

**Request for Quotation (RFQ)  
for GTLI, GMC & GPA Insurance Services**

DATE: 07-May-2026

**RFQ No: LEHS|WIAI/GI/2026-27/May/2026**

**Organization Background**

Lords Education and Health Society (LEHS) is a not-for-profit entity that was established in 2003 as a society under the Indian Societies Registration Act 1860. LEHS is committed to improving lives by innovating, building, and making AI models accessible for meaningful impact at scale. We aim to establish ourselves as a global leader in AI for social impact. We work closely with partner organizations to ensure effective solutions and implement them through a process called 'AI-readiness'. Our work emphasizes real-world application and long-term sustainability. LEHS integrates innovation and collaboration to scale social impact through AI.

Lords Education and Health Society (LEHS) is planning to engage the services of a reputed and high-quality Health Insurance Company for providing the following Policies as per details provided in Annexure 1 of this RFQ.

1. Group Term Life Insurance
2. Group Accidental Insurance
3. Group Mediclaim Insurance
4. Separate policy for OPD
5. Separate policy for Top-Up

In this context, proposals are invited from Service Partners/Insurance Companies/ Vendors engaged in the aforesaid work.

**Important Information:** Proposal (Excel/table format) must be prepared and submitted separately and thereafter emailed only to the following e-mail address [rfp.lehs@wadhwaniai.org](mailto:rfp.lehs@wadhwaniai.org) on or before May 28, 2026, 11:59 hours mentioning "RFQ No: LEHS|WIAI/GI/2026-27/May/2026" in subject line. Queries, if any, must be sent on or before May 17, 2026.

Please note that incomplete proposals will not be considered. Proposals must be submitted in English. LEHS will not compensate agencies for their preparation of the response to this RFQ.

The quotes received after the due date will not be considered.

The prices should be inclusive of all taxes and after-sales services (additions and deletions). The prices submitted against this RFQ should remain valid for 60 days from the date of quote submission.

Quotations submitted by email must be limited to a maximum size of 5 MB, virus-free and free from any corrupted content, or else the quotations shall be rejected.

It shall remain the vendor's responsibility to ensure that your quotation reaches the e-mail id provided above on or before the deadline. Quotations received after the deadline indicated



above, for whatever reason, shall not be considered for evaluation. Incomplete proposals will not be accepted.

LEHS reserves the right to accept or reject any proposal/quotation either in full or part and to suspend this process and reject all quotations in full or in part, at any time prior to the award of contract, without thereby incurring any liability to the affected vendor(s) or any obligation to inform the affected vendor(s) of the grounds for the same.

Please take note of the following requirements and conditions pertaining to the supply of the above-mentioned policy:

| Particulars                          | Conditions and Requirements as applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Documents to be submitted            | <ul style="list-style-type: none"> <li>Annexure 1 to 7</li> <li>All documentation, including quotes, scope of policy coverage shall be in English language</li> <li>Quality Certificates (ISO, etc.)</li> <li>Company Profile, testimonials, references (NGOs)</li> <li>GST registration Certificate</li> <li>PAN registration Certificate</li> <li>TAN Registration Certificate</li> <li>Audited financial statements for the last three years</li> <li>Income Tax Return for last three years</li> <li>Cancelled Cheque</li> <li>Copy of registration documents/certificate and most recent renewal as a legal entity</li> <li>License or permission, if any for doing business</li> <li>Partner Certificate</li> <li>Preferably a Private Limited Company.</li> <li>Latest Business Registration Certificate</li> </ul> |
| Period of Validity of Quotes         | <ul style="list-style-type: none"> <li>60 days</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Quotes                               | <ul style="list-style-type: none"> <li>All technical and financial specifications to be covered while providing policy quotes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Payment Terms                        | <ul style="list-style-type: none"> <li>LEHS will pay the selected vendor 100% of the premium due upon selection and policy activation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Evaluation Criteria                  | <ul style="list-style-type: none"> <li>Competitive pricing</li> <li>Technical responsiveness</li> <li>Full compliance to the requirements</li> <li>Comprehensiveness of the after-sales services</li> <li>General Terms and Conditions of the contract</li> <li>Additional offerings on health insurance beyond standard requirements</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Type of Contract to be Signed        | Policy proposal form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Additional documentation to this RFQ | <ol style="list-style-type: none"> <li><a href="#">Annexure-7- Declaration and Financial Quotes- template</a></li> <li><a href="#">GMC Policy - 2025-26</a></li> <li><a href="#">GPA Policy - 2025-26</a></li> <li><a href="#">GTLI Policy - 2025-26</a></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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|  | <ol style="list-style-type: none"> <li>5. <a href="#">OPD Policy - 2025-26</a></li> <li>6. <a href="#">Claim Analysis report 1</a></li> <li>7. <a href="#">Claim Analysis Report 2</a></li> <li>8. <a href="#">Claim MIS – OPD and IPD/GMC</a></li> <li>9. <a href="#">OPD CD Statement</a></li> <li>10. <a href="#">GPA CD Statement</a></li> <li>11. <a href="#">GMC CD Statement</a></li> <li>12. <a href="#">GTLI CD Statement</a></li> <li>13. <a href="#">GMC and OPD Dummy Data</a></li> <li>14. <a href="#">GPA Dummy Data</a></li> <li>15. <a href="#">GTLI Dummy Data</a></li> </ol> |
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Policy offered shall be reviewed based on completeness and compliance of the quotation with the minimum specifications described above and any other information providing details of LEHS requirements.

