



**COMSATS University Islamabad (CUI), Lahore Campus
Defence Road, Off Raiwind Road, Lahore**

**Tender No. CUI, LC-TN-13-20-1372
Case # 3058**

Expression of Interest

CUI Health Insurance Policy 2020-21

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Part: A GENERAL TERMS AND CONDITIONS

1. All pages of bidding documents are mandatory to be signed / stamped, meaning thereby bidder agrees to our terms & conditions mentioned herein, failing which the bid may be rejected.
2. Any addition, deletion or modification of any clause of the procurement terms & conditions/BoQs of COMSATS University Islamabad (CUI), Lahore Campus by any vendor will not be acceptable and may lead to rejection of the bid.
3. Only reputed insurance companies, having minimum 5 years relevant experience, registered with Income Tax/Sales Tax departments and are on Active Taxpayers List (ATL) of FBR, are eligible to participate in tender.
4. The contract will be executed and handed over in satisfactory conditions up to the entire satisfaction of CUI, Lahore Campus.
5. Documents along with Pay Order / Demand Draft amounting to **Rs. 1000/-** as a tender documents fee (Non-Refundable) shall be submitted in favor of COMSATS University Islamabad, Lahore Campus to the address given below. No bid will be accepted without tender documents' fee.
6. Your bid proposal should be inclusive of all applicable taxes.
7. After opening of bids, CUI, Lahore Campus will examine the bids for completeness as per tender document.
8. The bid should be submitted in a sealed envelope up to **June 15, 2020** on or before **1400hrs** and will be opened on the same date **at 1430hrs** in the presence of available bidders.
9. CUI, Lahore Campus, will follow ***Single Stage-One Envelope*** procedure for open competitive bidding, as prescribed under PPRA rules.
10. The envelope should be marked as under;

Secretary, Purchase Committee
COMSATS University Islamabad, Lahore Campus
 Defence Road, Off Raiwind Road, Lahore.
 Tel: 042-111-001-007, Ext: 875
11. The envelope shall also bear the word “**CONFIDENTIAL**” and following identification quotation of **“Health Insurance Policy”**.
12. Deduction of Income Tax and any other tax will be deducted at source according to Government prevailing rules.
13. It is the sole responsibility of the Company to comply with the applicable laws, be national or international.

14. **The bidder is required to furnish in form of Bank deposit/ CDR / Pay order equivalent to 2% of the total Bid price as Earnest Money crossed in favor of “COMSATS University Islamabad, Lahore Campus”. Any bid not accompanied by Earnest Money shall be rejected without any right of appeal.**
15. COMSATS University Islamabad, Lahore Campus reserves the rights to accept or reject the bid if;
- i. Received without earnest money
 - ii. Received later than the date and time fixed for tender submission
 - iii. The tender is unsigned/ unstamped
 - iv. The offer is ambiguous
 - v. The offer is conditional
 - vi. The offer is from a firm, which is black listed by any Govt. Office.
 - vii. The offer is received by telephone/telex/fax/telegram.
 - viii. Any unsigned / ambiguous erasing, cutting / overwriting etc. is made.
 - ix. Termination of Contract on Unsatisfactory grounds.
 - x. Rates are not quoted on our BoQs
 - xi. Multiple rates of a premium may also lead to the rejection of bid / item.

