

## **ANNEXURE - I**

### **Declaration of acceptance from the Bidder**

To,  
The General Manager,  
Karnataka Grameena Bank,  
Head Office, Ballari

Ref: KGB/GMC Retired Staff Policy/Technical Bid/HRW/PK25/2025-26 dated 03.06.2025

### **TECHNICAL BID**

We hereby submit the Technical bid for **Group Health Insurance policy for the Retired Staff/spouse of deceased retired staff** as per the RFQ Ref No. **HRW/PK25/2025-26 Dated: 03.06.2025**. We confirm to abide by the Annexure II in totality and confirm our acceptance of Risk upon being successful as per the Financial Bid mentioned herein or any terms & conditions agreed upon during the bidding process.

We confirm that all necessary approvals by competent authority for participation in the Bidding process are duly obtained.

We confirm & we have read the RFQ in Annexure II and agree to them in totality and submit our Technical Bid for consideration and further confirm that the policy will be issued in accordance upon being a successful bidder irrespective of number of enrollment in the policy.

Signature of Authorized Representative of the Bidder

Name of the Authorized Representative of the Bidder

Date:  
Place

**Company Seal, Stamp and Signature with Full Name and Address of the Bidder is Mandatory failing which the Bid may not be considered.**

**Each Page of the Annexure II are to be stamped with company seal and signed failing which the Bid may not be considered.**

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## **ANNEXURE II - RFQ**

### **TAILOR MADE GMC FOR RETIRED STAFF OF KARNATAKA GRAMEENA BANK**

| <b>SL. NO</b> | <b>INSURANCE COVERAGES</b>   |  |
|---------------|--|--|
| 1             | <b>Policy Type:</b>  | Group Medical Insurance Policy for Retired staff / spouse of deceased retired staff<br><br>Total number of pensioners and family pensioners of the Bank is 5183.   |
| 2             | <b>Family Definition:</b>  | Self (Retiree) Only<br>or<br>Self (Retiree) + Spouse<br>or<br>Widow / widower of the Retired staff   |
| 3             | <b>Mid-term inclusion</b>  | Midterm inclusion in the policy is applicable to retiree staff/spouse of deceased retired staff on payment of pro rata premium from the date of such joining till the expiry of the policy.<br><br>Note: Existing policy of erstwhile Karnataka Gramin Bank will expire on 03.10.2025 and 388 enrollments are serviced in that policy. |
| 4             | <b>Administration of the scheme</b>  | At Karnataka Grameena Bank, Head Office Ballari  |
| 5             | <b>Third Party Administrator (TPA)</b>   | To be finalized by the Bank.   |
| 6             | <b>Technical Support to be provided by Insurance company/TPA</b>                 | Separate web/mobile application with login credentials.<br>Exclusive call centers /help line.  |
| 7             | <b>Pre Existing Diseases</b>   | Waived Off - Covered from Day One  |
| 8             | <b>30 Days Waiting Period</b>  | Waived Off - Covered from Day One  |
| 9             | <b>Waiting Periods on Specific Diseases</b>                                      | Waived Off   |
| 10            | <b>1st Year, 2nd Year, 3rd Year, 4<sup>th</sup> Year and 5th Year Exclusions</b> | Waived Off - Covered from Day One  |

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| 11 | Mode of submission of Bids       | <p>The Bid should reach the following address by hand or by registered post on or before 11.06.2025, 05:00 PM:</p> <p>1. The General Manager, Karnataka Grameena Bank, Human Resources Wing, Head Office, Ballari, 583103</p> <p>Submission of Bids in other mode shall not be accepted.</p>   |
| 12 | Coverage Type:                   | Family Floater   |
| 13 | Sum Insured for Hospitalization: | INR 1 Lakh   |
|    |                                  | INR 2 Lakhs  |
|    |                                  | INR 3 Lakhs  |
|    |                                  | INR 4 Lakhs  |
| 14 | Policy Period                    | 23.06.2025 to 22.06.2026.  |
| 15 | Geographical Limit               | Treatment taken in India only. No Zone capping to be applied.  |
| 16 | Hospital Room Rent:              | Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less.   |
| 17 | ICU Rent:                        | Intensive Care Unit (ICU) expenses not exceeding INR 7500 per day or actual amount whichever is less   |
| 18 | Professional Charges:            | Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees covered up to Sum Insured   |
| 19 | All other expenses               | No Limits for all other expenses including Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor |
| 20 | Limit on Diseases:               | No limit on any diseases.  |

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| 21 | <b>Cost of Donor:</b>                         | Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.   |
| 22 | <b>Ambulance Charges:</b>                     | Ambulance charges are payable up to INR 2500/- per trip to hospital and/ or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to INR 750/- per trip. Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.   |
| 23 | <b>Pre and Post Hospitalization Expenses:</b> | Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge.   |
| 24 | <b>Alternative Treatment</b>                  | Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only in a hospital registered by the Central / State authorities.  |
| 25 | <b>Day Care Treatment:</b>                    | Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments. This condition will also not apply in case of stay in hospital of less than a day provided -<br>A) The treatment is undertaken under General or Local Anaesthesia in a hospital / day care Centre in less than a day because of technological advancement and<br>B) Which would have otherwise required hospitalization of more than a day. |
| 26 | <b>Congenital Anomalies:</b>                  | Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy   |
| 27 | <b>Psychiatric Ailment:</b>                   | Expenses for treatment of psychiatric and psychosomatic diseases payable with or without hospitalization.   |
| 28 | <b>All Advanced Medical Treatment:</b>        | All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization / day care surgery.  |
| 29 | <b>Treatment for accidents on OPD Basis:</b>  | Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured  |

