

CORRIGENDUM

REF NO. BGL/611/2024-25

Dated: 01.05.2024

To,

Sub:- Corrigendum No.1 to E-tender No. BGL/611/2024-25 dt.24.04.2024 for Group medical insurance coverage – Family floater policy for BGL Employees & Dependent at Hyderabad , Vijayawada & Kakinada Locations.

Dear Sir,

Please refer to our E-tender No. BGL/611/2024-25 dt.24.04.2024 for Group medical insurance coverage – Family floater policy for BGL Employees & Dependent at Hyderabad , Vijayawada & Kakinada Locations. While on the subject, the following clarification/amendment as **ANNEXURE** is issued may be noted for preparation of un price bids.

Please note that all the clarifications/corrigendum/amendment issued for the subject Tender Document shall form an integral part of Tender Document. Copies of all these communications and enclosures shall be submitted, duly signed, and stamped along with the bid.

All other terms and conditions in the tender document remain unaltered. You are requested to take note of the above and arrange to submit the tender accordingly before the due date of submission. Looking forward to your participation in the tender.

Yours faithfully,
For Bhagyanagar Gas Limited

Manager(C&P)

ANNEXURE

Sr. No.	Query	BGL Reply
1	Please confirm that bid security is compulsory or waived off? If compulsory, please share the bank details.	Bid security is compulsory, Bank details are mentioned clearly in the tender document Volume I of II-page no. 34 of 50 . Bid security is refundable.
2	Please reset our password of submission portal. Our username is shwetasingh.	Kindly discuss with E- Wizard portal person Name- Mr. Gagan (+ 91 - 8448288987)
3	Detailed claims MIS for the past 3 yrs (excel sheet) as well as summary	Attached Annexure - I
4	Improvement in coverage compared to expired policy	Earlier SI for E0- E2: 5 Lakhs and E3 & above - 8 Lakhs, now this has been revised to, E0- E2: 7 Lakhs and E3& above: 10 Lakhs per family. No age restrictions except children.
5	Kindly share the expiring policy copy / If you had an existing policy, please let us have the details of the same.	Attached Annexure- II
6	Whether the premium is paid by Company or employees:	by company
7	Kindly share the Inception and end lives for the past 3 years	Attached Annexure-I
8	Detailed demography in excel format is required where employee and there dependent details are mentioned	Attached Annexure- III
9	Is the policy being taken for the first time or you had a existing policy.	Renewal of existing Policy
10	Request you to please confirm the data is complete that has been provided in the document.	Employee list attached (which may defer since the data was prepared during approval process, any addition / deletion will be done after finalisation of contract).

Claims MIS Summary as on 22-04-2024
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Group Name	Bhagyanagar Gas Ltd		
GHI Policy No	2816/70180998/00/000		
No of Self	51	No of Lives	177
Policy from	08/05/2023	Net Premium	13,20,881
Policy up to	07/05/2024	Gross Premium	15,58,640

Claim Type	Claims Reported		Claims Paid		Claims Closed/Repudiated	Claims Outstanding	
	No	Amount	No	Amount	No	No	Amount
Cashless	20	29,83,048	14	15,81,741	1	5	5,33,858
Reimbursement	11	2,12,345	6	1,36,482	5	-	-
Total	31	31,95,393	20	17,18,223	6	5	5,33,858

Claims Outstanding Break up

Status	No of Claim	Amount
Under Process	2	400495
Cashless Claim Approved	1	62000
PreAuth Approved	2	71363
Grand Total	5	533858



Insurer: **The Oriental Insurance Co. Ltd.**
 Policy Holder: **Bhagyanagar gas limited**
 Policy No: 431500/48/2023/206
 Policy period: 14-Apr-2022 To 13-Apr-2023

Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana
 Yalla On Tue Apr 04 16:17:57 IST 2023