Part: B: SPECIAL TERMS AND CONDITIONS OF THE INSURANCE POLICY

1. All the lives insured under the policy shall be given full indoor-patient (IPD) medical coverage (including pre-existing, congenital, special investigation, eye treatment and day care cases) of any physical or mental disease/disorder. All kind emergency treatments whatsoever shall be covered as per IPD limits.
2. In case of injuries to the covered lives insured by the Insurance Company due to Military or Air Force, Police or security forces operations or due to terrorism, shall be covered as per assigned limits.
3. The Insurance Company shall not refuse any admission request from panel hospitals, where the attending specialist doctor or doctor on duty, has in writing intimated that the concerned patient needs to be admitted for treatment.
4. Admissions for control of blood pressure and diabetes are also allowed and covered.
5. All kind of treatments for removal of kidney/ gallbladder stones etc. (including lithotripsy) shall also be covered.
6. Specialized tests like MRI, CT-Scan, E.T.T, Thallium Scan, mammography, Endoscopy, fundoscopy, laryngoscopy, colonoscopy, and angiography shall also be covered. For this purpose, admission condition shall not apply.
7. Cases shall not be refused due to non-availability of PMDC No. Furthermore, cases shall also not be refused by giving the reason that “General Practitioner is not authorized to do the treatment.”

8. The Insurance Company shall ensure that all kind of approvals to panel hospitals in respect of insurance coverage shall be given in as demanded by hospital and well in time, so the admitted patients and their dependents should not suffer due to non-availability of full approval or delayed approvals.
9. All the available limits as per coverage plan shall be printed on Insurance cards for information and record of the employees.
10. The Insurance Company shall ensure that all kind of objections shall be intimated to concerned focal person only once. Once the objection has been replied in the form of documentary evidence or information, it shall be settled without any further objection and delay. In such cases, maximum response time for Insurance Company is 30 days.
11. Maximum time for settlement of reimbursement claims shall be 30 days. In case of any unjustified delay on the part of Insurance Company, it will be adjustable against performance guarantee.
12. All kind of IPD/dread disease coverage & reimbursements shall not be made conditional for settlement of endorsement premium dues.
13. Insurance coverage to neonatal babies shall be provided as per assigned IPD Limits of the concerned employee. Any ailment/disease/complication/admission of the new-born baby shall be treated as per prescribed IPD/dread disease limits irrespective of the fact that the insurance card has not been made.
14. In case of deficiencies of the documents, the Insurance Company shall only withheld the claimed amount relating to the deficiency, the rest of the claim shall be settled. Withheld amount shall be settled after the provision of the required documents.
15. In case of non-issuance of insurance card to an existing employee, dependent or Parent(s), due to non-provision of employee data required for issuance of health insurance card, the reimbursement shall be made to the concerned employee after the issuance of fresh health insurance card. In this respect intimation shall be forwarded by the concerned focal person regarding the status of employee, dependents and parents. However, the name of the person and/or dependents must be available in the updated list forwarded for renewal or in the previous list of the expired policy. Otherwise. The company has the right to refuse all claims incurred before coverage.

In this regard, all the concerned CUI employees has the sole responsibility to get their dependent members insured with Insurance Company through concerned Campus focal person.

16. The Insurance Company shall not refuse any kind of claim, even if the card is issued a day before the claim.
17. The Insurance Company shall be responsible to provide list of pending reimbursement claims to the concerned focal persons of the respective Campus on monthly basis. Meetings shall be held on quarterly basis between Insurance Company nominated representative and focal person of the respective campus to settle the disputed issues.