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| 30 | <b>Taxes and Other charges:</b>        | All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary, as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU /CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care. |
| 31 | <b>Genetic Disorder:</b>               | Treatment for Genetic disorder covered   |
| 32 | <b>Other Medical Treatment:</b>        | Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders  |
| 33 | <b>External and Durable Equipment:</b> | Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.   |
| 34 | <b>Ambulatory devices:</b>             | Walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered  |
| 35 | <b>Physiotherapy Charges:</b>          | Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.   |
|    | <b>Other Clauses</b>                   |  |
| 36 | <b>Claim Submission Document</b>       | Within 30 days from the date of discharge from the hospital. In case of post- hospitalization, treatment (limited to 90 days), all claim documents should be submitted within 30 days after completion of such treatment.  |

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| 37 | Remarks | Waiver of the intimation & Document submission Conditions may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. |
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## **ANNEXURE - III**

### **THE SCHEME COVERS RETIRED STAFF/SPOUSE OF DECEASED RETIRED STAFF OF KARNATAKA GRAMEENA BANK AND THERE IS NO AGE LIMIT.**

**SUM INSURED: Rs. 1.00 Lakh, Rs. 2.00 lakhs, Rs.3.00 Lakhs & Rs. 4.00 Lakhs**

**1.1** In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- A. Room and Boarding expenses as provided by the Hospital/ Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
- B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.
- C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopes and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
- E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

**1.2 PRE AND POST HOSPITALISATION:** Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

## **2 DEFINITIONS:**

**2.1 ACCIDENT:** An accident is a sudden, unforeseen and involuntary event caused resulting in injury -

### **2.2**

- A. **“Acute condition”** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- B. **“Chronic condition”** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -
  - i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
  - ii. It needs ongoing or long-term control or relief of symptoms
  - iii. It requires rehabilitation or for to be specially trained to cope with it
  - iv. It continues indefinitely

- v. It comes back or is likely to come back.

### **2.3 ALTERNATIVE TREATMENTS:**

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalisation only (Ref: 3.2 Alternative Therapy).

### **2.4 ANY ONE ILLNESS:**

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

### **2.5 CASHLESS FACILITY:**

Cashless facility “means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the Staff and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

### **2.6 CONGENITAL ANOMALY:**

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly which is in the visible and accessible parts of the body.

### **2.7 CONDITION PRECEDENT:**

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

### **2.8 CONTRIBUTION:**

The Retired staff/spouse of deceased retired staff will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

### **2.9 DAYCARE CENTRE:**

A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
  - has all qualified medical practitioner(s) in charge
  - has a fully equipped operation theatre of its own where surgical procedures are carried out.
  - maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.
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## **2.10 DAY CARE TREATMENT:**

Day care Treatment refers to medical treatment and or surgical procedure which is

- i. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

## **2.11 HOSPITAL / NURSING HOME:**

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lakh and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

## **2.12 HOSPITALIZATION:**

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10.

## **2.13 ID CARD:**

ID Card means the identity card issued to the insured person by the **THIRD PARTY ADMINISTRATOR** to avail cashless facility in network hospitals.

## **2.14 ILLNESS:**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

## **2.15 INJURY:**

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

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**2.16 IN PATIENT CARE:**

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

**2.17 INTENSIVE CARE UNIT:**

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**2.18 MEDICAL ADVICE:**

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

**2.19 MEDICAL EXPENSES:**

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

**2.20 MEDICALLY NECESSARY:**

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

**2.21 MEDICAL PRACTITIONER:**

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

**2.22 NETWORK PROVIDER:**

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

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### **2.23 NON NETWORK:**

Any hospital, day care Centre or other provider that is not part of the network.

### **2.24 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

### **2.25 OPD TREATMENT:**

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

### **2.26 PRE-EXISTING DISEASE:**

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which he/ she had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

### **2.27 PRE - HOSPITALISATION MEDICAL EXPENSES:**

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

### **2.28 POST HOSPITALISATION MEDICAL EXPENSES:**

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

### **2.29 QUALIFIED NURSE:**

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

### **2.30 REASONABLE AND CUSTOMARY CHARGES:**

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

### **2.31 ROOM RENT:**

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

### **2.32 SUBROGATION:**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

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### 2.33 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