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	7	210,313.00	100.0 %	100.0 %
Cashless Processed	0	0.00	0.0 %	0.0 %
Reimbursement Settled	0	0.00	0.0 %	0.0 %
Reimbursement Processed	0	0.00	0.0 %	0.0 %
Denials	0	0.00	0.0 %	0.0 %
Denials due to Shortfall	0	0.00	0.0 %	0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	0	0.00	0.0 %	0.0 %
Total	7	210,313.00		
Cashless in Process*	0	0.00		
Reimbursement in Process*	1	1.00		
Grand Total (Rs.)	8	210,314.00		
First Time Premium (Rs.)^				1,700,000.00
Endo Premium (Rs.)^				0.00
Deletion Premium (Rs.)^				12,089.00
Total Premium (Rs.)^				1,687,911.00
Claims Ratio (%)				12.46 %
Claims Ratio (%) - On Earned Premium#				12.78 %
Value of Denied claims (Rs.):				0.00
Value of Denied(Document Shortfall) claims (Rs.):				0.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	137
No. of Claims	8
No. of Claims made per 100 Lives Insured	5.84 %
No. of lives Inception	136
Addition	1
Deletion	0
CurrentLives	137



Insurer: **The Oriental Insurance Co. Ltd.**
Policy Holder: **Bhagyanagar gas limited**
Policy No: 431500/48/2023/206
Policy period: 14-Apr-2022 To 13-Apr-2023

Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana
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Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
CATARACT	4.0	135,000.00	57.14 %	64.19 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	2.0	60,180.00	28.57 %	28.61 %
DISORDERS OF THE GASTROINTESTINAL SYSTEM	1.0	15,133.00	14.29 %	7.2 %
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %
Total	7.0	210,313.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	1	20,545.00	14.0 %	9.0 %
6-35	1	15,133.00	14.0 %	7.0 %
51-55	1	39,635.00	14.0 %	18.0 %
56-60	2	68,000.00	28.0 %	32.0 %
61-65	1	30,000.00	14.0 %	14.0 %
Above 70	1	37,000.00	14.0 %	17.0 %
Total	7	210,313.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	1.0	39,635.00	14.29 %	18.85 %
Child	2.0	35,678.00	28.57 %	16.96 %
Parent	4.0	135,000.00	57.14 %	64.19 %
Total	7.0	210,313.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,001/- to Rs. 25,000/-	2	35,678.00	28.0 %	16.0 %
Rs. 25,001/- to Rs. 50,000/-	5	174,635.00	71.0 %	83.0 %
Total	7	210,313.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee



Insurer: **The Oriental Insurance Co. Ltd.**
Policy Holder: **Bhagyanagar gas limited**
Policy No: 431500/48/2023/206
Policy period: 14-Apr-2022 To 13-Apr-2023

Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana
Yalla On Tue Apr 04 16:17:57 IST 2023

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	1	39,635.00	100.0 %	100.0 %
Total	1	39,635.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	4.0	102,678.00	80.0 %	60.16 %
2	1.0	68,000.00	20.0 %	39.84 %
Total	5.0	170,678.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Asg Hospital Pvt Ltd	2.0	68,000.00	28.57 %	32.33 %
Russh Super Speciality Hospital	1.0	39,635.00	14.29 %	18.85 %
Chaitanya Eye Hospital	1.0	37,000.00	14.29 %	17.59 %
Hyderabad Eye Hospital	1.0	30,000.00	14.29 %	14.26 %
Neo Bbc New Born Childrens Hospital	1.0	20,545.00	14.29 %	9.77 %
Rainbow Childrens Hospital	1.0	15,133.00	14.29 %	7.2 %
Total	7.0	210,313.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium [^]	Deletion Premium [^]
431500/48/2023/206-002	01-Jul-2022	06-Jun-2022	Soft copy received as per Tkt No:6564962507 Deletions	0	12,089.00
431500/48/2023/206-003	01-Jul-2022	06-Jun-2022	soft copy received as per Tkt No:6564962507 Additions	0.00	0
Grand Total				0.00	12,089.00