LEHS is not bound to accept any quotation, nor award a proposal form/contract/Purchase Order, nor be responsible for any costs associated with an insurance company's/vendor's preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.

There should be no conflict of interest in engaging with LEHS at any time & the prospective insurance company should ensure the same.

Thank you and we look forward to receiving your quotation.

HR Team  
Lords Education and Health Society  
Building Number 70, Ring Road, II Floor,  
Lajpat Nagar III, New Delhi-110024

## Mandatory enclosure

- Please submit the following as enclosures or attachments with your quotation. Bidders must provide all the information requested below. Quotations that do not provide the required information and certificates, or do not follow the submission requirements, may not be reviewed.
- Company Profile, testimonials, work completion reports, purchase orders, reference (NGOs)
- GST registration certificate
- Company Incorporation/ Registration Certificate
- MSME Certification details
- PAN & TAN registration
- Rate card with detailed charges
- Audited Financials for the last three years
- Income Tax Return for the last three years
- Cancelled cheque

**Annexure – 1**

***Summary Information of the Firm sharing their quotes***

|                                                                  |  |
|------------------------------------------------------------------|--|
| Name of the Firm:                                                |  |
| Registered address of the Firm:                                  |  |
| Registration type of firm (Private Ltd./ Ltd.):                  |  |
| Copy of Registration certificate of firm:                        |  |
| Date of commencement of firm:                                    |  |
| Name & designation of the authorized representative of the firm: |  |
| Contact No. & Email ID of authorized representative of the firm: |  |
| <b>Financial detail:</b>                                         |  |
| Banker's Name & Branch Address                                   |  |
| Current Account Number                                           |  |
| IFSC                                                             |  |
| Annual Turn Over (in Rs.)                                        |  |
| PAN Number                                                       |  |
| TIN Number                                                       |  |
| GST Number                                                       |  |

**Annexure – 2**  
**Technical Specifications**  
**Description/Minimum requirements for**  
**Group Term Life Policy**

**Policy Renewal Date: 02- July-2026**

Group Term Life Policy for **207 lives** (as of date)

FY: 2025-26: Claim ratio for Life Insurance: 0% (as of date)