### 2.34 THIRD PARTY ADMINISTRATOR:

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

### 2.35 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

## 3. COVERAGES:

3.1 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as below & Annexure IV

|    |   |    |   |
|----|---|----|---|
| 1  | Adenoidectomy                                     | 20 | Haemo dialysis                              |
| 2  | Appendectomy                                      | 21 | Fissurectomy / Fistulectomy                 |
| 3  | Ascitic / Plueral tapping                         | 22 | Mastoidectomy                               |
| 4  | Auroplasty not Cosmetic in nature                 | 23 | Hydrocele                                   |
| 5  | Coronary angiography /Renal                       | 24 | Hysterectomy                                |
| 6  | Coronary angioplasty                              | 25 | Inguinal/ ventral/ umbilica/ femoral hernia |
| 7  | Dental surgery                                    | 26 | Parenteral chemotherapy                     |
| 8  | D&C   | 27 | Polypectomy                                 |
| 9  | Excision of cyst/ granuloma/lump/tumor            | 28 | Septoplasty                                 |
| 10 | Eye surgery                                       | 29 | Piles/ fistula                              |
| 11 | Fracture including hairline fracture /dislocation | 30 | Prostate surgeries                          |
| 12 | Radiotherapy                                      | 31 | Sinusitis surgeries                         |
| 13 | Chemotherapy including parental chemotherapy      |    |   |
| 14 | Lithotripsy                                       | 32 | Tonsillectomy                               |
| 15 | Incision and drainage of abscess                  | 33 | Liver aspiration                            |
| 16 | Varicocelelectomy                                 | 34 | Sclerotherapy                               |
| 17 | Wound suturing                                    | 35 | Varicose Vein Ligation                      |
| 18 | FESS  | 36 | All scopies along with biopsies             |

|    |  |    |                 |
|----|--|----|-----------------|
| 19 | Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs. | 37 | Lumbar puncture |
|----|--|----|-----------------|

This condition will also not apply in case of stay in hospital of less than a day provided -

- The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and
- Which would have otherwise required hospitalization of more than a day.

### 3.2 ALTERNATIVE THERAPY:

Reimbursement of Expenses for hospitalization under the recognized system of medicines, viz, Ayurvedic ,Unani, Sidha, Homeopathy , Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

### 3.3 AMBULANCE CHARGES:

Ambulance charges are payable up to Rs 2500/- per trip to hospital and /or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per trip.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

### 3.4 PRE- EXISTING DISEASES/ AILMENTS:

Pre-existing diseases are covered under the scheme.

### 3.5 CONGENITAL ANOMOLIES:

Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy

### 3.6 PSYCHIATRIC DISEASES:

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

### 3.7 ADVANCED MEDICAL TREATMENT:

All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

### 3.8 OPD TREATMENT:

Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

### 3.9 TAXES AND OTHER CHARGES:

All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment.

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

### **3.10 GENETIC DISORDERS:**

Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

### **3.11 DEGENERATIVE DISORDERS:**

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

### **3.12 RENTAL CHARGES:**

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

### **3.13 AMBULATORY DEVICES:**

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic device/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

### **3.14 PHYSIOTHERAPY TREATMENT:**

Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

## **4. EXCLUSIONS:**

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

**4.1** Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

### **4.2**

- a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- b. Vaccination or inoculation.
- c. Change of life or cosmetic or aesthetic treatment of any description is not covered.
- d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

**4.3** Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

**4.4** Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

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- 4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, , treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

## **5. CONDITIONS:**

- 5.1 Contract: The proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.
  - 5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
  - 5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
  - 5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization.
  - 5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of
-

discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

**Note:** Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

- (a) The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/ Insurance Company may require in dealing with the claim.
- (b) Any medical practitioner authorized by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, if so required.

**5.6** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

**5.7 DISCLOSURE TO INFORMATION NORM**

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**5.8** Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

**5.9** In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and Insurance Company. Unless rejected by the committee in real time the claim should not be rejected.

**5.10** There would be a continuity of this Scheme / benefits to the Retiring Officers / Staffs and their family and also to the Retired Officers / Staffs and their family.

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## **ANNEXURE - IV**

| <b>List of diseases to be covered under Day care procedures</b> |   |
|---|---|
| <b>ENT: Operation of the ear</b>                                |   |
| 1   | Stapedotomy or Stapedectomy                                       |
| 2   | Myringoplasty (Type -I Tympanoplasty)                             |
| 3   | Tympanoplasty (closure of an eardrum perforation)                 |
| 4   | Reconstruction and other Procedures of the auditory ossicles      |
| 5   | Myringotomy   |
| 6   | Removal of a tympanic drain                                       |
| 7   | Mastoidectomy   |
| 8   | Reconstruction of the middle ear                                  |
| 9   | Fenestration of the inner ear                                     |
| 10  | Incision (opening) and destruction (elimination) of the inner ear |
| <b>ENT: Procedures on the nose &amp; the nasal sinuses</b>      |   |
| 11  | Excision and destruction of diseased tissue of the nose           |
| 12  | Procedures on the turbinates (nasal concha)                       |
| 13  | Nasal sinus aspiration  |
| <b>ENT: Procedures on the tonsils &amp; adenoids</b>            |   |
| 14  | Transoral incision and drainage of a pharyngeal abscess           |
| 15  | Tonsillectomy and / or adenoidectomy                              |
| 16  | Excision and destruction of a lingual tonsil                      |
| 17  | Quinsy drainage   |
| <b>OPHTHALMOLOGY: Procedures on the eyes</b>                    |   |
| 18  | Incision of tear glands   |
| 19  | Excision and destruction of diseased tissue of the eyelid         |
| 20  | Procedures on the canthus and epicanthus                          |
| 21  | Corrective surgery for entropion and ectropion                    |
| 22  | Corrective surgery for blepharoptosis                             |
| 23  | Removal of a foreign body from the conjunctiva                    |
| 24  | Removal of a foreign body from the cornea                         |
| 25  | Incision of the cornea  |
| 26  | Procedures for pterygium  |
| 27  | Removal of a foreign body from the lens of the eye                |
| 28  | Removal of a foreign body from the posterior chamber of the eye   |
| 29  | Removal of a foreign body from the orbit and eyeball              |
| 30  | Operation of cataract   |
| 31  | Chalazion removal   |
| 32  | Glaucoma Surgery  |
| 33  | Surgery of Retinal Detachment                                     |