[^] Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	5	798,505.00	29.41 %	65.15 %
Cashless Processed	2	225,275.00	11.76 %	18.38 %
Reimbursement Settled	7	197,214.00	41.18 %	16.09 %
Reimbursement Processed	1	4,716.00	5.88 %	0.38 %
Denials	2	0.00	11.76 %	0.0 %
Denials due to Shortfall	0	0.00	0.0 %	0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	0	0.00	0.0 %	0.0 %
Total	17	1,225,710.00		
Cashless in Process*	0	0.00		
Reimbursement in Process*	1	21,309.00		
Grand Total (Rs.)	18	1,247,019.00		
First Time Premium (Rs.)^				1,489,997.00
Endo Premium (Rs.)^				136,394.00
Deletion Premium (Rs.)^				17,262.00
Total Premium (Rs.)^				1,609,129.00
Claims Ratio (%)				77.5 %
Claims Ratio (%) - On Earned Premium#				90.08 %
Value of Denied claims (Rs.):				53,433.00
Value of Denied(Document Shortfall) claims (Rs.):				0.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	186
No. of Claims	16
No. of Claims made per 100 Lives Insured	8.6 %
No. of lives Inception	155
Addition	31
Deletion	13
CurrentLives	173

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
CARDIAC DISORDERS	3.0	700,147.00	20.0 %	57.12 %
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	1.0	193,275.00	6.67 %	15.77 %
CAESAREAN SECTION	3.0	165,244.00	20.0 %	13.48 %
NEONATAL DISORDERS	4.0	80,388.00	26.67 %	6.56 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	3.0	54,656.00	20.0 %	4.46 %
CATARACT	1.0	32,000.00	6.67 %	2.61 %
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %
Total	15.0	1,225,710.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	4	80,388.00	26.0 %	6.0 %
6-35	5	194,418.00	33.0 %	15.0 %
51-55	1	25,482.00	6.0 %	2.0 %
61-65	2	371,226.00	13.0 %	30.0 %
66-70	3	554,196.00	20.0 %	45.0 %
Total	15	1,225,710.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Spouse	5.0	194,418.00	33.33 %	15.86 %
Child	4.0	80,388.00	26.67 %	6.56 %
Parent	6.0	950,904.00	40.0 %	77.58 %
Total	15.0	1,225,710.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	2	13,190.00	13.0 %	1.0 %
Rs. 10,001/- to Rs. 25,000/-	4	70,691.00	26.0 %	5.0 %
Rs. 25,001/- to Rs. 50,000/-	3	96,459.00	20.0 %	7.0 %
Rs. 50,001/- to Rs. 1,00,000/-	2	151,948.00	13.0 %	12.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	2	364,037.00	13.0 %	29.0 %
Rs. 2,00,001/- to Rs. 2,50,000/-	1	200,464.00	6.0 %	16.0 %
Rs. 3,00,001/- to Rs. 5,00,000/-	1	328,921.00	6.0 %	26.0 %

Total	15	1,225,710.00		
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Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
Total	0	0.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	5.0	653,578.00	62.5 %	53.32 %
2	1.0	371,226.00	12.5 %	30.29 %
4	2.0	200,906.00	25.0 %	16.39 %
Total	8.0	1,225,710.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Apollo Hospitals	2.0	499,683.00	13.33 %	40.77 %
Apollo Hospital	1.0	200,464.00	6.67 %	16.35 %
Manipal Super Speciality Hospital	1.0	193,275.00	6.67 %	15.77 %
Sri Sri Holistic Hospital	4.0	120,518.00	26.67 %	9.83 %
Rainbow Children's Medicare Pvt. Ltd.	4.0	80,388.00	26.67 %	6.56 %
Rainbow Childrens Medicare Pvt Ltd kukatpally	1.0	73,900.00	6.67 %	6.03 %
Chaitanya Eye Hospital	1.0	32,000.00	6.67 %	2.61 %
Pujitha Hospital	1.0	25,482.00	6.67 %	2.08 %
Total	15.0	1,225,710.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
431200/48/2020/658-001	13-Jul-2020	01-Jul-2020	Soft copy dtd-10-07-2020-Praveen	25,031.00	0
431200/48/2020/658-002	14-Aug-2020	01-Jul-2020	Soft copy dtd-14-08-2020-Praveen	6,172.00	0
431200/48/2020/658-003	15-Oct-2020	01-Jul-2020	Soft copy dtd-13-10-2020-Praveen	105,191.00	0
431200/48/2020/658-004	27-Nov-2020	01-Oct-2020	Additions & deletions	0.00	0
431200/48/2020/658-004	27-Nov-2020	01-Oct-2020	Soft copy from Mr Praveen-additions& deletions	0	17,262.00
Grand Total				136,394.00	17,262.00