Claim Incurred Claim Ratio - Nil

|                                                                                                                                               |                                                                                                                                                                     |
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| <b>Sum Insured</b>                                                                                                                            |                                                                                                                                                                     |
| EXISTING                                                                                                                                      |                                                                                                                                                                     |
| 6 Times of the CTC capped at 1 Crore whichever is less                                                                                        |                                                                                                                                                                     |
| PROPOSED OPTION                                                                                                                               |                                                                                                                                                                     |
| Annual CTC- 4 to 10 lacs -> 15 times of CTC or 1CR whichever is less<br>Annual CTC Above 10 lacs -> 10 times of CTC or 1 CR whichever is less |                                                                                                                                                                     |
| Number of beneficiaries<br>(Details of beneficiaries shall be provided upon shortlisting)                                                     | <b>207*</b><br><br>* The head count is as on date. The revised data shall be shared on signing of the agreement.                                                    |
| Geographical area coverage                                                                                                                    | 24/7 cover anywhere in the world.                                                                                                                                   |
| Mid-Term Inclusion                                                                                                                            | Required                                                                                                                                                            |
| Add-Del of Lives                                                                                                                              | Premium to be charged on Pro-Rata for addition/deletion endorsement.                                                                                                |
| Death Covered                                                                                                                                 | 100% of capital Sum Insured                                                                                                                                         |
| Terrorism                                                                                                                                     | Covered                                                                                                                                                             |
| Cover age Limit                                                                                                                               | Coverage up to age 80 years, subject to NRA (Normal Retirement Age) Extension letter provided and Fulfilment of Medical underwriting requirements should be raised. |

**Annexure – 3**  
**Technical Specifications**  
**Description/Minimum Requirements for**  
**Group Accidental Insurance**

**Policy Renewal Date: 2<sup>nd</sup> July 2026**

*Group Accidental Insurance for 356 lives (as of date)*

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| <b>Sum Insured</b>                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EXISTING                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2 Times of the CTC capped at 5 Crore                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PROPOSED OPTION                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Annual CTC- 4 to 10 lacs -> 15 times of CTC or 1CR whichever is less<br>Annual CTC Above 10 lacs -> 10 times of CTC or 1 CR whichever is less |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Number of beneficiaries (Details of beneficiaries shall be provided upon shortlisting)                                                        | <b>356*</b><br><br>* The head count is as on date. The revised data shall be shared on signing of the agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Geographical area coverage                                                                                                                    | Worldwide 24 Hours basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Terrorism                                                                                                                                     | Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Medical Benefits                                                                                                                              | INR. 50,000 /- On OPD & IPD Basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Inclusions                                                                                                                                    | EXISTING<br><br>Death due to Accident Covered - 100% of capital Sum Insured<br>Permanent Total Disablement Covered - 125% of capital Sum Insured<br>Permanent Partial Disablement Covered - 100% of the CSI – As per chart mentioned below.<br>Temporary Total Disability Covered up to 1% of the sum insured subject to maximum up to INR. 50,000/- per week or actual weekly salary whichever is lower for 104 weeks.<br>Broken Bones Covered up to 20% of AD sum insured, maximum up to Rs. 1,00,000/-<br>Repatriation of Mortal Remains Covered up to 2% of SI subject to maximum Rs. 10,000/-<br>Last Rites Covered up to 2% of AD subject to maximum Rs. 10,000/- |

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|                               | <p>Option 1 (Proposed)</p> <p>Death due to Accident Covered - 100% of capital Sum Insured</p> <p>Permanent Total Disablement Covered - 125% of capital Sum Insured</p> <p>Permanent Partial Disablement Covered - 100% of the CSI – As per chart mentioned below.</p> <p>Temporary Total Disability Covered up to 1% of the sum insured subject to maximum up to INR. 50,000/- per week or actual weekly salary whichever is lower for 104 weeks.</p> <p><i>Broken Bones Covered – Up to Sum Insured</i></p> <p>Repatriation of Mortal Remains Covered up to 2% of SI subject to maximum Rs. 10,000/-</p> <p>Last Rites Covered up to 2% of AD subject to maximum Rs. 10,000/-</p> |
| Permanent Disablement         | Maximum coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Temporary/Partial Disablement | <p>Both Hands or Both Feet - 100%</p> <p>Sight of Both Eyes - 100%</p> <p>One Hand and One Foot - 100%</p> <p>Either Hand or Foot and Sight of One Eye - 100%</p> <p>Speech and Hearing in Both Ears - 100%</p> <p>Either Hand or Foot - 50%</p> <p>Sight of One Eye - 50%</p> <p>Speech or Hearing in Both Ears - 50%</p> <p>Hearing in One Ear - 25%</p> <p>Thumb and Index Finger of Same Hand - 25%</p>                                                                                                                                                                                                                                                                        |
| Loss of Pay coverage duration | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Loss of Pay coverage Amount   | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Mid-Term Inclusion            | Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Add-Del of Lives              | Premium to be charged on Pro-Rata for addition/deletion endorsement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Annexure – 4**  
**Technical Specifications**  
**Description/Minimum Requirements for**  
**Group Medical Coverage**