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|---|---|
| <b>Procedures on the skin &amp; subcutaneous tissues</b>      |   |
| 34  | Incision of a pilonidal sinus   |
| 35  | Other incisions of the skin and subcutaneous tissues                                  |
| 36  | Surgical wound toilet (wound debridement)   |
| 37  | Local excision or destruction of diseased tissue of the skin and subcutaneous tissues |
| 38  | Simple restoration of surface continuity of the skin and subcutaneous tissues         |
| 39  | Free skin transplantation, donor site   |
| 40  | Free skin transplantation, recipient site   |
| 41  | Revision of skin plasty   |
| 42  | Restoration and reconstruction of the skin and subcutaneous tissues                   |
| 43  | Chemosurgery to the skin  |
| 44  | Excision of Granuloma 17  |
| 45  | Incision and drainage of abscess  |
| <b>Procedures on the tongue</b>                               |   |
| 46  | Incision, excision and destruction of diseased tissue of the tongue                   |
| 47  | Partial glossectomy   |
| 48  | Glossectomy   |
| 49  | Reconstruction of the tongue  |
| <b>Procedures on the salivary glands &amp; salivary ducts</b> |   |
| 50  | Incision and lancing of a salivary gland and a salivary duct                          |
| 51  | Excision of diseased tissue of a salivary gland and a salivary duct                   |
| 52  | Resection of a salivary gland   |
| 53  | Reconstruction of a salivary gland and a salivary duct                                |
| <b>Procedures on the mouth &amp; face</b>                     |   |
| 54  | External incision and drainage in the region of the mouth, jaw and face               |
| 55  | Incision of the hard and soft palate  |
| 56  | Excision and destruction of diseased hard and soft palate                             |
| 57  | Incision, excision and destruction in the mouth                                       |
| 58  | Plastic surgery to the floor of the mouth   |
| 59  | Palatoplasty  |
| <b>Trauma surgery and orthopaedics</b>                        |   |
| 60  | Incision on bone, septic and aseptic  |
| 61  | Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis          |
| 62  | Suture and other Procedures on tendons and tendon sheath                              |
| 63  | Reduction of dislocation under GA   |
| 64  | Arthroscopic knee aspiration  |
| 65  | Aspiration of hematoma  |
| 66  | Excision of dupuytren's contracture   |
| 67  | Carpal tunnel decompression   |
| 68  | Surgery for ligament tear   |

|   |  |
|---|--|
| 69  | Surgery for meniscus tear  |
| 70  | Surgery for hemoarthrosis /pyoarthrosis  |
| 71  | Removal of fracture pins/nails   |
| 72  | Removal of metal wire  |
| 73  | Joint Aspiration - Daignostic / therapeutic                                      |
| <b>Procedures on the breast</b>               |  |
| 74  | Incision of the breast   |
| 75  | Procedures on the nipple   |
| 76  | Excision of breast lump /Fibro adenoma   |
| <b>Procedures on the digestive tract</b>      |  |
| 77  | Incision and excision of tissue in the perianal region                           |
| 78  | Surgical treatment of anal fistulas  |
| 79  | Surgical treatment of haemorrhoids   |
| 80  | Division of the anal sphincter (sphincterotomy)                                  |
| 81  | Ultrasound guided aspirations  |
| 82  | Sclerotherapy  |
| 83  | Therapeutic Ascitic Tapping  |
| 84  | Endoscopic ligation /banding   |
| 85  | Dilatation of digestive tract strictures   |
| 86  | Endoscopic ultrasonography and biopsy  |
| 87  | Replacement of Gastrostomy tube  |
| 88  | Endoscopic decompression of colon  |
| 89  | Therapeutic ERCP 18  |
| 90  | Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease        |
| 91  | Endoscopic Gastrostomy   |
| 92  | Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.                 |
| 93  | Endoscopic Drainage of Pseudopancreatic cyst                                     |
| 94  | Hernia Repair (Herniotomy / herniography / hernioplasty)                         |
| <b>Procedures on the female sexual organs</b> |  |
| 95  | Incision of the ovary  |
| 96  | Insufflation of the Fallopian tubes  |
| 97  | Dilatation of the cervical canal   |
| 98  | Conisation of the uterine cervix   |
| 99  | Incision of the uterus (hysterotomy)   |
| 100   | Therapeutic curettage  |
| 101   | Culdotomy  |
| 102   | Local excision and destruction of diseased tissue of vagina and Pouch of Douglas |
| 103   | Procedures on Bartholin's glands (cyst)  |
| 104   | Endoscopic polypectomy   |
| 105   | Myomectomy , hysteroscopic or laparoscopic biopsy or removal                     |