^ Premium details as received from insurer & updated in our data as on date

Policy No. 2816/70180998/00/000

BHAGYANAGAR GAS LTD

2ND FLOOR, TSIDC BUILDING, PARISHRAM BHAWAN
BASHEER BAGH, HYDERABAD,
HYDERABAD,
TELANGANA- 500004,

bonnyk.joseph@bglgas.com

Dear Sir/Madam,

Thank you for choosing us as your insurance partner for GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE. We're extremely delighted to have you on-board and we are going to be with you every step of the way.

To make your insurance experience seamless, we have introduced below tech-based solutions.

USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.

- **Insurance Wallet – Manage insurance policies on the go with buy and renew Option**
- **Claim Management – Intimate claim online and track claim status**
- **Complete Auto Care Solutions – Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle.**
- **24X7 Road Side Assistance* – In case you are in distress due to flat tyre, drained battery, minor repairing or towing of vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/ ambulance**
- **Location based Service – Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more**

** Subject to Terms and conditions of Universal Sampo Policy covering the vehicle with RSA cover*

AI-Powered Virtual Agent

- Helps you to intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 15 days of policy received.

We are pleased to share a list of those hospitals in your city which have been trusted and rated highly by our customers basis their experience. You may like to consider to utilize their services in the unfortunate event requiring hospitalization.

S.No.	HOSPITALNAME	HOSPITALADDRESS
1	Lotus Children's hospital	6-2-29, Lakdi ka pul, Indian Oil Petrol Pump
2	Vijay Marie Hospital	Siafabad Hyderabad -
3	SISA Hospital (Sai Institute Of Sports Injury & Arthrosoopy)	6-3-252/B/8, Errmanzil Colony

You can also visit below link to check the hospital list or scan the QR code.

LINK <https://universalsompo.com/cashless-hospitals/Hospital>

Thanks again for choosing Universal Sampo, look forward to a long and healthy relationship.



Scan to check Hospital List



Scan to download USGI Pulz App

Regd. No. 134

GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE

INTERMEDIARY DETAILS			
Intermediary Name	DIRECT GOVERNMENT SOLUTIONS	Phone Number	9999999999
Intermediary Code	201481178395	Email	NA

POLICY ISSUANCE DETAILS			
Policy Number	2816/70180998/00/000	Policy Type	New Business
Branch Name	NA	Invoice Number	923PR0000499379
Manual Covernote Number	NA		

Policy/Invoice Issued Date	18/05/2023	Total Sum Insured	28,600,000
Name of the Proposer	BHAGYANAGAR GAS LTD	Total Premium	1,188,636.00
Proposer Id	100071935612		
Proposer Address/Place of Supply	2ND FLOOR,TSIDC BUILDING, PARISHRAM BHAWAN, BASHEER BAGH, HYDERABAD, HYDERABAD, TELANGANA(36), PIN - 500004 Tel- 23236983 ,Email - bonnyk.joseph@bglgas.com GSTIN - 36AACCB2130P1ZQ 1st Floor Plot NO.C 56 A/13 , Sector-62,Noida 201309 PIN - 201309 , UTTAR PRADESH(9) , GSTIN - 09AAACU8917F1Z4	IGST(18%)	213954
Period of Insurance	From : 00:00 of 08/05/2023 To : 23:59 of 07/05/2024		
Type Of Cover	Basic Cover	Total Amount Payable	1,402,590.00
Optional Extension Opted	Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions,Maternity	Total Amount Payable (in words)	Rupees Fourteen Lakh Two Thousand Five Hundred Ninety Only
Basic of Sum Insured	Floater	Details of the Insured Persons(s)	As per annexure attached
		Total No. of Insured Person(s)	No of Primary Insured(s) : 47 No of Dependents : 102
Policy Issuance Office	NOIDA BRANCH 1st Floor Plot NO.C 56 A/13 , Sector-62,Noida 201309 PIN - 201309 , UTTAR PRADESH(9) , GSTIN - 09AAACU8917F1Z4		