**Policy Renewal Date: 2<sup>nd</sup> July 2026**

**Group Medical Coverage Policy for 410 lives out of which 197 are employees, in scope dependents are 151, parents/in-laws are 62**

Claim Incurred Claim Ratio – 55%

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| Pre - Post Hospitalization             | Pre-Hospitalization and post-hospitalization for 30 days & 60 days respectively are covered                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Existing                               | 7.5 Lakhs Family Floater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Proposed Option 1                      | 10 Lakhs Family Floater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Based on additional dependent coverage | Existing- Quotes to be provided separately for parents/in-laws in the given data format. Quotes to be provided separately for employees and other family members.<br><br>Proposed Option 1- Quotes to be provided separately for parents/in-laws for a separate floater with combination of parents & in-laws with sum insured of 5 lacs and 7.5 lacs<br><br>Proposed Option 2- Quotes to be provided separately for parents/in-laws for a separate floater without combination of parents & in-laws with sum insured of 5 lac and 7.5 lacs |
| Corporate Buffer                       | Existing – 20 Lacs with no per head capping<br>Proposed Option 1 – 10 Lacs with no per head capping<br>Proposed Option 2 - 15 Lacs with no per head capping                                                                                                                                                                                                                                                                                                                                                                                 |
| Restoration benefit                    | Existing- NA<br>Proposed Option 1- With maximum base sum insured without corporate buffer<br>Proposed Option 2- With 5 lacs restoration without corporate buffer                                                                                                                                                                                                                                                                                                                                                                            |
| Consumables and other coverages        | Existing – No limit, covered up the extent of sum insured. All types consumables including non-medical consumables & expenses and administrative expenses are covered.                                                                                                                                                                                                                                                                                                                                                                      |
| Geographical area                      | National                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Room Rent                              | Existing- Actuals or No Capping for both Normal & CCU/ICU<br><br>Proposed Option 1- capping with 8,000/- per day CCU/ICU- 10,000/-<br>Proposed Option 2- capping with 10,000/- per day CCU/ICU- 15,000/-                                                                                                                                                                                                                                                                                                                                    |

