Invoice & Claims Utilization Report. Payment Plan will be with mutual consent.
- 9.3 All the Health Insurance Cards shall be provided by the Insurance Company within 15 days of award of contract. All the Health Insurance Cards in case of new Employees or Addition /Deletion / Plan Revision Correction cases shall be provided by the Insurance Company within 10 days from the submission of intimation .
- 9.4 Premium for New lives to be Added / Deleted or Plan Revise shall on the same rates as per Premium Rates quoted in the Bid.
- 9.5 Bidder must provide Hotline numbers of the Company's Representatives / Focal Person (s) in order to facilitate and provide necessary information to the patients in case of Hospitalization in Panel Hospitals.
- 9.6 Approval / Authorization of Hospitalization shall be provided to the Hospital / Patient in not more than 02 Days. All intimations of Approvals / Regrets must also be furnished to the Dow University of Health Sciences through email.
- 9.7 All the IPD and OPD Reimbursement Claims would be paid within 10 days from the date of submission of claims.
- 9.8 In case of IPD / Maternity Reimbursement Claim of a Non-Panel Hospital, a deduction of not more than 20% of the Total Claim may be made. This shall be waived if the treatment is unavailable at a Panel Hospital or is some Special or peculiar circumstances.
- 9.9 In case of return or withholding of Claim for Reimbursement, a formal intimation by letter or email would be required by the Insurance Company describing the reason for return or withholding.
- 9.10 If an Employee / Patient wishes not to disclose certain personal information such as Investigations Reports, the requirement in Reimbursement Cases shall be waived upon the request of the Employee / Patient.
- 9.11 Requirement of Prescriptions shall be waived in case the Employee / Patient is a Doctor/ Medical Practitioner upon request.
- 9.12 All the Health Insurance Cards must bear the DUHS Employee ID and Name of Institute / Department, provided in the list as and when the contract is awarded.
- 9.13 The Bidder will provide the Claims Utilization Report for Hospitalization and Reimbursement on Quarterly Basis.
- 9.14 In case of non-issuance of Insurance Card to an existing employee, due to non-provision of data required for issuance of Health Insurance Card, the employee or his dependent shall be provided Hospitalization Coverage after obtaining necessary approval verification from the DUHS.
- 9.15 Any Age restrictions or other exclusions for coverage must be clearly indicated.



9.16 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.

10 CLAIM RATIO OF LAST THREE YEARS

10.1 DUHS Premium Policy

Year	Claim Ratio
2011-2012	1.12
2012-2013	0.95
2013-2014	1.00

10.2 DUHS Parents IPD Pool Policy:-

Year	Claim Ratio
2011-2012	0.86
2012-2013	0.91
2013-2014	1.05

10.3 DUHS ASO Pool Policy:-

Year	Claim Ratio
2011-2012	0.14
2012-2013	0.87
2013-2014	0.47

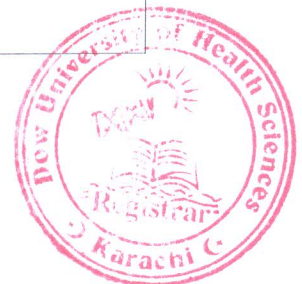


CERTIFICATE

(To be submitted on Affidavit).

1. We, _____ hereby confirm to have read carefully all the Clauses of the advertised Tender Notice **No. DUHS/HR/2015/01 dated 11th January 2015**, for the provision of **Health Insurance Services** for **Dow University of Health Sciences, Karachi**. We hereby agree to abide all the Instructions, Terms & Conditions mentioned in the Tender Notice and Tender/Bidding Documents.
2. That if any of the information submitted in accordance to this Tender / Bidding Document is found incorrect, our Contract if awarded, may be cancelled at any stage on our own cost and risk.

1.	Name	
2.	Official Add	
2.	In the Capacity of	
3.	Signature	
4.	Duly authorized to sign the Bid for and on behalf of	
4.	Stamp	
5.	Date	
6.	Contact Number	
7.	E-Mail Adress	



FINANCIAL PROPOSAL

(To be submitted on Company Letterhead).

RATES PER CATEGORY

Sr.#	Coverage	Category and Rates in Rupees			
		A	B	C	D
1.	Hospitalization Coverage				
2.	Maternity Coverage				
3.	Out-Patient Coverage				
4.	Total				

Total Premium Calculations:

Gross Premium: Rs. _____

Admin Charges: Rs. _____

Stamp Duty: Rs. _____

Any Other: Rs. _____

Net Premium for Premium Policy: Rs. _____

Parents IPD ASO Pool: Rs. _____

Dow ASO Pool: Rs. _____

Total Net Premium: Rs. _____

Authorized Person Signature: _____

Authorized Person Name: _____

Company Stamp: _____

Date: _____

