

Ref: BGVV/HO/HR/ 3248 /2025-26

Date: 05.08.2025

CORRIGENDUM

Re: RFP for Renewal of Group Medclaim Policies (GMP) for existing employees and retirees of West Bengal Gramin Bank issued vide RFP Reference No: WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025

Inviting a reference to the captioned RFP for Group Medclaim Policies (GMP) for existing Employees and Retirees of West Bengal Gramin Bank (also referred herein as WBGB).

The intending bidders interested in bidding process are requested to take cognizance of Revised Guidelines/Annexures etc. as noted below and act accordingly.

Please note that all other terms and conditions (except those, which are revised vide this corrigendum) shall remain unchanged.


General Manager (HR)



Encl:

- i. Point wise revised guidelines.
- ii. Revised Annexure I
- iii. Revised FORM A- Part I/II/III/IV/V

Sl. No	Page No	Existing	Revised	Remarks
1	21	Hormonal therapy for cancer and Immunotherapy for non-cancer to be covered.	HORMONAL AND IMMUNOTHERAPY COVERED FOR BOTH CANCER & NON-CANCER	Both Cancer and Non-cancer to be covered.
2	1	RFP REFERENCE NO. WBGB/HO/HR/108(1)/2025-26 DATED: 19.07.2026	RFP REFERENCE NO. WBGB/HO/HR/108(1)/2025-26 DATED: 19.07.2025	Date to be read as 19.07.2025 instead of 19.07.2026
3	24	SECTION 4: POINT B. CLARIFICATION AND AMENDMENT OF RFP DOCUMENTS The Bidder may request a clarification on any clause in the RFP document up to 18:00 hrs. 5 th August, 2025.	The Bidder may request a clarification on any clause in the RFP document up to 18:00 hrs. 31 st July 2025.	Date rectified from 5 th august, 2025 to 31 st July, 2025 as noted in page 4 of the RFP under reference.
4	28, 32,33,35, 36, 37,38	Section 4: Annexure & Declaration Financial Bid Format	Revised Annexure & Declaration Financial Bid Format enclosed for reference and submission	Revised formats mentioning no. of employees/family in all part of FORM A are noted below.
5	4	Most important dates for bidders Point No. 10: Mode of bid submission- to be submitted physically	Both online & physical copy of the proposal to be submitted within 12 th August 2025, 15:00 hrs. Online copy to be submitted exclusively on mail id: <u>gmhr@wbgb.co.in</u> in password protected format.	Physical bid submission to be done by the bidders' authorised signatory on or before the stipulated date and time as noted in RFP. Bidder representative present during opening of Bid should possess letter of authority as issued by the competent authority of the bidder. In case of non-submission of physical copy due to some exigency, online copy shall be considered for bidding subject to submission of the same within stipulated time. Password of online copy to be shared during opening of bid i.e. 16.00 hrs on 12 th August

[Signature]

[Signature]
WEST BENGAL GRAMIN BANK
HEAD OFFICE
Anjan Ghosh

Annexure-I (Revised)

Checklist for Mandatory Documents Submitted By Bidder		
Sl No	Item Description	Status
1	Certificate of first incorporation (Mandatory)	Yes / No
2	Photocopy of PAN(Mandatory)	Yes / No
3	GST Registration Copy (Mandatory)	Yes / No
4	IRDA License Copy (Mandatory)	Yes / No
5	Financial Bid to be submitted in insurer letter head under seal and signature of Competent Authority(FORM A)	Yes / No
6	All annexures (Annexure I,II,III) to be submitted in insurer letter head under seal and signature of Competent Authority. All pages of RFP to be signed and stamped by bidders.	Yes/No

Signature	
(Authorised Person with Seal)	
Name	
Address	
Date	
Place	

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part I (Revised)

FINANCIAL BID FORMAT – Existing Employees and Dependants

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Existing Staff & Dependents

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No. WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Staff Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Existing Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		1515	
2	₹ 5,25,000.00		2497	
3	Premium without GST (A)			
4	Premium for ₹ 3 Crs. Corporate buffer (B)			
Total premium without GST (A+B)				
GST				
Total Premium including GST				
Total No. of Families (Existing Employees)			4012	

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking you,

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part II (Revised)

FINANCIAL BID FORMAT – Retirees & Dependent (With Domiciliary)