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| Family Definition                        | <p>Existing</p> <p>Total Members Covered per Family (Including Employee) E+S+2C+2P/In-Laws. This is applicable for all employees. Children up to 25 years are covered, <i>Specially-abled child should be covered with age no limit.</i></p> <p>Parents/In-Laws are optional; employees can opt for them depending on the premium. Can be opted at the time of joining or renewal. The coverage is up to 90 Years of age.</p> <p>Cross Combination of Parents and In-laws are not allowed</p> <p>Widower/Widow benefits - Continuation of the Dependent Cover in case of Death of an Employee.</p> <p>Proposed Option 1</p> <p>Floater 1- Total Members Covered per Family- E+S+2C. Children up to 25 years are covered, <i>Specially-abled child should be covered with age no limit.</i></p> <p>Floater 2- 2 Parents + 2 In-Laws.</p> <p>Parents/In-Laws are optional; employees can opt for them depending on the premium. Can be opted at the time of joining or renewal. The coverage is up to 95 Years of age.</p> <p>Widower/Widow benefits - Continuation of the Dependent Cover in case of Death of an Employee.</p> |
| Maternity Benefit for Normal & C-Section | <p>Existing</p> <p>Rs. 75,000 (case of Normal Delivery)<br/>Rs. 1,00,000 (case of C-Sec)</p> <p>New Born Baby Cover from Day 1 - Covered from Day 1 up to Family Floater Sum Insured &amp; well baby expenses covered up to Rs. 5000/- within the maternity limit prior to discharge from hospital<br/>Pre &amp; Post Natal Expenses Covered for All within maternity on IPD &amp; OPD basis.<br/>OPD: Rs. 2,500<br/>IPD: up to Maternity limit<br/>3<sup>rd</sup> &amp; 4<sup>th</sup> Child in case of Twins &amp; Triplets are covered</p> <p>Proposed Option 1</p> <p>Rs. 90,000 (case of Normal Delivery)<br/>Rs. 1,00,000 (case of C-Sec)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                                                                                    | <p>New Born Baby Cover from Day 1 - Covered from Day 1 up to Family Floater Sum Insured &amp; well baby expenses covered up to Rs. 10,000/- within the maternity limit prior to discharge from hospital<br/>Pre &amp; Post Natal Expenses Covered for All within maternity on IPD &amp; OPD basis.<br/>OPD: Rs. 3,500<br/>IPD: up to Maternity limit<br/>3<sup>rd</sup> &amp; 4<sup>th</sup> Child in case of Twins &amp; Triplets are covered</p> <p>Proposed Option 2<br/>Rs. 1,00,000 (case of Normal Delivery)<br/>Rs. 1,25,000 (case of C-Sec)</p> <p>New Born Baby Cover from Day 1 - Covered from Day 1 up to Family Floater Sum Insured &amp; well baby expenses covered up to Rs. 15,000/- within the maternity limit prior to discharge from hospital<br/>Pre &amp; Post Natal Expenses Covered for all within maternity on IPD &amp; OPD basis.<br/>OPD: Rs. 5,000<br/>IPD: up to Maternity limit<br/>3<sup>rd</sup> &amp; 4<sup>th</sup> Child in case of Twins &amp; Triplets are covered</p> |
| Congenital Internal Disease                                                        | Included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Infertility Treatment                                                              | Existing<br>Covered on IPD basis and restricted within maternity limit - Overall Policy limit for this treatment is limited to 5,00,000/- floater policy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Mid-Term Inclusion requirement                                                     | New member addition via marriage, child-birth/adoption; without any timeline restriction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ambulance Charges                                                                  | Existing - Rs. 5,000/- Per Event / Per Incident<br>Proposed - Rs. 10,000/- Per Event / Per Incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Add-Del of Lives                                                                   | Premium to be charged on Pro-Rata for addition/deletion endorsement<br>Coverage from day 1 of joining of employee without any restriction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pre-existing diseases                                                              | Coverage from Day 1 and no disease-wise sub limits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Value added service as