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|--|--|
| <b>Procedures on the prostate &amp; seminal vesicles</b>               |  |
| 106  | Incision of the prostate   |
| 107  | Transurethral excision and destruction of prostate tissue          |
| 108  | Open surgical excision and destruction of prostate tissue          |
| 109  | Radical prostatovesiculectomy                                      |
| 110  | Incision and excision of periprostatic tissue                      |
| <b>Procedures on the scrotum &amp; tunica vaginalis testis</b>         |  |
| 111  | Incision of the scrotum and tunica vaginalis testis                |
| 112  | Operation on a testicular hydrocele                                |
| 113  | Excision and destruction of diseased scrotal tissue                |
| 114  | Plastic reconstruction of the scrotum and tunica vaginalis testis  |
| <b>Procedures on the testes</b>  |  |
| 115  | Incision of the testes   |
| 116  | Excision and destruction of diseased tissue of the testes          |
| 117  | Orchidectomy- Unilateral / Bilateral                               |
| 118  | Orchidopexy  |
| 119  | Abdominal exploration in cryptorchidism                            |
| 120  | Surgical repositioning of an abdominal testis                      |
| 121  | Reconstruction of the testis                                       |
| 122  | Implantation, exchange and removal of a testicular prosthesis      |
| <b>Procedures on the spermatic cord, epididymis and DuctusDeferans</b> |  |
| 123  | Surgical treatment of a varicocele and hydrocele of spermatic cord |
| 124  | Excision in the area of the epididymis                             |
| 125  | Epididymectomy   |
| 126  | Reconstruction of the spermatic cord                               |
| 127  | Reconstruction of the ductus deferens and epididymis               |
| <b>Procedures on the penis</b>   |  |
| 128  | Procedures on the foreskin   |
| 129  | Local excision and destruction of diseased tissue of the penis     |
| 130  | Amputation of the penis  |
| 131  | Plastic reconstruction of the penis                                |
| <b>Procedures on the urinary system</b>                                |  |
| 132  | Cystoscopical removal of stones                                    |
| 133  | Lithotripsy 19   |
| 134  | Haemodialysis  |
| 135  | PCNS (Percutaneous nephrostomy)                                    |
| 136  | PCNL (PercutaneousNephro-Lithotomy)                                |
| 137  | Tran urethral resection of bladder tumor                           |
| 138  | Suprapubiccytostomy  |
| <b>Procedures of Respiratory System</b>                                |  |

|  |   |
|--|---|
| 139  | Brochosopic treatment of bleeding lesion                    |
| 140  | Brochosopic treatment of fistula /stenting                  |
| 141  | Bronchoalveolar lavage & biopsy                             |
| 142  | Direct Laryngoscopy with biopsy                             |
| 143  | Therapeutic Pleural Tapping                                 |
| <b>Procedures of Heart and Blood vessels</b> |   |
| 144  | Coronary angiography (CAG)                                  |
| 145  | Coronary Angioplasty (PTCA)                                 |
| 146  | Insertion of filter in inferior vena cava                   |
| 147  | TIPS procedure for portal hypertension                      |
| 148  | Blood transfusion for recipient                             |
| 149  | Therapeutic Phlebotomy                                      |
| 150  | Pericardiocentesis  |
| 151  | Insertion of gel foam in artery or vein                     |
| 152  | Carotid angioplasty   |
| 153  | Renal angioplasty   |
| 154  | Varicose vein stripping or ligation                         |
| <b>OTHER Procedures</b>                      |   |
| 155  | Radiotherapy for Cancer                                     |
| 156  | Cancer Chemotherapy   |
| 157  | True cut Biopsy   |
| 158  | Endoscopic Foreign Body Removal                             |
| 159  | Vaccination / Inoculation - Post Dog bite or Snake bite     |
| 160  | Endoscopic placement/removal of stents                      |
| 161  | Tumorembolisation   |
| 162  | Aspiration of an internal abscess under ultrasound guidance |