18. Any time interval restriction shall not be made in case of same ailment but this will not be allowed for limit enhancement purpose only (The treating specialist doctor statement/certificate subject to accepted medical practice, shall be the criteria for decision).
19. The Insurance Company shall not ask for the reason of availing non panel hospital facilities. Elective non-panel utilization without prior approval is allowed. No deductions shall be made in this regard.
20. The Insurance Company shall ensure that claim verifications shall be done within 15 days after the claim submission. No further delay will be acceptable.
21. No person other than the focal person of the respective campus will deal and communicate with the Insurance Company for all matters. CUI will circulate and inform all employees accordingly.
22. Insurance Company shall issue a separate insurance policy for every Campus and Principal Seat. Any issue or problem with Campus or Principal Seat shall not affect the insurance coverage of other Campus or Principal Seat.
23. All type of deductions from IPD/dread disease & reimbursement claims on account of percentage of surgeon fee or any other fee etc. shall not be made. (Except for blacklisted hospitals, the list of which will be shared at inception and from time to time).
24. Tax will be deducted at source as per rules.
25. The IPD health insurance cards shall be provided by the Insurance Company by 15 working days of issuance of acceptance letter provided final updated list of employees and dependents are received from each campus and principal seat. However, in case of non-issuance of card at the time of inception of policy the Insurance Company shall facilitate the insured employees.
26. In case of fake/ fraudulent and inflated claim, a formal letter or email would be required from the Insurance Company along with relevant facts/ proof. Re-verification and reversal of statements at any later stage will not be acceptable once initial verification has been completed and conveyed to client. The company will also have the right to reject the inflated amount of the claim only and to charge actual verification charges or 20% of the amount fraudulently claimed, from the individual as a penalty. However actual incurred claim shall be liable to be paid by the Insurance Company.
27. Campus wise claim report (for hospitalization & reimbursements) would be required by the Insurance Company on monthly basis, on request or available on web portal.
28. All kind of matters not covered above or dispute if any regarding approval for admissions and settlement of claims will be settled mutually and amicably between CUI Campus nominated officials and Insurance Company nominated officials.
29. In case of emergency, a non-insured employee shall not be refused after verification by CUI, Lahore for addition in the list.
30. Donor blood screening charges & blood transfusion charges shall also be included.

31. CUI, Lahore has the right to reject all the tenders at any time as per PPRA rule 33.
32. The coverage for IPD as well as Dread Disease will be given to employee(s) & their dependent(s) which includes Spouse, Children (Son till the age of 23 or marriage whichever is earlier; daughter till marriage & parents). In case of mental or physical disabilities of dependents, the age limit applicable will not be restricted for insurance (children).
33. The Insurance Company will also provide insurance benefits to retired employees & their dependents.
34. The Insurance Company will also provide insurance benefits to foreign students as per coverage of Category B. the list of students will be provided to the successful insurance company and the premium charged would be PER PERSON Rate. The total foreign students are 20-25.
35. Meetings between Insurance Company nominated representative and focal person of the respective campus may be held on quarterly basis to settle the disputed issues.
36. For any type of excess payments (over and above the limits defined), CUI focal person will inform the insurance company in writing/email. CUI will make payment to the Insurance Company, the actual expense incurred on provision of bills and relevant record. In case of excess payment made/facility extended by the Insurance Company to any person without written consent of CUI, CUI will have no financial liability and it will be the sole responsibility of the insurance company.
37. The period of insurance contract shall be initially ONE YEAR which will be from July 01, 2020 and valid till June 30, 2021. The contract may be extended for further two years (on yearly basis) subject to satisfactory services with the same terms and conditions and premium cost. CUI will evaluate the performance of the insurance company and, if it feels satisfied, may offer the extension of contract. The insurance company will have the right to accept or reject the offer within 7 days.
38. The Health Insurance cards shall be provided by the Insurance Company within 7 working days after provision of the updated list of employees and their dependent(s) to the Insurance Company. However, in case of non-issuance of card at the time of inception of policy, the Insurance Company shall facilitate the insured employee/dependent(s) as per the list provided by CUI.
39. Reimbursement case would not be delayed/withheld due to the reason "Panel Bill awaited".
40. All the Health Insurance Cards (In case of new employees/dependent(s) or additions/revision cases would be provided within 7 days from the date of submission of information and letter.
41. Eye treatment will be treated as IPD with the full category-wise insurance limits in case of hospitalization on panel hospital. In case of reimbursement of eye treatment, the maximum cost of Lens would be Rs.20,000/- per lens and reimbursement for other expenses would be as per actual. Each eye will be treated as separate ailment/treatment.
42. One-month Pre & Post hospitalization expense (IPD, Dread Decease, Maternity & reimbursement) are included in the coverage limit.
43. Gynecology related matters, other than maternity, shall be settled/covered from IPD limit.