applicable/Enhanced Employee Health & Wellness Requirements | <p>Existing-</p> <p><b>Wellness &amp; Preventive Health Initiatives:</b></p> <ul style="list-style-type: none"> <li>• Complimentary health camps (onsite and virtual)</li> <li>• Annual health check-ups</li> <li>• Wellness webinars and preventive care programs</li> <li>• E-consultation services across specialties</li> </ul> <p><b>Employee Assistance Program (EAP) &amp; Mental Health Support:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                                          | <ul style="list-style-type: none"> <li>• Inclusion of mental health consultations and therapy sessions under coverage</li> <li>• Access to EAP services, including counseling for stress, anxiety, and emotional well-being</li> <li>• Ensure mental health support is integrated and clearly tracked in claim summaries</li> </ul> <p><b>Claim Settlement Transparency:</b></p> <ul style="list-style-type: none"> <li>• Clearly defined TATs for claim processing (cashless and reimbursement)</li> <li>• Documented escalation matrix for unresolved or delayed claims</li> </ul> <p><b>Digital Access &amp; Experience:</b></p> <ul style="list-style-type: none"> <li>• Mobile app and web portal for policy access, claims submission, tracking, and e-consultations</li> <li>• 24/7 customer support through digital platforms</li> </ul> <p><b>Employee Orientation &amp; Communication:</b></p> <ul style="list-style-type: none"> <li>• Mandatory insurer-led orientation sessions on policy benefits, claim process, exclusions, and usage</li> <li>• Provision of easy-to-understand benefit booklets or guides for employees</li> </ul> <p>Proposed- Existing plus discounted medicine</p> |
| Medical Practice Coverage                | <p>Existing</p> <ul style="list-style-type: none"> <li>• Ayush - Hospitalization covered up to 25% of the Sum Insured Per Family</li> <li>• Any Govt / Pvt Hospital with an active line of treatment 24hrs hospitalization clause is Not Applicable.</li> <li>• Lasik surgery is covered if the refractive error of the eye is +/-7.5.</li> <li>• Organ Donor &amp; Donee Expenses are covered up to sum insured excluding the cost of organ</li> <li>• Special modern treatments covered up to 50% of Sum Insured, covered completely if within the unutilized ₹3.75 lakh Sum Insured</li> <li>• Cyber knife / Stem cell &amp; Cochlear Implant Treatment- 50% Co-Pay for cyber-knife treatment /Stem Cell Transplantation. Cochlear Implant treatment is restricted to 50% of the Sum Insured</li> </ul> <p>Proposed Option</p> <p>All existing above benefits with no co-pay and no restriction up to sum insured with a cashless coverage in all cases including exhaust limit condition from another personal policy.</p>                                                                                                                                                                          |
| Maternity Benefit for Normal & C-Section | <p>Existing</p> <p>Covered from Day 1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| COVID-19 Home Quarantine cover | Existing<br><br>Covered up to Rs.25,000/- per family                                                                                                                                                                                                                                             |
| Day care treatment             | Existing: Covered from Day 1<br><br>Please attach the list of day-care treatments while submitting quotes                                                                                                                                                                                        |
| Portability                    | Existing:<br><br>Employee should be able to port to policy at the time of leaving so that the same corporate benefits can be continued for self and in scope dependent members. The future premium shall be paid directly by the individual to the insurance provider towards the ported policy. |
| Claims submission timeline     | Existing: 30 days<br><br>Proposed 1- 90 days                                                                                                                                                                                                                                                     |



