Estd. 1915
Regd. No.: H.1422

Phone: 08672-223530,223533

The Krishna District Co-operative Central Bank Ltd.,
Dr. Y.S.R. Sahakara Bhavan, Jagannadhapuram,
(H.O)Machilipatnam : Krishna District (A.P)
e-mail id:est@krishnadccb.com
website: www.krishnadccb.com

Ref. No.: Estt./Medi-claim/2025-26

Date: 21.08.2025

NOTIFICATION

SUB: Sealed Quotations are invited for Coverage of Medical Insurance to Regular Staff Group Medi-Claim Policy for a period of one year i.e., **from 31.08.2025 to 30.08.2026** - Reg.

* * *

We are to inform that our Regular Employees Group Medi-Claim Policy is due for renewal on 31.08.2025. In this connection, we request you to furnish the quotations for the following policy.

Regular Employees Group Medi-Claim Policy is for Rs.5.00 lakhs per family covering Self, Spouse, Children, Parents / Dependent In - Laws.

We are enclosing herewith the list of Regular Staff and their dependent details and Last year claims dump along with the Terms and conditions of the Medi-Claim Policy.

Please send your quotations in a sealed cover superscribed as "**Quotation for Regular Employees Group Medi-Claim Policy**" to reach this office on or before **28.08.2025 by 5.00 PM**, to the following address.

The Chief Executive Officer,
Head Office,
Dr.Y.S.R. Sahakara Bhavan,
The Krishna DCC Bank Ltd.,
Jagannadhapuram,
Machilipatnam - 521 001,
Krishna District (A.P.)

Chief Executive Officer

Encl: Terms and Conditions.

Terms and Conditions for Regular Employees Group Medi-Claim Policy with 5.00 Lakhs Coverage:

1.	Coverage of Pre-existing Diseases.
2.	30 days waiting period to be waived.
3.	Waiver of condition pertaining to first year exclusions.
4.	Choice to be given to the Bank in choosing TPA in the absence of in-house.
5.	Pre hospitalization & Post hospitalization for 30 & 60 days respectively.
6.	Room rent and boarding expenses not exceeding Rs.5,000/- per day or the actual amount whichever is less and actuals per day for ICU (as per IBA).
7.	To cause additions and deletions of persons for any erroneous exclusion which is subsequently identified.
8.	Addition & deletion of lives; Premium to be charged /refunded on pro-rata basis.
9.	**Family definition:** Self, Spouse, dependent Children and dependent Parents/Parents In - Law.
10.	Age band 0-90 years.
11.	Ambulance charges up to Rs.2,500/- 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 max up to Rs.750/- per trip will also be reimbursable (as per IBA).
12.	No sub limits on diseases.
13.	Day care procedures are to be covered.
14.	No Co-payment.
15.	Maternity expenses with new born baby from day 1 onwards For Normal delivery up to Rs.50,000/- For Caesarean delivery up to Rs.75,000/-
16.	For Cataract Rs.50,000/- per eye and all claims related to eye problems are to be covered.
17.	Cashless treatment/Reimbursement of expenses for treatment of Diabetes and Constitutional Diseases under Naturopathy, Homeopathy, Ayurveda and Unani.
18.	Claims dump should be provided to Establishment Section **every month by 7th** or else no further quotations for any kind of Insurance Policy shall be accepted from that organization .
19.	Claim intimations under the group insurance policy shall be communicated to both the employee and the employer simultaneously. Please ensure the following communication protocol is followed: **Employee Notification:** **Email:** Send claim intimation to the employee's registered email address. **Mobile:** Send SMS/WhatsApp notification to the employee's registered mobile number. **Employer Notification** **Email:** Send claim intimation to [kdccbho.estt@gmail.com].

Note : Broking Company Quotations will not be allowed. The bank shall not accept more than one quotation from one company. If a company submits more than one quotation, all the quotations submitted by that company shall be liable to be rejected.