44. Biopsy after surgery will be covered/reimbursed (whether biopsy test result is -ve or +ve).
45. Premium will be charged on Annual basis and will be paid in advance on bi-annually basis. 10% of the premium payments shall be withheld as performance guarantee.
46. Endorsement premium payments shall be settled at the end of the year.
47. Any other terms and condition in the tender document and any other benefits extended in the insurance company bid will be part of the contract. A formal contract would be signed with the selected insurance company.
48. All kind emergency treatments whatsoever shall be covered and treated as IPD. *“Any medical emergency where immediate medical, surgical or obstetrical intervention to save visible danger of losing life, culminates into an indoor confinement (in ward, CCU or ICU) after ER stabilization and first aid measures, is covered under emergency”*
49. *“Day Care surgeries”* will also be covered and treated. *“A patient who is admitted for operation on a planned basis and who nonetheless requires facilities for recovery”*.
50. *The following day care surgeries/procedures are included, but not limited to:*
 - i. Cataract surgeries
 - ii. Dressings for extensive burns 20% or more;
 - iii. Excision biopsies from breast and Thyroid and other cancers under GA only;
 - iv. Band ligations for piles;
 - v. Foreign body removals from throat, nose and ear under GA;
 - vi. Closed reduction of fractures under GA;
 - vii. RF ablation of ectopic foci in heart;
 - viii. CV Line
51. In *case* of dread disease, all the dependents including parents shall also be given coverage up to the dread disease limit.

Part: C GENERAL CONDITIONS FOR DREAD DISEASE BENEFIT

The following conditions are applicable to the Dread Disease(s)

1. The prescribed limit of this cover is valid for one policy year, each expense to be debited to the respective account.
2. Payment under this clause shall continue until the dread disease benefit limit is exhausted without the condition of being admitted until dread disease is declared as cured by the doctor.
3. The dread disease benefit limit shall apply only to expenses arising from any one or a combination of dread diseases that the insured may acquire during the period or has from before while the insured person is covered under this clause.
4. For Hepatitis B and C treatments, the expenses (including pre & post diagnosis test whether positive or negative) of recognized treatments only are covered. For example, interferon injections and Sovaldi tablets etc.
5. For Hepatitis B & C, the tests whether positive or negative (initial for diagnosis purpose against which the treatment initiated and tests after the treatment) shall also be covered.
6. Test of COVID-19 will be covered whether positive or negative.
7. The company shall pay for expenses of hospitalization and pre/post hospitalization of an insured person, in connection with treatment of a dread disease named and defined as under.
 - i. Heart Attack/Cardiac Arrest/ Acute Myocardial Infarction / Coronary Artery Bypass Grafting (CABG), Bypass Surgeries for Coronary Artery Disease or Arteriosclerosis including cost of pacemaker, Open Heart Surgeries, Heart Valve Replacement, Angioplasty including the cost of stent(s). No restriction on number of stents.
 - ii. Stroke / Cerebrovascular Accident (C.V.A) / Paralysis / Paraplegia
 - iii. Cancer
 - iv. Tumors
 - v. Renal failure including Dialysis.
 - vi. Major Organ Transplant such as, Kidney, Lung(s), Liver, Heart, Bone marrow. Cost of organ and donor expense not included.
 - vii. Major Burns, over 20% body surface area
 - viii. Multiple Sclerosis
 - ix. Knee & Hip replacement Implants (Hardware implants instrument machine also covered)
 - x. Hepatitis B & C treatment
 - xi. Tuberculosis
 - xii. HIV-AIDS
 - xiii. Major Head Trauma
 - xiv. Chronic Lung Disease
 - xv. Chronic Liver Disease

- xvi. Epilepsy
- xvii. Epidemic Test & Treatment (such as Dengue Treatment & Corona Virus etc)

