

**Annexure D**

**Commercial Bid**

**Name of the Insurance Company :**

(All Costs in INR only)

(All Premium amounts to be mentioned on Annual Basis only)

**Group Mediciclaim Policy Premium (Applicable for employees and their Dependants)**

**Summary of Annual Premium considering Proposed Additions mentioned in RFP on Page No. 14**

Summary of Base Premium	Particulars	Policy Premium quote	Applicable taxes	Total Premium Amount
	Base Policy			
	Amount in Words			
Summary of Base Premium	Particulars	Policy Premium quote	Applicable taxes	Total Premium Amount
	Base Policy - Premium per member			
	Amount in Words			

Topup Premium	Top up Policy - Top up Sum Assured Rate (Annual)	Basic Sum Assured 5 Lacs	Basic Sum Assured 7 Lacs	Basic Sum Assured 10 Lacs
	a) For Topup Sum Assured 2 Lacs			
	b) For Topup Sum Assured 5 Lacs			
	c) For Topup Sum Assured 10 Lacs			
	d) For Topup Sum Assured 15 Lacs			
	e) For Topup Sum Assured 20 Lacs			
	f) For Topup Sum Assured 25 Lacs			
	g) For Topup Sum Assured 30 Lacs			
	h) For Topup Sum Assured 35 Lacs			

Company Seal

Authorised Signatory