Date-11/09/2026

Corrigendum-02

With reference to the tender document (Tender ID: NITK/HCC/2026-27/GMIS/04) dated 24.08.2026, here are the following corrections

1) Whether an IRDAI-licensed Direct Insurance Broker is permitted to participate as the Service Provider/Bidder for the subject tender in association with an eligible Insurance Company; 2) If permitted, whether the insurer-specific eligibility criteria (including the Mangalore office requirement under Section D(3)) and supporting credentials may be fulfilled by the proposed Insurance Company, while the Insurance Broker submits its own IRDAI broking registration and other applicable credentials.	As per the tender terms, IRDAI-licensed Direct Insurance Broker are not permitted to participate
3) **Claim Experience** a. Claim summary for the last three policy years. b. Latest policy year claim dump in Excel format. c. Claim analysis report received from the TPA/Insurer. 4) Claim generated/incurred date for all claims	The proposed Group Medical Insurance Scheme is a **fresh policy for NITK**. Accordingly, there is no previous NITK Group Medical Insurance policy under this tender for which claim summaries, claim dumps, claim analysis reports, or claim incurred/generated dates can be furnished.
5) **Current Year Claim MIS** a. Claim MIS of the ongoing policy in Excel format. 6) **Expiring Policy Details** a. Number of lives covered at inception of the expiring policy. b. Premium paid at inception of the expiring policy. 7) **Current Renewal Details** a. Confirm the total number of lives proposed to be covered under the upcoming policy. 8) **Coverage and Terms** a. Kindly confirm whether there are any changes in terms, conditions, benefits, or coverage compared to the previous year's policy.	As this is a fresh policy, there are no current policy details
9) **PPN / GIPSA Rates** a. Kindly confirm whether GIPSA (General Insurance Public Sector Association) agreed package rates are applicable at the listed PPN network hospitals.	Yes, the GIPSA package rates are applicable upon hospital concurrence.

10) Kindly confirm whether the present tender is for a fresh Group Medical Insurance Scheme or a renewal/continuation of an existing insurance policy held by NITK. In case the proposal is a renewal, we request the Institute to kindly share copies of the insurance policy documents, claim dumps, and claim analysis reports for the last three policy years, to enable us to assess the risk accurately	This is a tender for a fresh Group Medical Insurance Scheme
11) As per the tender document, the premium is proposed to be paid on a half-yearly instalment basis. We would like to suggest that payment of the full annual premium in a single instalment would help avoid additional loading on the premium, and request the Institute's consideration in this regard.	As we are a Government Institute, complete advance payment is not possible as per existing rules and regulations
12) We request the Institute to share the actual employee/dependent data in an editable Excel format (age-band wise, family-wise) so that we may carry out a proper risk assessment and submit a competitive premium quote.	The requested information is attached in the below link- https://docs.google.com/spreadsheets/d/1VTeMTOzYMFnLECwhbvzEKcKbjRSW1omN/edit?usp=drive_link&ouid
13) Kindly confirm the number of employee couples (husband and wife) currently working in the Institute, as this has a bearing on family unit computation for premium purposes.	There are presently 5-6 such families.
14) We request the Institute to kindly provide flexibility to appoint an in-house employee or an authorised channel partner for rendering claim-related services.	TPA/In house channel partner, either of them are permitted.
15) We request the Institute to kindly share a draft copy of the proposed Service Level Agreement (SLA), so that the same may be reviewed by our legal team prior to submission of our bid.	The SLA will be executed after award of the contract as per the tender conditions
16) Our organisation has an in-house claim settlement mechanism and does not engage a Third-Party Administrator (TPA). Kindly clarify whether appointment of a TPA is mandatory for this tender, or whether in-house claim settlement will be acceptable to the Institute. We will charge less premium as we are having an in house claim processing facility.	TPA/In house channel partner, either of them are permitted.

17) Room Rent: The policy states room rent is capped at 2% of the sum insured (including top-up) for normal hospitalization, with no cap for ICU. If a person is admitted with a room rent of ₹15,000 per day and the total bill stays under ₹5 lakhs, the top-up policy is not triggered. In such a scenario, how would the extra ₹5,000 room rent charges be covered?	Room rent is capped at 2% of the base sum insured (excluding top-up) For the example given- the excess charge over and above the capped price shall be borne by the individual employee
18) Return of Original Documents: In cases where claims are submitted with original documents for reimbursement, patients may need these documents back after verification by the TPA or insurer. Please confirm if these original documents can be returned upon receiving an official email request from the concerned employee. This may lead to double payment for the same claim	A duplicate copy can be given to prevent double claim.
19) Where a dependent parent/parent-in-law of an employee is already covered under CGHS or any other State/Central Government welfare health scheme, kindly clarify whether such dependents are still required to be covered under the proposed policy	All dependents as defined in CS (MA) rules (as amended from time to time) shall be covered.
20) Kindly clarify whether there is any cap/limitation on the utilisation of the Corporate Buffer Sum Insured by an individual family. We recommend that a reasonable per-family limit be placed on the buffer amount to enable more accurate pricing and to prevent disproportionate utilisation by a few families	The cap on Corporate Buffer will be decided on a case to case basis, after deliberation by the internal committee of NITK as defined in the tender document
21) Kindly clarify whether the Top-Up cover is required to carry the same scope of coverage/benefits as the Base Policy.	"The Top-Up policy shall provide **identical coverage** as the Base policy (including all benefits and sub-limits) beyond the Base Sum Insured, subject to the needs of the beneficiary applying for the top up.
22) As per the tender, Room Rent is capped at 2% of the Sum Insured, inclusive of the Top-Up amount. For an employee opting for a Top-Up of Rs. 25,00,000/-, this would translate to a room rent eligibility of approximately Rs. 60,000/- per day, which would significantly load the premium. We request that the Room Rent coverage be restricted to 2% of the Base Sum Insured only, and not extended to the Top-Up amount.	Room rent is capped at **2% of the Base SI** (ICU no limit) irrespective of the top up amount.

23) Kindly clarify how the Institute proposes to manage the cash deposit/advance balance requirement typically raised by hospitals for new-born babies at the time of admission/delivery. Is there any procedure or arrangement already formulated by the Institute in this regard?	In the event that a hospital requires a cash deposit/advance at the time of admission/delivery pending cashless authorization, the Insurance Company/TPA shall facilitate the cashless approval and settlement directly with the hospital, subject to the terms of the policy.
24) Kindly clarify whether the cataract treatment limit of Rs. 50,000/- per eye is inclusive of pre- and post-hospitalisation expenses, or whether it applies to the surgical procedure only.	"Cataract (per eye) – covered up to **₹50,000 per eye** (all inclusive) **including** surgery, lens, pre- and post-hospitalization charges."
25) With respect to coverage of internal and external congenital diseases, we request the Institute to clarify and modify the clause to specify that external congenital diseases are covered only in life-threatening conditions, as per IRDAI guidelines, and not for cosmetic or aesthetic correction purposes	As per IRDAI guidelines
26) In vitro fertilisation (IVF) treatment is generally excluded under Group Mediclaim policies. We request the Institute to consider excluding IVF/infertility treatment from the scope of coverage, so as to keep the overall premium cost within reasonable limits.	Infertility treatments (IVF, ICSI, etc.) are excluded.
27) We request that coverage for modern/advanced treatments be restricted to the sub-limits prescribed under applicable IRDAI guidelines, rather than being covered in full, as full coverage without sub-limits would result in a significant increase in premium.	"Modern treatments are covered with **full sum insured (no sub-limits)** for each procedure."

S/d

Medical Officer,

Head, HCC