## **ANNEXURE - V**

**Karnataka Grameena Bank (Sponsored by Canara Bank)**  
**Head Office, Ballari - 583103**

### **PRICE BID**

**For Group Mediclaim Insurance Policy for Retired Staff/spouse of deceased retired staff**

**Ref No.:** \_\_\_\_\_

**Date** \_\_\_\_\_

We hereby declare and submit the financial bid for your Group Mediclaim Insurance Policy as per your tender dated 03.06.2025. I/We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ and Annexure-I and its accompanying wording Annexure-II and accompanied Annexure-III & IV and agree to all of them in totality including issued corrigendum if any. We confirm we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

| Premium Rate Per Retired Staff - <b>Self Only</b> |                     |           |                  |
|---|---------------------|-----------|------------------|
| Sum Insured                                       | Premium without GST | GST (18%) | Premium with GST |
| INR 1 Lakh  |                     |           |                  |
| INR 2 Lakhs                                       |                     |           |                  |
| INR 3 Lakhs                                       |                     |           |                  |
| INR 4 Lakhs                                       |                     |           |                  |

| Premium Rate Per Retired Staff Family Definition - <b>Self + Spouse</b> |                     |           |                  |
|---|---------------------|-----------|------------------|
| Sum Insured   | Premium without GST | GST (18%) | Premium with GST |
| INR 1 Lakh  |                     |           |                  |
| INR 2 Lakhs   |                     |           |                  |
| INR 3 Lakhs   |                     |           |                  |
| INR 4 Lakhs   |                     |           |                  |

We hereby agree that the premium quoted here in has been at taking in to considerations all terms and conditions of the RFQ and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

- 1) In case there is any discrepancy between figures and words, that bid will be rejected.
- 2) The L-1, L-2 and L-3 offer will be evaluated on the basis of the above quoted value
- 3) Conditional Bids are liable to be rejected.

**SIGNATURE OF THE BIDDER**

**WITH SEAL & DATE**

## **ANNEXURE - VI**

### **Pre Contract Integrity Pact**

**(This has to be submitted in the non-judicial Stamp Paper)**

#### **1. GENERAL**

1.1. This pre-bid contract Agreement (herein after called the Integrity Pact) is made on- \_\_\_\_\_ day of the \_\_\_\_\_ month 2025, between, the Karnataka Grameena Bank, a body corporate constituted under Banking Companies (Acquisition and transfer of undertakings), Act 1970 having its Head office at No.32,Sangankal Road, Ghandhinagar,Ballari-583103,Karnataka. with branches spread over Karnataka (hereinafter referred to as BUYER which expression shall include its successors and assigns) acting through General Manager, HR Wing, HO, Ballari representing Karnataka Grameena Bank, of the BUYER, of the FIRST PART

**AND**

M/s. \_\_\_\_\_ represented by Shri \_\_\_\_\_ Chief Executive Officer/ Authorized Signatory hereinafter called the "BIDDER ", which expression shall mean and include, unless the context otherwise requires, his successors and permitted assigns), of the SECOND PART

1.2. WHEREAS the BUYER proposes to procure (Group Medical Insurance Cover for Retired staff/spouse of deceased retired staff) /engage the services and the BIDDER is willing to offer/has offered the Policy and

1.3. WHEREAS the BIDDER is a private company/ public company/Government undertaking/ partnership/ LLP/registered service provider, duly constituted in accordance with the relevant law governing its formation/incorporation/constitution and the BUYER is a body corporate constituted under Banking Companies (Acquisition and transfer of undertakings), Act 1970.

1.4. WHEREAS the BIDDER has clearly understood that the signing of this agreement is an essential pre-requisite for participation in the bidding process in respect of Policy proposed to be procured by the BUYER and also understood that this agreement would be effective from the stage of invitation of bids till the complete execution of the agreement and beyond as provided in clause 13 and the breach of this agreement detected or found at any stage of the procurement process shall result into rejection of the bid and cancellation of contract rendering BIDDER liable for any damages and costs incurred by the BUYER.

2. NOW, THEREFORE, the BUYER and the BIDDER agree to enter into this pre-contract integrity agreement, hereinafter referred to as Integrity Pact, which shall form part and parcel of RFQ as also the contract agreement if contracted with BIDDER, in the event that the BIDDER turns out to be successful bidder, and it is intended through this agreement to avoid all forms of corruption by following a system that is fair, transparent and free from any influence/prejudiced dealings prior to, during and subsequent to the Contract to be entered into with a view to:-

2.1. Enabling the BUYER to obtain the desired Policy at a competitive price in conformity with the defined specifications by avoiding the high cost and the distortionary impact of corruption on public procurement, and

2.2. Enabling BIDDER to refrain from bribing or indulging in any corrupt practices in order to secure the contract, by providing assurance to them that the BUYER shall not be influenced in any way by the bribery or corrupt practices emanating from or resorted to by their competitors and that all procurements shall be free from any blemish or stain of corruption and the BUYER stays committed to prevent corruption, in any form, by its officials by following transparent procedures

- 2.3. In case, the BIDDER entity gets merged or amalgamated with some other entity, then the new entity must oblige to provide the same level of services to the insured.

The parties hereto hereby agree to enter into this integrity Pact and agree as follows:

### **3. COMMITMENTS OF THE BUYER**

The BUYER commits itself to the following: -

- 3.1. The BUYER represents that all officials of the BUYER, connected whether directly or indirectly with the procurement process are duty bound by rules and regulations governing their service terms and conditions not to demand, take promise for or accept, directly or through intermediaries, any bribe, consideration, gift, reward, favour or any material or immaterial benefit or any other advantage from the BIDDER either for themselves or for any person, organization or third party related to the contract in exchange for an advantage in the bidding process, bid evaluation, contracting or implementation process related to the contract.
- 3.2. The BUYER will, during the pre-contract stage, treat all BIDDERS alike, and will provide to all BIDDERS the same information and will not provide any such information to any particular BIDDER which could afford an advantage to that particular BIDDER in comparison to the other BIDDERS.
- 3.3. The BUYER shall report to the appropriate Government Regulators/Authorities any attempted or completed breaches of the above commitments as well as any substantial suspicion of such a breach, as and when the same is considered necessary to comply with the law in force in this regard.