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special condition(s): NA

Clauses/Endorsements attached to the policy

- Family Definition : Employees, Spouse, 2 Dependent Parents and children up to 25 years of age OR till he or she started earning whichever is earlier.
- Age Limit : Age limit for Employees and Spouse - 18years to 70 years, for Children - upto 25years and for Parents upto 80 years.
- Floater/Individual : This policy is on Family floater basis
- Sum Insured Criteria : Sum Insured is Rs-5,00,000 and Rs-8,00,000/-
- 30 days waiting Period : Waived off and Exclusion No. 2 of section 'What we exclude' in Group Health Insurance Policy Wording stands deleted.
- 1st Year exclusions : Waived off and Exclusion No. 3 of section 'What we exclude' in Group Health Insurance Policy Wording stands deleted.
- 1st, 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section 'What We Exclude' in Group Health Insurance Policy Wording stands deleted.
- Domiciliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurance Policy wording stands deleted
- Maternity Treatment Charges Benefit Extension without waiting period : Covered up to Maternity benefit for normal & C section to be covered on actual or Maximum Rs-5,00,000/- within the Sum Insured (SI) value, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 10 A of the Section 'What We Exclude' in Group Health Insurance Policy Wording stands deleted.
- Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
- New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth
- Room Rent Capping : I) Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 2% of the Basic Sum Insured per day and for Intensive Care Unit 3% of the Basic Sum Insured per day.
- II) In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
- Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
- Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered
- Ailment Capping : Coverages related to Psychiatric type disease(s): The Policy should cover the medical expenses for In-patient treatment in a recognized psychiatric unit of a hospital including consultation, diagnostics, counselling and / or therapy and medication. The in-patient treatment under this benefit must at all times be administered under the direct control of the registered psychiatrist
- Emergency Ambulance Charges : Local Ambulance charges for admission, transfer to another hospital and /or discharge
- Terrorism Exclusion Waiver : Yes, but excluding nuclear, chemical and biological terrorism subject to minimum 24hrs of hospitalisation
- Day care treatments : Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
- Non-allopathic Treatments : The following type of non-allopathic treatments provided the treatment is undergone in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
- a) Type of non-allopathic treatment - Ayurvedic & Homeopathic Treatment
- b) Each person /Family is covered up to Rs. 25000/-under this benefit.
- Family means the member/employee and their Eligible family members covered in this policy.

- 24 Cashless Facility : Available - in house TPA
- 25 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
- 26 Process for Mid-term Inclusion / Deletion
- 27 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
- 28 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
- 29 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
- 30 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
- 31 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
- 32 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
- 33 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
- 34 * Inclusion of an employee does not warrant automatic inclusion of the employee's dependants, unless agreed in the policy.
- 35 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

- 1 Premium payable under this policy shall be payable in advance.
- 2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd
- 3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No	2051526277	Dated	18/05/2023
Examined By:		Underwriter:	

For Universal Sompo General Insurance Co.Ltd.


Authorized Signatory

Consolidated stamp duty Rs.1 paid towards Insurance policy stamp vide receipt no. dated of General Stamp Office Mumbai.

