



SHRI MATA VAISHNO DEVI UNIVERSITY
Kakryal, Katra – 182320 (J&K)
(Ranked among top 100 Engineering Institutions and
among top 150 Universities in the NIRF 2018 ranking
of MHRD, Govt.)

EXPRESSION OF INTEREST
FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES
OF SHRI MATA VAISHNO DEVI UNIVERSITY

Shri Mata Vaishno Devi University, Kakryal, Katra J&K, invites “**Expression of Interest (EOI)**” from IRDA Accredited Insurance Companies for Group Medical Insurance Policy for its employees and their dependent family members. Interested Insurance Companies may visit the website www.smvdu.ac.in for the details and submit their Expressions of Interest with requisite credentials so as to reach the following address Registrar Shri Mata Vaishno Devi University Kakryal-182320, Katra, J&K, on or **before 26th June 2018 (before 2:00 PM)**.

No. SMVDU/Adm./Estb./EOI/2018/4067

Date: 7th June 2018

-Sd/-
Registrar

**SHRI MATA VAISHNO DEVI UNIVERSITY
KAKRYAL-182320, KATRA, J&K**

No: SMVDU/Adm./Estb./2018/EOI/4067

Date: 7th June 2018

DETAILS OF EOI

FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF SMVDU

1) SCOPE & OBJECTIVE

To facilitate financial access to health services for all serving employees [in regular scale] of SMVDU and their dependent families, the University wishes to introduce Medical/Health Insurance Plan through an experienced, licensed and registered Insurance Provider capable of implementing and managing a transparent, efficient, cost effective and sustainable Medical/Health Insurance Plan.

2) INVITATION FOR “EXPRESSION OF INTEREST”

SMVDU invites “EOI” from Insurance from IRDA Accredited Insurance Companies for Group Medical Insurance Policy for its employees and their dependent family members. Expressions of interest along with prescribed documents must be submitted at the office of the Registrar, SMVDU on or before 2:00 PM of 26/06/2018.

A brief of the requirements have been described in the following sections:

3) CREDENTIALS

Only agencies having the following credentials are requested to respond:

- a) The agency should be an IRDA Accredited Insurance Company.
- b) The agency should have experience of providing Group Medical/Health Insurance cover to employees of Government/Semi Government organizations during the past 5 financial years.
- c) The agency should have satisfactory Medical Claims Settlement record.
- d) The agency should have Average Annual Turnover of at least Rs. 500 Crores during the last three financial years 2015-16, 2016-17 & 2017-18.

4) EVALUATION / SELECTION PROCEDURE:

Evaluation / selection shall be carried out in the following stages:-

- (i) A selection committee of SMVDU, shall go through the documents of the agencies and prepare the list of agencies fulfilling the eligibility conditions.
- (ii) The shortlisted agencies will be called for making presentation on technical and commercial parameters to demonstrate their capabilities and experience covering, inter-alia, the following areas:
 - a) Company Profile – Management Structure, Main Business & Areas of Specialization, Duration of Business, Service Centers in SMVDU etc.
 - b) Key Corporate Clients, Value of Contracts and Salient Features of Contract/Agreement with Clients
 - c) List of Empaneled Hospitals in the State of J&K and in other cities of India.
 - d) Details of Third Party Administrators and their role & responsibilities.
 - e) Stepwise business/enrollment/claim process
 - f) Profit & Loss Account of the last three financial years and Net Worth.
- (iii) Based on inputs received against this EOI a tender will be issued amongst the short listed agencies. They will be required to submit their bids in two parts – technical bid & price bid. Price bids of the agencies found to be technically acceptable shall be opened in presence of bidders.

5) PARTICULARS/DOCUMENTS TO BE SUBMITTED WITH SEAL / SIGNATURE AND A COVERING LETTER IN THE PARTY'S: LETTER HEAD

(i) Details of the establishment:

- a. Name and address of the agency with e-mail ID and contact numbers
- b. Address of Service Centers in J&K with e-mail ID & contact numbers
- c. Attested/notarized copy of Certificate of Incorporation
- d. Attested/notarized copy of IRDA Certificate
- e. Attested/notarized copy of Service Tax Registration Number/certificate & GST Registration Number /Certificate.
- f. Attested/notarized copy of Permanent Account Number (PAN) Card & taxpayer Identification Number [TIN].
- g. Any other useful information.

(ii) Details of Experience & Financial Standing:

- a. Average Annual Turnover during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-A
- b. Claims Settlement Performance during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-B
- c. Attested/notarized copies of at least 3 contracts for Group Medical/Health Insurance executed for Government/Semi Government organizations during the last 5 financial years.

(ii) Other Details:

- a) List of empaneled general hospitals and super specialty hospitals/Clinics in J&K and other cities in India.
- b) List of Third Party Administrators with locations

6) LAST DATE AND TIME OF SUBMISSION OF EOI 2:00 PM of 26/06/2018.

Interested agencies are requested to send their expression of interest in a sealed envelope, along with supporting credentials, so as to reach SMVDU **on or before 2:00 PM of 26/06/2018 at the address given below. The envelope should be super-scribed / marked with: EOI FOR "GROUP HEALTH INSURANCE POLICY FOR SMVDU EMPLOYEES & their DEPENDENTS"**

7) PLACE OF SUBMISSION:

Registrar
Shri Mata Vaishno Devi University
Kakryal-182320, Katra, J&K.

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____ for the past three years are given below and certified that the statement is true and correct.

S.No.	Financial Year	Turnover (Rs in Lakhs)
(i)	2015-16	
(ii)	2016-17	
(iii)	2017-18	-

Total - Rs. _____ Lakhs

Average Annual Turnover Rs. _____ Lakhs.

Date:

Seal:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

CLAIM SETTLEMENT PERFORMANCE

The Claim Settlement Ratios of M/s _____ for the past three years are given below and certified that the statement is true and correct.

S.No.	Financial Year	Claim Settlement Ratio (%)
(i)	2015-16	
(ii)	2016-17	
(iii)	2017-18	-

Date:

Seal:

Signature of Auditor/
Chartered Accountant
(Name in Capital)