In case any such preceding misconduct on the part of such official(s) is reported by the BIDDER to the BUYER with the full and verifiable facts and the same is prima facie found to be correct by the BUYER, necessary disciplinary proceedings, or any other action as deemed fit, including criminal proceedings may be initiated by the BUYER and such a person shall be debarred from further dealings related to the contract process. In such a case, while an enquiry is being conducted by the BUYER, the proceedings under the contract would not be stalled.

### **4. COMMITMENTS OF BIDDER**

The BIDDER commits itself to take all measures necessary to prevent corrupt practices, unfair means and illegal activities during any stage of its bid or during any pre-contract or post-contract stage in order to secure the contract or in furtherance to secure it and in particular commit itself to the following:-

- 4.1. The BIDDER will not offer, directly or through intermediaries, any bribe, gift, consideration, reward, favour, any material or immaterial benefit or other advantage, commission, fees, brokerage or inducement to any official of the BUYER, connected directly or indirectly with the bidding process, or to any person, organization or third party related to the contract in exchange for any advantage in the bidding, evaluation, contracting and implementation of the contract.

- 4.2. The BIDDER further undertakes that it has not given, offered or promised to give, directly or indirectly any bribe, gift, consideration, reward, favour, any material or immaterial benefit or other advantage, commission, fees, brokerage, or inducement to any official of the BUYER or otherwise for procuring the Contract or for forbearing to do or for having done any act in relation to the obtaining or execution of the contract or any other contract with the BUYER or for showing or forbearing to show favour or disfavour to any person in relation to the contract or any other contract with the BUYER.
- 4.3. The BIDDER further confirms and declares to the BUYER that the BIDDER is the original Authorized IRDAI Policy Provider and has not engaged any individual or firm or company whether Indian or foreign to intercede, facilitate or in any way to recommend to the BUYER or any of its functionaries, whether officially or unofficially to the award of the contract to the BIDDER, nor has any amount been paid, promised or intended to be paid to any such individual, firm or company in respect of any such intercession, facilitation or recommendation.
- 4.4. The BIDDER either while presenting the bid or during pre-contract negotiations or before signing the contract, shall disclose any payment he has made, is committed to or intends to make to officials of the BUYER or their family members, agents, brokers or any other intermediaries in connection with the contract and the details of services agreed upon for such payments.
- 4.5. The BIDDER will not collude with other parties interested in the contract to impair the transparency, fairness and progress of the bidding process, bid evaluation, contracting and implementation of the contract.
- 4.6. The BIDDER will not accept any advantage in exchange for any corrupt practice, unfair means and illegal activities emanating from other competitors or from anyone else.
- 4.7. The BIDDER shall not use improperly, for purpose of competition or personal gain, or pass on to others, any information provided by the BUYER as part of the business relationship, regarding plans, technical proposal and business details, including information contained in any electronic data carrier. The BIDDER also undertakes to exercise due and adequate care lest any such information is divulged.
- 4.8. The BIDDER commits to refrain from giving any complaint directly or through any other manner without supporting it with full and verifiable facts.
- 4.9. The BIDDER shall not instigate or cause to instigate any third person to commit any of the acts mentioned above.

## **5. PREVIOUS TRANSGRESSION**

- 5.1. The BIDDER declares that no previous transgression occurred in the last three years immediately before signing of this Integrity Pact with any other company in any country in respect of any corrupt practices envisaged hereunder or with any Public Sector Bank, Public Sector Enterprise/Undertaking in India or any Government Department in India that could justify BIDDER's exclusion from the tender process.
- 5.2. If the BIDDER makes incorrect statement on this subject, BIDDER can be disqualified from the tender/bid process or the contract, if already awarded, can be terminated for such reason.
-

