

TENDER PAPER
for
GROUP MEDICLAIM INSURANCE POLICY
of
ODISHA STATE CO-OPERATIVE BANK
for the period from 07.03.2026 to 06.03.2027



THE ODISHA STATE COOPERATIVE BANK LTD.

PANDIT JAWAHARLAL NEHRU MARG, BHUBANESWAR

Website : www.odishascb.com



The Odisha State Cooperative Bank Ltd.

Pandit Jawaharlal Nehru Marg,
Bhubaneswar – 751001

Ref. No. OSCB / HRDD/ 5929 /2025-26

Date.16.02.2026

TENDER FOR GROUP MEDICLAIM INSURANCE POLICY FOR THE PERIOD FROM 07.03.2026 to 06.03.2027

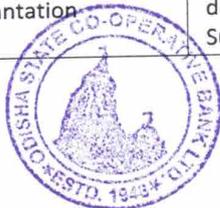
Sub: Group Mediclaim Insurance Policy from 07.03.2026 to 06.03.2027(both days inclusive)

The Odisha State Cooperative Bank Ltd., Bhubaneswar is inviting from registered and reputed Insurance Companies / Brokers to provide Medical cover for all Staffs alongwith their dependents for Group Mediclaim Insurance Policy for the year 2026-27 (period from 07.03.2026 to 06.03.2027).

Scope of Policy :-

The Insurance Policy would cover the following:

	Scope of Cover	Terms
1	Policy Type	Group health insurance Family Floater policy
1.1	Renewal/Fresh	Renewal Policy
1.2	Sum insured per family Unit	Rs 10,00,000
1.3	Existing Insurer	M/s. SBI General Insurance Company Limited
	Policy Period	07.03.2025 to 06.03.2026
1.4	Service Category	Both Cashless & Reimbursement
1.5	Family size	1+6 (Employee, legally wedded spouse, first two dependent children up to the age of 25, Parents / Parents-in-law) Cross combination of parents and parents in law is not allowed.
1.6	Entry age & Renewal	No Age Limit
1.7	Waiting period of 30 days	To be Waived
1.8	Waiting Period (1 st Year/2 nd Year/3 rd Year)	To be Waived
1.9	Pre-existing Diseases	To be covered from Day 1
1.10	Pre & Post Hospitalisation Period	Pre Hospitalisation 30 days and Post Hospitalisation 60 days for 100% sum insured.
1.11	Whether Day care covered	Yes
1.12	Cover for Maternity	Employees & Spouse
1.13	Limit of coverage for Maternity	For Normal: Rs. 40,000/- For Caesarean: Rs.75,000/- Maximum : 2 delivery only. For complications in pregnancy is covered under family sum insured
1.14	Maternity waiting period	Without waiting period of 9 months
1.15	Cover for new born child from day one	Yes
1.16	New born child is covered from day one, please specify the limit of coverage for the child	Within family floater sum insured
1.17	Organ Transplantation	Hospitalisation expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured upto Family Sum Insured.



1.18	Corporate buffer required, please specify the terms	Policy Limit Rs. 20 lakhs upto Family floater Sum Insured limit.
1.19	Sub Limits	Room Rent, boarding & Nursing Expenses: Rs.10,000/- & ICU charges: Rs.20,000/- per day or actual whichever is less.
1.20	Co-Pay	No Co-pay
1.21	Disease wise capping	No Disease wise capping
1.22	Cataract Limit	Rs. 1,00,000/-
1.22	Free Health check-up camp	Annually at Head Office
1.23	Ambulance Charges	Rs. 2,000/- or actual per event subject to overall admissibility of the claim
1.24	TPA	FHPL
1.25	Period of policy	12 months
1.26	Claims Dump & Summary updated on 15/02/2025	Details available on Website
1.27	Number of Lives	527 (Details available on website)