Exclusions

1. Any modality of medical treatment/investigation/procedure other than proven and recommended by allopathic system of health care.
2. Cosmetics, termed as medicines.
3. Food supplements and fancy Vitamin preparation
4. Baby Milk formulae
5. Scientifically un-proven products/procedures
6. Elective tubal ligation / vasectomy
7. Tests & Procedures/treatment for fertilization like artificial insemination / test tube baby, and contraceptive measures
8. Active immunization other than covered by EPI.
9. Elective health care screenings / routine medical checkup.
10. Liposuction, cosmetic surgeries and procedures,
11. Provision of equipment & appliances like glucometer, spectacle frames, wheelchair, stretcher, air mattress, contact lens (for cosmetics purposes).
12. Laser and cross linkage treatment for refractive error.
13. OPD
14. Indoor dental treatment (however, in case of accident the dental treatment will be covered)
15. Suicidal attempts, drug and alcohol/ narcotics use/abuse and criminal or subversive involvement and resulting directly from self-inflicted or family injuries.
16. Treatments by Hakeem's and homeopaths/Herbal/Ayurvedic/Unani and all other medications other than Allopathic school of thought

Part: D **Technical Evaluation Criteria**

Marks on the technical grounds shall be calculated on the following parameters. Relevant documentary proof in support of the information provided against each parameter must be attached along with the bid.

Sr. #	Technical Evaluation		
	Description	Scoring	Max. Marks
i.	Date of Incorporation	10 years + = 10 05-10 years = 5 Less than 5 years = 0	10
ii.	PACRA Rating	AA+, AA, AA ⁻ = 9 A+, A, A ⁻ = 5	9
iii.	No of health Insurance Clients (as per format at Annexure A)	More than 100 = 15 100 = 10 90 = 9 80 = 8 50 = 5	15
iv.	Availability of web portal for health insurance clients	Yes = 10 No = 0	10
v.	24 hours customer support	If helpline/call center 10 otherwise 0	10
vi.	No. of lives covered in previous year	More than 18000 = 10 15000 to 18000 = 9 12000 to 15000 = 8 10000 to 12000 = 7 8000 to 10000 = 6 5000 to 8000 = 5 Less than 5000 = 3	10
vii.	No. of Panel Hospitals throughout Pakistan including Lahore, Sahiwal & Vehari (Attach detailed list)	2 points for having panel hospital at each Campus Cities (Lahore, Sahiwal, Vehari)	6
viii.	Amount of IPD Claims received previous year		
ix.	Amount of IPD Claims Paid previous year	More than Rs. 200 Million = 5 Rs. 100 -200 Million = 3 Less than Rs. 100 Million = 2	5
x.	Amount of Reimbursement Claims received previous year		
xi.	Amount of Reimbursement Claims Paid previous year	More than Rs. 200 Million = 5 Rs. 100 -200 Million = 3 Less than Rs. 100 Million = 2	5

xii.	Insurance Company has treaty with International Re-insurer	Yes = 15 No = 0	15
xiii.	Over all repute of the Company a. Past experience with CUI/CIIT b. Number of repeated contracts with clients c. Client satisfaction index or equivalent parameter		5
Total Marks			100

Bid Evaluation Criteria and award of contract:

- i. Bids will be evaluated on the basis of technical and financial marks by giving 70% Weightage to the Technical Score and 30% Weightage to the Financial Score (as per main financial proposal only).
- ii. Minimum score required against technical parameters is 50. If a bidder fails to obtain minimum 50 marks against technical parameters, respective offer will be rejected and will not be considered for further evaluation.
- iii. The contract will be awarded to lowest evaluated bidder having highest “**Total Score**” after meeting all other requirements mentioned in this tender document and tender advertisement. In cases lowest evaluated bidder refuses or fails to accept the offer within the deadline, the earnest money will be confiscated AND a ban from business with CUI for a period specified by CUI will be imposed. The Work Order may be offered to the next lowest evaluated bidder provided that the difference between the 1st lowest bidder and 2nd lowest bidder is less than or equal to the earnest money to be confiscated (General Economic Principle), and so on.
- iv. In case of Tie in “**Total Score**”; the bidder securing highest technical score, where applicable, will be considered for award of the contract. In case of tie in technical Score, CUI will be the final authority to award the contract to either party, as it deems fit in light of its previous experience.
- v. Following formula shall be used to calculate the Technical Score, Financial Score and Total Score:

$$\text{Technical Score} = \frac{\text{Bidder's Technical Score}}{\text{Total Technical Score}} \times \text{Weightage of Technical Score}$$

$$\text{Financial Score} = \frac{\text{Lowest Bid Price}}{\text{Bidder's Quoted Price}} \times \text{Weightage of Financial Score}$$

$$\text{Total Score} = \text{Technical Score} + \text{Financial Score}$$

(Annexure “A”)

List of Nos. of Health Insurance Clients

Sr. #	Clients / Organization Served	Concerned Officer(s) of Client / Organization	Contact / Cell No.	Email

- Overall repute of the bidder shall be checked, /cross verified from major clients and panel hospitals
- Use extra sheet in the same format if required.

Signature (Authorized Representative) - _____

Stamp - _____

Tender Acceptance Form**(THIS FORM IS TO BE PROVIDED WITH THE TECHNICAL BID)****The above mentioned terms & conditions have been carefully read and are hereby unconditionally accepted.**

Sr. #	Factors	Description
1	Name of the Organization / Contractor	
2	Date of Establishment	
3	Corporate Status	
4	Owner / Proprietor / MD / CE Name	
5	CNIC No.	
6	Mailing Street Address	
7	Contact No(s).	
8	Cell No(s).	
9	Helpline No(s).	
10	Fax No(s).	
11	Email Address	
12	NTN No.	
13	GST No.	

Signature (Authorized Representative)	-
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Stamp	-
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Part: E Hospitalization Benefit Plan

1. The insurance policy is required for 03 campuses of COMSATS University Islamabad located in Lahore, Sahiwal and Vehari only. The employees of these campuses of CUI have been distributed in 04 different categories.
2. The detail of employees and dependents in 04 categories is as following. The number of lives is subject to increase or decrease.
3. Sealed proposals are invited as per CUI Advertisement appeared on the PPRA Web Site and newspapers for Health Insurance of the employees of CUI.
4. The hospitalization benefit plan of CUI is as under:

Sr. #	Coverage	Category (Rupees)			
		A	B	C	D
1	Hospitalization limit per insured per ailment.	150,000	120,000	100,000	83,000
2	Day Care Surgeries	Covered			
3	Pre and Post Hospitalization expenses for 30 days respectively				
4	Maternity Limit (Normal or Caesarian) <i>(Ultrasound facility during maternity period is allowed with no time-bound)</i>	88,000	72,000	57,000	46,000
5	Dread Disease Limit per insured per annum.	660,000	560,000	450,000	340,000
6	Room Limit (within overall insurance limit)	VIP Private Room	Semi-Room	Room/General Ward	Ward

Data of Employees Entitled for Health Insurance 2020-21, CUI-Lahore

SR.NO	SCALE	CATEGORY	COMSATS LAHORE					
			No. of Employees	Number of Dependents				GRAND TOTAL
				Spouse	Children	Parents	Total	
1	OG - IV OG - III	A	41	36	105	40	181	222
2	OG - II OG - I RA	B	442	356	622	648	1,626	2,068
Sub Total			483	392	727	688	1,807	2,290
3	SG - IV SG - III	C	108	83	137	144	364	472
4	SG - II SG - I	D	366	309	840	420	1,569	1,935
Sub Total			474	392	977	564	1,933	2,407
GRAND TOTAL			957	784	1,704	1,252	3,740	4,697

