

CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE-GOPESHWAR



Quotation for Staff Mediclaim Policy

Last date of submission: 24-03-2026 Till 11.00 A.M.

CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE-GOPESHWAR



Quotation Profile

Annexure 1: Details of the Insurance Company

Sr. No.	Question	Response			
		Year	No. of claims	No Case Settled	%
1	Name of Company				
2	Company Head Office and registered office address				
3	Telephone and Fax numbers				
4	Name and designation of the person authorized to make commitments to the Bank				
5	E-mail Address				
6	GST & Service Tax Number				
7	Company PAN				
8	IRDA Registration Certificate				
9	Details of Claim settlement ratio of company (Please fill all details to avoid cancellation of bids)	Year	No. of claims	No Case Settled	%
		2022-23			
		2023-24			
		2024-25			

CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE-GOPESHWAR

POLICY REQUIRMENTS	
Conditions	Applicability
Insured	CHAMOLI ZILA SAHKARI BANK LTD.
Sum Insured	05,00,000 /10,00,000
Claim details	Annexure attached
Family Size	1 + dependent
No. of Employees	145
No. of Lives	379 -(Approximately)
Family Floater	Yes
Members Covered (Pleased Confirm the Members who are covered under the policy)	(Employee + Spouse + Dependent Children aged upto 30 Yr)
30 Day Waiting Period for Non Accident Claims	Waived Off
Reimbursement of Ambulance Exp. Upto 1% of SI	Covered
Charges incurred for external anesthetics, surgeon, Medical Practitioner, Consultant special fees during the hospitalization	Covered
Waiting Period for Specific Diseases	Waived Off
Pre Existing Disease Benefit	Covered
1/2/3/4 year waiting period	Waiver
Maternity Benefit	Covered
If Maternity Benefit Covered – 9 Month Waiting Period	Waived Off
Sub Limit	75000 for Normal 100000 for csection
New Born Baby to be covered	From Day 1
Pre and Post natal expenses	Covered within maternity limit
Pre Hospitalization Expenses	30 Days
Post Hospitalization Expenses	60 Days
Internal and external congenital Diseases	Covered
Epidemic diseases	Covered
Health Cards	Non Photo ID cards
Cashless Facility	Yes
Hospitalisation due to terrorism effect	Covered
Domiciliary Benefit	Covered
Room Rent	NO capping
Copayment	No Copayment
TPA facility	Yes
Bifocal & Multifocal lense for cataract operation	No capping for Cataract Claim
Submit your quotation for all staff and dependent	
All conditions and coverage are continued as per expiring policy remains unchanged.	

CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE-GOPESHWAR

General Terms and Conditions

1. Objective of the Bank is to procure Medical Insurance from Insurance Companies for the Employees of the Bank and engage services of the reliable Mediclaim Insurance provider who will provide maximum benefits with minimum cost and hence the proposal should mentioned cost of premium in details and procedure for submitting the claim, cover, cash less aspect, illness, diseases covered, hospitalization with pre and post details, follow-up charges, home treatment, details of capping in terms of treatment, diseases, hospitalization - minimum / maximum period required, day care treatment, medicines, implants, surgical appliances, facilities for female employees, cosmetic treatment, etc.
2. Quotation er should guarantee that once the proposal is finalized, there will be no breach of trust and all claims will be settled within the parameters agreed between Bank and Company at the time of finalization.
3. Clarifications/queries, if any, should be directed to : HR Department : by E-mail: dbcml@gmail.com & dbchamoli@czsb.bank.in Questions should be submitted prior so that response shall be provided to all the vendors.
4. The Quotation should be quoted as per the given format no changes should be made in this Quotation document.
5. Quotation must reach on or before 24-03-2026 till 11.00 A.M. through by hand or Speed post/Courier only.
6. Correction in the proposals after submission is not allowed in any circumstances.
7. Quotation er should submit name, title, and telephone number of the responsible person(s) in their organization to whom Bank can address questions during the evaluation of proposal submitted.
8. The proposal should be complete in all respects and contain all information asked for, along with all the product details. The proposal should include all items asked for in the attached Annexure. Impression of Company seal is required on each page of this Quotation document and same should be signed by company's authorized representative.
9. Each page of original Quotation document must be duly signed & stamped as a token of acceptance of terms & conditions.
10. If, in the opinion of bank, any proposal / question/ documents contains false or misleading statements or references that do not support a function, attribute,

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capabilities or conditions as contended by the Quotation er, the Quotation will be rejected.

12. This Quotation is subject to standard Force Majeure and the bank reserves the right to accept the Quotation as per Banks choice or reject any or all Quotation s without assigning any reason.
13. In case of any dispute, the Registrar, Co-operative Societies, Uttarakhand, Dehradun shall have the sole jurisdiction, and the decision shell be binding on all parties.

No. of Lives (Approximately)

Staff / Employees	145
Dependent Family Member	234
TOTAL	379

CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE-GOPESHWAR

On Insurance Company's Letter Head

FINANCIAL BID FOR
GROUP HEALTH INSURANCE POLICY FOR
CHAMOLI ZILA SAHKARI BANK LTD. HEAD OFFICE GOPESHWAR
EMPLOYEES AND THEIR FAMILY MEMBERS

S.No.	Particulars	Total Premium (for all Emp. Family)
01	Premium for coverage of	
	Rs.10,00,000.00 (Ten lakh) per family for a period of one year	
	Rs.05,00,000.00 (Five lakh) per family for a period of one year	
	Taxes (GST etc. if any)	
	Total in figures	
	Total in words	

Note:

- All terms & conditions as stated in the Quotation document are accepted.
- Conditional bids are not acceptable.
- Bids submitted in the above format is only acceptable.

Name -
Address -
Signature of the -
(Authorized Person of Insurance Company)