**Annexure – 5**  
**Technical Specifications**  
**Description/Minimum Requirements for**  
**OPD**

**Policy Renewal Date: 02- July-2026**

OPD Policy for 410 lives out of which 197 are employees, in scope dependents are 151, parents/in-laws are 62

Claim Incurred Claim Ratio – 48%

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| OPD | <p><b>Existing</b><br/>Rs. 20,000/- per family per year (Consultation + Tests+ Treatment+ Vaccination+ Dental -including treatment likes crowning, capping, scaling, RCT+ Pharmacy + Preventive health checkup + Eye Treatment – Eye sight checkup, cost of spectacles any other eye related treatment + any other treatment with sum insured</p> <p><b>Proposed Option 1</b><br/>Coverage: INR 20,000 per family per annum (OPD)</p> <p>The proposed OPD benefit of ₹20,000 per family per annum will cover all consultations and diagnostic tests, including those related to maternity, infertility, pre/post-natal and general health. It will also include treatment expenses and vaccinations of all types, even if undertaken without a doctor's prescription.</p> <p>Dental care coverage shall be comprehensive, including but not limited to crowning, capping, scaling, root canal treatment (RCT), cleaning, and whitening procedures.</p> <p>Dermatology treatments, including but not limited to acne and other skin-related conditions, shall be covered. Pharmacy expenses shall be fully reimbursable without the requirement of a doctor's prescription. Preventive health check-ups shall also be covered without prescription.</p> <p>Eye care coverage shall include eyesight testing, reimbursement of spectacles (including frames, lenses, fitting charges, and doctor's consultation charges), and all other eye-related treatments and associated expenses, up to the OPD sum insured, without the requirement of an optometrist's prescription.</p> <p>The policy shall provide comprehensive coverage for all treatments without any exclusions, within the overall OPD sum insured. No exclusion related to above-mentioned treatments.</p> <p><b>Proposed Option 2</b><br/>Coverage: INR 30,000 per family per annum (OPD)</p> <p>The proposed OPD benefit of ₹30,000 per family per annum will cover all consultations and diagnostic tests, including those related to maternity,</p> |
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|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>infertility, pre/post-natal and general health. It will also include treatment expenses and vaccinations of all types, even if undertaken without a doctor's prescription.</p> <p>Dental care coverage shall be comprehensive, including but not limited to crowning, capping, scaling, root canal treatment (RCT), cleaning, and whitening procedures.</p> <p>Dermatology treatments, including but not limited to acne and other skin-related conditions, shall be covered. Pharmacy expenses shall be fully reimbursable without the requirement of a doctor's prescription. Preventive health check-ups shall also be covered without prescription.</p> <p>Eye care coverage shall include eyesight testing, reimbursement of spectacles (including frames, lenses, fitting charges, and doctor's consultation charges), and all other eye-related treatments and associated expenses, up to the OPD sum insured, without the requirement of an optometrist's prescription.</p> <p>The policy shall provide comprehensive coverage for all treatments without any exclusions, within the overall OPD sum insured. No exclusion related to above-mentioned treatments.</p> <p><b>Proposed Option 3</b><br/>Coverage: INR 40,000 per family per annum (OPD)</p> <p>The proposed OPD benefit of ₹40,000 per family per annum will cover all consultations and diagnostic tests, including those related to maternity, infertility, pre/post-natal and general health. It will also include treatment expenses and vaccinations of all types, even if undertaken without a doctor's prescription.</p> <p>Dental care coverage shall be comprehensive, including but not limited to crowning, capping, scaling, root canal treatment (RCT), cleaning, and whitening procedures.</p> <p>Dermatology treatments, including but not limited to acne and other skin-related conditions, shall be covered. Pharmacy expenses shall be fully reimbursable without the requirement of a doctor's prescription. Preventive health check-ups shall also be covered without prescription.</p> <p>Eye care coverage shall include eyesight testing, reimbursement of spectacles (including frames, lenses, fitting charges, and doctor's consultation charges), and all other eye-related treatments and associated expenses, up to the OPD sum insured, without the requirement of an optometrist's prescription.</p> <p>The policy shall provide comprehensive coverage for all treatments without any exclusions, within the overall OPD sum insured. No exclusion related to above-mentioned treatments.</p> <p><b>Families as per GMC (197) *</b><br/>* The projected numbers as on April 30, 2026. Parents are included as per GMC</p> |
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**Annexure – 6**  
**Technical Specifications**  
**Description/Minimum Requirements for**  
**Top-Up Policy**

**Policy renewal date- Not applicable**

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|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Top-Up | <p>EXISTING - NA</p> <p>OPTION 1 – Top-Up option of 2,50,000 per family.</p> <p>OPTION 2 – Top-Up option of 5,00,000 per family.</p> <p><b>Families as per GMC (197) *</b></p> <p>* The projected numbers as on April 30, 2026. Parents are included as per GMC</p> |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Annexure – 7**

**Declaration and Financial Quotes- template**

This format must be submitted only on email as both in Excel sheet and a PDF format using the Insurance Company's Official letterhead/stationery and company seal with signature of authorized signatory attached only as indicated in page no. 1.

We, the undersigned, hereby fully accept the LEHS General Terms and Conditions, and hereby offer to supply the services listed below in conformity with the specification and requirements of LEHS as per **RFQ No: LEHS|WIAI/GI/2026-27/May/2026**.

Please refer the below links and the templates for reference:

1. [Annexure-7- Declaration and Financial Quotes- template](#)
2. [GMC Policy - 2025-26](#)
3. [GPA Policy - 2025-26](#)
4. [GTLI Policy - 2025-26](#)
5. [OPD Policy - 2025-26](#)
6. [Claim Analysis report 1](#)
7. [Claim Analysis Report 2](#)
8. [Claim MIS – OPD and IPD/GMC](#)
9. [OPD CD Statement](#)
10. [GPA CD Statement](#)

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11. [GMC CD Statement](#)
12. [GTLI CD Statement](#)
13. [GMC and OPD Dummy Data](#)
14. [GPA Dummy Data](#)
15. [GTLI Dummy Data](#)

**Note:**

We may choose the appropriate option at the time of final decision. We will need quotes for options including existing and proposed options.

