

EXPRESSION OF INTEREST (EOI)

केंद्रीय पेट्रोसायन अभियांत्रिकी एवं प्रयोगिकी संस्थान (सिपेट), जो अखिल भारतीय स्तर पर पेट्रोकेमिकल्स अभियांत्रिकी एवं प्रयोगिकी के क्षेत्र में एक प्रमुख संस्थान है, अपने कार्मिकों के लिए व्यापक समूह स्वास्थ्य बीमा पॉलिसी प्राप्त करने के लिए प्रतिष्ठित एवं पंजीकृत स्वास्थ्य बीमा एजेंसियों से "रुचि की अभिव्यक्ति (ई.ओ.आई.)" आमंत्रित करता है।

सिपेट कार्मिकों के लिए समूह स्वास्थ्य बीमा सेवा प्रदान करने हेतु इच्छुक संस्थायें रुचि की अभिव्यक्ति आवश्यक दस्तावेजों की सत्यापित प्रति के साथ दिनांक 26/12/2022 तक सिपेट मुख्यालय में जमा कर सकते हैं। योजना के तहत वांछित सेवाओं, जमा किए जाने वाले दस्तावेजों एवं अन्य जानकारी सिपेट की वेबसाइट: www.cipet.gov.in से प्राप्त किया जा सकता है।

Central Institute of Petrochemicals Engineering & Technology, a premier institute in the field of Petrochemicals Engineering & Technology having pan India presence, invites Expression of Interest from the reputed and registered Health Insurance agencies for availing their services for getting a comprehensive Group Health Insurance Policy for the employees of the Institute.

Interested Agencies may submit their Expression of Interest along with the requisite documents for providing Group Health Insurance Service for the employee of CIPET on or before 26/12/2022. For more detail such as major area to be covered under this scheme & others, agencies may visit CIPET website: www.cipet.gov.in

TERMS & CONDITION FOR EXPRESSION OF INTEREST (EOI)

Central Institute of Petrochemicals Engineering & Technology (CIPET), a premier institute in the field of Petrochemicals Engineering & Technology having pan India presence, invites Expression of Interest from the reputed and registered companies/agencies in the field of Health Insurance for availing their services for getting a comprehensive Group Health Insurance Policy for the employees of the Institute.

Agencies shall have the option to submit their Expression of Interest both On-line/Off line.

On-line mode: Insurance Company/agency should submit EOI enclosing the copy of the requisite documents with signature & stamp of the authorized person on the E-mail Id: cmpaf@cipet.gov.in

Off-line mode: Agency may send the attested copy of the desired documents duly signed & stamp of the authorized person, packed in a sealed envelope by courier/speed addressed to Director (Admin), Admin Department, CIPET Head Office, Guindy, Chennai - 600032.

As present, CIPET is having 900 plus regular employees. However, CIPET shall not guarantee for the minimum number of employees to be covered under this scheme. Total number will depend upon the services being provided by the agency and the premium amount quoted thereto.

Last date of receipt of the application is **26 December 2022**. CIPET will not be responsible for postal delay/non-receipt/delivery of the E-mail due to technical reason.

DOCUMENTS TO BE SUBMITTED ALONG WITH THE COPY OF THE ACCEPTANCE OF THE SERVICES TO BE COVERED

Agencies are required to submit the attested copy the below mentioned documents with seal & signature of the office bearer of the respective agencies:

- (i) Registration copy of the agency with IRDA
- (ii) Copy of the PAN Card of the agency
- (iii) Copy of the GST No. of the agency
- (iv) Minimum 05 years' experience in the related field.
- (v) State wise list of the empanelled hospitals, diagnostic Centres.
- (vi) Specify the list of the services to be provided which is to be covered under the scheme out of the services mentioned at **Annexure-'A'** duly signed & with seal of the authorized person. Also enclose the authorization letter for the same.

**SERVICES TO BE COVERED UNDER CIPET EMPLOYEES
GROUP MEDICAL HEALTH INSURANCE POLICY**

- a) The said policy will be known as CIPET Employees Health Insurance Policy.
- b) Medical Insurance Cover shall be 05 Lakhs and more.
- c) A sizeable amount will be allocated to cover the pre-hospitalization & post-hospitalization expenses such as Consultancy, Lab Charges, Medicine etc within the ceiling of the Medical cover.
- d) There should not be any age restriction for a member to join the said Group Health Insurance.
- e) Policy will have the coverage for Self, wife, children and parents.
- f) No waiting period and the medical cover should start from day one.
- g) Pre-existing diseases also to be covered.
- h) Maternity coverage.
- i) Provision to continue to avail benefit of the said medical insurance Policy after resignation/retirement of the employees by paying premium individually.
- j) Flexibility w.r.t. entry/exit of the Policy holder during the currency of the policy period.
- k) Provision to have a buffer limit of 10% over & above the entire package for emergency use by organization.
- l) Age group/range to be specified for calculation of premium such as 18 years to 25 years, above 25 years to 35 years, above 35 years to 45 years, above 45 years to 50 years, above 50 years to 60 years, above 60 years to 65 years & above 65 years.
- m) Provision of rider to have higher coverage over and above the policy amount.
- n) Provision for Auto Cap.
- o) Coverage of ailment w.r.t. tooth related diseases.
- p) Coverage of Eye Ailment diseases.
- q) Clarity regarding number of days covered under pre & post hospitalization/indoor treatment.
- r) Provision regarding transfer of policy to next of Kin/spouse on demise of the Policy Holder.
- s) Grievance Redressal Mechanism.
- t) Detail procedure to be mentioned with regard to reimbursement of the claim.
- u) Highlight the other services, if any