HLFPPT/GPA/15-16 October 16, 2015

REQUEST FOR PROPOSAL

**Hindustan Latex Family Planning Promotion Trust**

**Trust Promoted by HLL Lifecare Ltd.**

**Title of Request for Proposal: Renewal of Group Personal Accident Insurance Policy**

**Organization Introduction:**

Hindustan Latex Family Planning Promotion Trust (abbreviated as HLFPPT) is ‘not for profit’ organisation, promoted by HLL Lifecare Ltd, a Mini Ratna Public Sector Enterprise. HLFPPT is primarily working in the area of Reproductive and Child Health. HLFPPT’s objective is to ensure safe motherhood and better child health, ultimately building happier and healthy future generations. For over two decades HLFPPT’s has gained enormous reputation and expertise in adopting novel approaches for improving Maternal and Child Health, HIV Prevention and Control, Family Planning, and Adolescent Health through direct program implementation, technical assistance and capacity building. HLFPPT has emerged as India’s leading Not for Profit organisation - known for being a pioneer in promoting Public Health through Social Marketing and Social Franchising strategies. HLFPPT is as a chosen collaborator for the designing, implementation and evaluation of large scale programs for Ministry of Health and Family Welfare (MoHFW), National Health Mission (NHM), State Governments and several National, Bilateral and Global development agencies as well as top Public Sector Enterprises and corporate for corporate social responsibility (CSR) including Fortune India 500 Companies like Jindal Group, Cairn, Suzlon, Essar etc.

**Background:**

We have taken Group Personal Accident Insurance policy since 04-11-2004 for extending personal accident death/disablement benefit to our employees for a sum insured of Rs. 2,00,000/- (Rupees Two Lakh only) per employee per year. The period of existing policy is from 04-11-2014 to 03-11-2015 and we would like to continue the said policy without break for further period of one year from 04-11-2015 to 03.11.2016.

**Quotation Slip for Group Personal Accident Insurance Policy:**

|  |  |  |
| --- | --- | --- |
| 1 | Insured | Hindustan Latex Family Planning Promotion Trust |
| 2 | Address | B-14A, Second Floor, Sector-62,  Noida - 201307, Uttar Pradesh |
| 3 | Period | 04.11.2015 to 03.11.2016 |
| 4 | Policy | Group Personal Accident Insurance |
| 5 | Sum Insured | Rs. 2,00,000 (Rupees Two Lakh only) |
| 6 | No. of eligible members for coverage | 214 |
| 7 | Accidental Death (in past 5 years) | Nil |
| 8 | Risks Covered | Accidental Death |
| Permanent Total Disability |
| Permanent Partial Disability |
| Temporary Total Disability (Weekly benefit of 1% of sum insured or Rs. 5,000/- whichever is lower for 104 weeks) |
| Special Peril = Accidental Medical Expenses – 10% of sum insured or 40% of admissible claim whichever is lower |
| 9 | Claim settlement procedure | The insurance company shall be liable to settle the claim within 15 days after submission of documents and in case of the delay reasons has to be informed to HLFPPT. If reasons are not found justified then the Insurance Company shall be liable to pay interest as per IRDA notification.  Delay in submission of claim should not be the reason for repudiation of claim. |

**Submission of Bid**

Interested agencies may send sealed quotations to Manager - Finance at B-14A, Second Floor, Sector-62, Noida - 201307, Uttar Pradesh giving premium for covering 214 members for a sum of Rs.2,00,000/- per member including premium for covering the above risks, conditions as per quotation slip latest by **29-10-2015 up to 18.00 hrs**. Quotations shall be sent in sealed envelopes super-scribing thereon subject line “**Quotation for Group Personal Accident Insurance** **renewal due on 04-11-2015**”.

**General terms & Conditions**

* The quotations received after the time prescribed for submission are liable to be rejected.
* Insurance company should ensure that the quoted prices are strictly as per terms and conditions of quotation slip of the RFP.
* Shortlisted agencies on the basis of lowest financial bid will be invited for further discussion.
* All the pages of RFP along with the proposals should be duly signed & stamped by the insurance company as a token of acceptance of the terms of RFP.
* Proposals if not signed & stamped by the insurance company will be not be entertained.
* The agencies should also submit an undertaking (Annexure- 1) duly signed & Stamped.
* HLFPPT reserves the right to accept or reject any proposal in full or part without assigning any reason thereof. The decision of HLFPPT in this regard shall be final and binding on the proposer.

**The rate quoted will be inclusive of all Taxes.**

HLFPPT reserves the exclusive right to reject any or all of the applications without assigning any reasons whatsoever. The opinion / decision of HLFPPT regarding the same would be final and conclusive.

**Payment will be released by local account payee Cheque / NEFT / RTGS.**

For any clarification or query, please contact Mr. Sajid Ali, HR Officer, (T): 0120-4673673, E-mail: [sajida@hlfppt.org](mailto:sajida@hlfppt.org)

**Annexure -1**

**Undertaking from Vendors**

This has reference to the RFP published in the website of HLFPPT on………….… ….In response to the RFP, we have submitted our technical & financial bids on…………. at your office ………………………………………………………………. In connection with the above bids, we hereby declare as under:-

i- That we are neither related to any of your Trustees, Officers and other employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.

ii- That we have submitted the bids in the name of M/s…………………….......................and declare that no other bids have been submitted by us in the name of any other firms/companies/proprietors/individuals which comes under the same management and related parties.

iii- We herby undertakes that in case of any violations to the above declarations at any stage of the contract , HLFPPT reserves the sole right to cancel the contract and recover the full value of the contract from us.

For and on behalf of ……………..

(Authorized Signatory with company seal /Stamp.)