Data of Employees Entitled for Health Insurance 2020-21, CUI-Sahiwal

Sr. No.	Scale	Category	COMSATS SAHIWAL					
			No. of Employees	Number of Dependents				Total
				Parents	Spouse	Children	Total	
1	OG - IV OG - III	A	2	-	2	3	5	7
2	OG - II OG - I	B	157	217	117	183	517	674
Sub Total			159	217	119	186	522	681

3	SG - IV SG - III	C	57	71	45	106	222	279
4	SG - II SG - I	D	179	192	153	395	740	919
Sub Total			236	263	198	501	962	1,198
Grand Total			395	480	317	687	1,484	1,879

Data of Employees Entitled for Health Insurance 2020-21, CUI-Vehari Campus

Sr. No.	Scale	Category	COMSATS Vehari					
			No. of Employees	Number of Dependents				Total
				Parents	Spouse	Children	Total	
1	OG - IV OG - III	A	3	4	3	11	18	21
2	OG - II OG - I	B	162	257	118	206	581	743
Sub Total			165	261	121	217	599	764
3	SG - IV SG - III	C	39	66	29	53	148	187
4	SG - II SG - I	D	135	164	120	316	600	735
Sub Total			174	230	149	369	748	922
Grand Total			339	491	270	586	1,347	1,686

Data of Employees Entitled for Health Insurance 2020-21 for CUI-Lahore, Sahiwal & Vehari

Sr. No.	Scale	Category	Detail					Grand Total
			No. of Employees	Number of Dependents			Total	
				Spouse	Children	Parents		
1	OG - IV OG - III	A	46	41	119	44	204	250
2	OG - II OG - I RA	B	761	591	1,011	1,122	2,724	3,485
Sub Total			807	632	1,130	1,166	2,928	3,735
3	SG - IV SG - III	C	204	157	296	281	734	938
4	SG - II SG - I	D	680	582	1,551	776	2,909	3,589
Sub Total			884	739	1,847	1,057	3,643	4,527
Grand Total			1,691	1,371	2,977	2,223	6,571	8,262

Part: F **MAIN FINANCIAL PROPOSAL**

Insurance premium to be demanded by the Health Insurance Company:

	Insurance Premium Per life IPD Per Category (Rs.)				Total
	A	B	C	D	
Employees					
Spouse					
Children					
Parents					
Total					

Total Premium Calculation:

Gross Premium: **Rs.** _____

Admin Charges **Rs.** _____

ASC Charges **Rs.** _____

USC Charges **Rs.** _____

Stamp Duty **Rs.** _____

Any Other **Rs.** _____

Total Premium **Rs.** _____

Authorized Person Name: _____ **Signatures:** _____

Company Stamp: _____ **Date:** _____

Extended/Supplementary Proposal (Optional)

In additional to the main proposal; a supplementary proposal may also be submitted for availing an additional insurance of Rs.200,000/- per family per employee. Many of our employees have desired to avail additional insurance benefits, which may be availed after premium amount is communicated and consent of those employees is obtained.

S.N	Coverage	Benefit Category/ Limits (In Pak Rupees)			
		A	B	C	D
1	Hospitalization (IPD)	Rs.200,000 per family per employee (Family include Self, spouse, all children and parents)			
2	Day Care Surgeries				
3	Pre and Post Hospitalization expenses for 30 days respectively				
4	Maternity Limit (Normal or Caesarian) <i>(Ultrasound facility during maternity period is allowed with no time-bound)</i>				
5	Dread Disease				
6	Room Limit				

Please provide the premium rate for the following slabs.

SN	Detail	Premium per Family			
		A	B	C	D
1	Premium Cost for upto 300 employees				
2	Premium Cost for 301-500 employees				
3	Premium Cost for above 500 employees				

- Per Family rates are for Employee, Spouse, children and parents as per data provided to companies.
- Companies may provide AGE-WISE rates for the above slabs (*Where applicable*)