## **6. SANCTIONS FOR VIOLATIONS**

- 6.1. Any breach of the provisions herein contained by the BIDDER or any one employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER) shall entitle the BUYER to take all or any one of the following actions, wherever required:-
- i. To immediately call off the pre contract negotiations without assigning any reason or giving any compensation to the BIDDER. However, the proceedings with the other BIDDER (s) would continue.
  - ii. To cancel all or any other contracts with the BIDDER and the BIDDER shall be liable to pay compensation for any loss or damage to the BUYER resulting from such cancellation/rescission and the BUYER shall be entitled to deduct the amount so payable from the money(s) due to the BIDDER.
  - iii. To debar the BIDDER from participating in future bidding processes of the BUYER for a minimum period of five years, which may be further extended at the discretion of the BUYER.
  - iv. To recover all sums paid in violation of this Pact by BIDDER to any middlemen or agent or broker with a view to securing the contract.
  - v. Forfeiture of The Performance Bond in case of a decision by the BUYER to forfeit the same without assigning any reason for imposing sanction for violation of this Pact.
  - vi. The BIDDER shall not lend to or borrow any money from or enter into any monetary dealings or transactions, directly or indirectly, with any employee of the BUYER, and if he does so, the BUYER shall be entitled forthwith to rescind the contract and all other contracts with the BIDDER. The BIDDER shall be liable to pay compensation for any loss or damage to the BUYER resulting from such rescission and the BUYER shall be entitled to deduct the amount so payable from the money(s) due to the BIDDER.
- 6.2. The BUYER will be entitled to take all or any of the actions mentioned at para 6.1 (i) to (vi) of this Pact, also in the event of commission by the BIDDER or anyone employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER), of an offence as defined in Chapter IX of the Indian Penal Code, 1860 or Prevention of Corruption Act, 1988 or any other statute enacted for prevention of corruption.
- 6.3. The decision of the BUYER to the effect that a breach of the provisions of this pact has been committed by the BIDDER shall be final and conclusive on the BIDDER. However, the BIDDER can approach the Independent External Monitor(s) appointed for the purposes of this Pact.

## **7. FALL CLAUSE**

- 7.1. The BIDDER undertakes that it has not supplied/is not supplying similar policy/s at a price lower than that offered in the present bid to any other Bank or PSU or Government Department or to any other organization/entity whether or not constituted under any law and if it is found at any stage that similar policy/s was supplied by the BIDDER to any other Bank or PSU or Government Department or to any other organization/entity whether or not constituted under any law, at a lower price, then that very price, with due allowance for elapsed time, will be applicable to the present case and the difference in the cost would be refunded by the BIDDER to the BUYER, if the contract has already been concluded.

## **8. INDEPENDENT EXTERNAL MONITORS**

- 8.1. The BUYER has appointed two Independent External Monitors (hereinafter referred to as Monitors) for this Pact in accordance with the recommendations and guidelines issued by Central Vigilance Commission.
- 8.2. The task of the Monitors shall be to review independently and objectively, whether and to what extent the parties comply with the obligations under this Pact.
-

- 8.3. The Monitors shall not be subject to instructions by the representatives of the parties and perform their functions neutrally and independently.
- 8.4. Both the parties accept that the Monitors have the right to access all the documents relating to the project/procurement, including minutes of meetings. The Monitors shall on receipt of any complaint arising out of tendering process jointly examine such complaint, look into the records while conducting the investigation and submit their joint recommendations and views to the Management and Chief Executive of the BUYER. The MONITORS may also send their report directly to the CVO and the commission, in case of suspicion of serious irregularities.
- 8.5. As soon as any event or incident of violation of this Pact is noticed by the Monitors, or Monitors have reason to believe, a violation of this Pact, they will so inform the Management of the BUYER.
- 8.6. The BIDDER(s) accepts that the Monitors have the right to access without restriction to all Procurement documentation of the BUYER including that provided by the BIDDER. The BIDDER will also grant the Monitors, upon their request and demonstration of a valid interest, unrestricted and unconditional access to his documentation pertaining to the procurement for which the RFQ/Tenders/Bid is being /has been submitted by BIDDER. The Monitors shall be under contractual obligation to treat the information and documents of the BIDDER with confidentiality.
- 8.7. The BUYER will provide to the Monitors sufficient information about all meetings among the parties related to the procurement provided such meetings could have an Impact on the contractual relations between the parties. The parties may offer to the Monitors the option to participate in such meetings.
- 8.8. The Monitors will submit a written report to the BUYER at the earliest from the date of reference or intimation to him by the BUYER/BIDDER and submit proposals for correcting problematic situations.

## **9. FACILITATION OF INVESTIGATION**

In case of any allegation of violation of any provisions of this Pact or payment of commission, the BUYER or its agencies shall be entitled to examine all the documents including the Books of Accounts of the BIDDER and the BIDDER shall provide necessary information of the relevant documents and shall extend all possible help for the purpose of such examination, LAW AND PLACE OF JURISDICTION

This Pact is subject to Indian Law and the place of jurisdiction is Ballari.

## **10. OTHER LEGAL ACTIONS**

The actions stipulated in this Integrity Pact are without prejudice to any other legal action that may follow in accordance with the provisions of the any other law in force relating to any civil or criminal proceedings.

**11. VALIDITY**

**11.1.** The validity of this Integrity Pact shall be from the date of its signing and extend up to 5 years or such longer period as mentioned in RFQ/Contract or the complete execution of the contract to the satisfaction of the BUYER whichever is later. In case BIDDER is unsuccessful, this Integrity Pact shall expire after six months from the date of the signing of the contract.

**11.2.** If one or several provisions of this Pact turn out to be invalid; the remainder of this Pact shall remain valid. In such case, the parties will strive to come to an agreement to their original intentions.

**12.** The parties hereby sign this Integrity Pact at ..... on .....

BUYER  
Name of the Officer  
Designation  
Human Resources Wing  
Karnataka Grameena Bank

BIDDER  
CEO/Authorised Signatory

Witness  
1)

2)

Witness  
1)

2)