Other Terms & Conditions –

1. *The insurance company / broker interested to participate must comply with the following criteria. Documentary evidence to be provided.*
 - a) *Should have branch office at Bhubaneswar*
 - b) *Not being blacklisted by Govt/ Banks/ Financial Institutions*
 - c) *Solvency Margin of the Insurance Company should be more than 1.50 in the last FY (2024-25).*
2. Validity of the bid should be for 60 days
3. The number of employees indicated under this policy is only provisional and OSCB reserves its right to increase or decrease the same depending upon requirement during the award of insurance business.
4. Submitting the offer does not guarantee the acceptance of your offer. OSCB reserves the right to accept or reject any or all offers or part thereof at its sole discretion, without assigning any reason whatsoever.
5. Any offer received after the expiry of the time & date specified for receiving the offer is liable to be rejected without assigning any reasons.
6. Bids which are late/vague/conditional/incomplete/not confirming to the laid down procedure in any respect will be rejected.
7. Bids sent by fax & email will not be accepted.
8. In case of differences arising in the terms & conditions of the tender documents with the firms, the decision of OSCB shall prevail.
9. OSCB reserves the right to modify/change/delete/add any further terms and conditions prior to issue of agreement.
10. All the pages of this tender document needs to be signed & stamped, signifying acceptance of all the terms & conditions.
11. **Terms of Payment**
Total premium (all inclusive) shall be paid on finalization of order and acceptance by the bidder.
12. **Force Majeure:**
Any delay in or failure of the performance of either party hereto shall not constitute default hereunder or give rise to any claims for damages, if any, to the extent such delays failure of performance is caused by occurrences such as Acts of God or the public enemy expropriation or confiscation of facilities by Government Authorities, compliance with any order or request of any Governmental Authorities, was fires, floods, riots or illegal strikes.
13. **No price Escalation:**
No price escalation shall be entertained during the validity of the Insurance Coverage.



14. Termination of Contract:

OSCB may terminate the agreement by giving a written one-month advance notice to the Service Provider, if:

- i. The Service Provider becomes bankrupt or is otherwise declared insolvent.
- ii. The Service Provider being a company is wound up voluntarily or by the order of a court or a receiver, or manager is appointed on behalf of the debenture holders or circumstances occur entitling the court or debenture holders to appoint a receiver or a manager, provided that such termination will not prejudice or affect any right of action or remedy accrued or that might accrue thereafter to the Purchaser.
- iii. The quality of services rendered to OSCB gets degraded.
- iv. The Service Provider resorts to any deviation from the contract or violates the contract. In the event that the contract is terminated, pro-rata premium will have to be refunded to OSCB by the Service Provider within ten working days.

15. For any queries, please contact

The Odisha State Coop. Bank Ltd., HRD Department, Pandit Jawaharlal Nehru Marg, Bhubaneswar
Mail id - oscbgad@odishascb.com
Contact Number: 0674-2375194 / 155 / 156

The last date for submission of tender paper is 27.02.2026 up to 02.00 P.M. and the same may be opened at 4.00 P.M in presence of the company / brokers or their authorized representatives. All Offers must be submitted in sealed envelopes super-scribing "**Tender for Group Mediclaim Insurance Policy of OSCB**" in attached format of Price Bid along with Annexure 1 (Nil Deviation) and should reach the following address:-

To,
The Managing Director, Odisha State Cooperative Bank, Head Office, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751001

Interested bidders are requested to submit their most competitive offer within the stipulated date and time in the prescribed proforma.

The premium shall be quoted in both words and figures. Any correction / overwriting / scoring / Cancellation should be counter-signed. If there is any difference in words and figures, the words will supersede figures. In case of illegibility, the interpretation of OSCB shall be final. All entries shall be in English language only.

The authority is not bound to accept the lowest bid and reserves the right to cancel or reject any or all bids without assigning any reasons thereof.



[Handwritten Signature]
Chief General Manager-I/c

List of Documents to be submitted by Bidder in original are to be brought at the time of opening of the bids

1. Tender document needs to be signed & stamped, signifying acceptance of all the terms & conditions.
2. Attested copy of company / broker license certificate issued by competent authority.
3. Attested copy of valid PAN, GST registration certificate.
4. Complete address of the Broker / Company with mobile number.
5. Price Bid Format
6. Annexure – 1



PRICE BID

- 1. Total No. of Lives :
- 2. Total Sum Insured (Rs.):
- 3. Validity of the plan :
- 4. Quotation

Net Premium (Incl. all expenses)	
GST 18%	
Final Premium Payable	

Final Premium Payable in Words -

**(Authorised Signatory)
with Name ,designation**

Date :

Place :



Declaration by the Bidder

To,
The Managing Director,
Odisha State Cooperative Bank,
Head Office, Pandit Jawaharlal Nehru Marg,
Bhubaneswar - 751001

Sub: Nil Deviation

Dear Sir,

With reference to the above, I am/we are offering our competitive prices for Group Medclaim Policy for employees & dependents of M/s OSCB.

I/We hereby reconfirm and declare that I/We have carefully read and understood the above referred tender document including instructions, terms & conditions, specifications, schedule and all the contents stated therein and I/We accept the same without any deviation.

Thanking you,

Yours faithfully,

(Signature of the Bidder)

Name: _____

Designation: _____

Date: _____

Stamp: _____