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Retirees

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Retiree Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		272	
2	₹ 5,25,000.00		1083	
Total Premium without GST				
GST				
Total Premium including GST (A)				
Sl.No.	Sum Insured	Net Premium Per Family (Self Only)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		37	
2	₹ 5,25,000.00		136	
Total Premium without GST				
GST				
Total Premium including GST (B)				
Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse+ Dep.family member)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		0	
2	₹ 5,25,000.00		0	
Total Premium without GST				
GST				
Total Premium including GST (C)				
Total Premium Including GST (A+B+C)				
Total No. of Families (Retiree)			1528	

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event

of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking you,

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part III (Revised)

FINANCIAL BID FORMAT – Retirees & Dependent (Without Domiciliary)

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for Group Medical Insurance Policy for WBGB's Retirees

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of Retiree Policy is as below: -

Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		272	
2	₹ 5,25,000.00		1083	
Total Premium without GST				
GST				
Total Premium including GST (A)				
Sl.No.	Sum Insured	Net Premium Per Family (Self Only)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		37	
2	₹ 5,25,000.00		136	
Total Premium without GST				
GST				
Total Premium including GST (B)				
Sl.No.	Sum Insured	Net Premium Per Family (Self+Spouse+ Dependent Family member)	No of Employees	Total Premium (in Rupees)
1	₹ 4,00,000.00		0	
2	₹ 5,25,000.00		0	
Total Premium without GST				
GST				
Total Premium including GST (C)				
Total Premium Including GST (A+B+C)				
Total No. of Families (Retiree)			1528	

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event

of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking you,

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part IV (Revised)

**FINANCIAL BID FORMAT – Combined Premium for Existing & Retired employees
(With domiciliary)**

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

**Sub: Quote Submission - Tender for combined Group Medical Insurance Policy for
WBGB's Existing and Retired employees with dependents**

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP policy of Existing & Retiree employees with dependents is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	No of Existing Employees+Retiree	Total Premium (in Rupees)
1	₹ 4,00,000.00		1824	
2	₹ 5,25,000.00		3716	
3	Premium without GST (A)			
4	Premium for ₹ 3 Crore Corporate buffer (for existing employees only (B))			
Total premium without GST (A+B)				
GST				
Total Premium including GST				
Total no. of Families (existing +retired employee)			5540	

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking you,

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head.

FORM A – Part V (Revised)

**FINANCIAL BID FORMAT – Combined Premium for Existing & Retired employees
(With domiciliary for Existing Employees & Without domiciliary for Retired Employees)**

General Manager (HR)

West Bengal Gramin Bank
Head Office

Madam/Sir,

Sub: Quote Submission - Tender for combined Group Medical Insurance Policy for WBGB's Existing and Retired employees with dependents

We hereby declare and submit the Final Quote for your GMC Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP policy of Existing & Retiree employees with dependents is as below: -

Sl.N o.	Sum Insured	Net Premium Per Family	No of Existing Employees+Retiree	Total Premium (in Rupees)
1	₹ 4,00,000.00		1824	
2	₹ 5,25,000.00		3716	
3	Premium without GST (A)			
4	Premium for ₹.3 Crs. Corporate buffer (for existing employees only (B))			
Total premium without GST (A+B)				
GST				
Total Premium including GST				
Total no. of Families (existing +retired employee)			5540	

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Thanking you,

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head

FORM A – Part VI (Revised)

FINANCIAL BID FORMAT – Top-Up

General Manager (HR)

West Bengal Gramin Bank

Head Office

Madam/Sir,

Sub: Quote Submission - Tender for combined Group Medical Insurance Policy Top Up Plan for WBGB's Existing and Retired employees with dependents

We hereby declare and submit the Final Quote for your GMP Top Up Insurance Policy as per your RFP Ref. No WBGB/HO/HR/108(1)/2025-26 dated 19.07.2025.

I/ We hereby reconfirm and declare that I/ We have carefully read and understood all the RFQ's and its accompanying wording (if applicable)

We confirm that we have all the necessary approvals from the competent authorities of our Company to participate in the bidding process.

Our Quote for Renewal of combined GMP Top Up Policy of Existing & Retiree employees with dependents is as below: -

Sl.No.	Sum Insured	Net Premium Per Family	Total Premium
1	₹ 1,00,000		
2	₹ 2,00,000		
3	₹ 3,00,000		
4	₹ 4,00,000		
5	₹ 5,00,000		
Total Premium without GST			
GST			
Total Premium including GST			

***Quotations are subject to minimum enrolment of 10% of total no. of employees.**

We hereby agree that the premium's quoted above has been at taking into considerations all terms and conditions of the RFQs and all necessary internal approvals and processes being adhered. We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Full name:

Designation:

Address:

Signature of the Authorised Signatory under Seal and Insurance Company letter head