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

IN WITNESS WHEREOF this Policy has been signed at Mumbai in lieu of e-covernote No. NA

GSTIN No : 09AAACU8917F1Z4
USGI IRDA Registration No. 134
SAC Code : 997133

IRDAI UIN NO:- UNIHLP21355V022021

SP Name-SP Code:-

Resolving Issues - Please read your Policy & Policy Schedule:

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

* Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions.

TPA Condition :The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

N.B. The benefits provided under the policy and/or terms and conditions of the policy including premium rates may be subject to change on renewal, with prior approval from IRDAI.

In Case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the policy.

Address: Universal Sompo General Insurance Co.Ltd. Airoli Office-Unit No.601 & 602,A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free Numbers:1800 22 4030 / 1800 200 4030

Grievance Redressal Officer Number:022-41690824

Website: www.universalsompo.com

E-mail Address: contactus@universalsompo.com.

Note: Please include your policy number for any communication with us

Universal Sompo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2017. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further information you could refer <https://www.cioins.co.in/ombudsman>.

BHAGYANAGAR GAS LIMITED							
Group Medical Policy- 2024-25							
S.No	Code/ID	Name	Location	Relation	Gender	Date of Birth	Sum insured for Family Floater policy
1	BGL/01/08	P.Krishna	KKD	SELF	Male	01.07.1974	10,00,000
		S. Krishna Veni		SPOUSE	Female	14.05.1975	
		P. Parnika		DAUGHTER	Female	26.05.2007	
		P. Varish		SON	Male	31.03.2009	
		P N Ratnam		Mother	Female	01.07.1949	
		P Appa Rao		Father	Male	10.08.1954	
2	BGL/28/11	T V K H Subrahmanyam	HYD	SELF	Male	11.12.1968	10,00,000
		T. Srilakshmi		SPOUSE	Female	10.07.1969	
		T. Sruthi		DAUGHTER	Female	06.10.1996	
		T. Sudensha		SON	Male	09.06.2001	
3	BGL/42/12	T Bhaskar Yadav	HYD	SELF	Male	18.08.1983	7,00,000
		T. Rajani		SPOUSE	Female	28.09.1988	
		T. Aaradhya		DAUGHTER	Female	11.09.2012	
		T.Dhruvin Yadav		SON	Male	13.02.2019	
		T.Laxmamma		Mother	Female	01.01.1951	
4	BGL/43/12	S Suman	HYD	SELF	Male	12.04.1978	7,00,000
		S. Prashanthi		SPOUSE	Female	30.08.1984	
		S. Hara Govind		SON	Male	29.11.2006	
		S. Nitya Srividhya		DAUGHTER	Female	31.10.2008	
		S.Balasurahmanyam		Father	Male	13.09.1952	
		S.Saraswathi		Mother	Female	12.07.1956	
5	BGL/47/12	D Gurunath Babu	VJA	Self	Male	18.11.1979	10,00,000
		D. Bhagya Lakshmi		Spouse	Female	17.09.1984	
		D. Mohit Babu		Son	Male	14.12.2014	
		D.Jaswitha		DAUGHTER	Female	14.04.2018	
6	BGL/60/14	G. Malleswari	HYD	Self	Male	10.03.1976	10,00,000
		Y. Sai Karunakar		Husband	Female	01.06.1971	
		Y.S.V. Abhijna		Daughter	Female	08.08.2010	
		Y.S. Adithi		Daughter	Female	28.06.2014	
		Gude Sitalakshmi		Mother	Female	16.03.1957	
7	BGL/64/15	B. Venkatesh	KKD	SELF	Male	01.04.1988	10,00,000
		P.Anusha		Spouse	Female	31.08.1990	
		Boni Chirasvi sanvi		Daughter	Female	09.03.2019	
		Boni Laxmi		Mother	Female	01.04.1965	
8	BGL/72/17	B Bhanu Chander	HYD	SELF	Male	24.04.1986	7,00,000
		B Kalyani		Spouse	Female	15.08.1989	
		Anuradha Kumari		Mother	Female	12.08.1964	
		Soma Sundaram		Father	Male	04.06.1956	
9	BGL/75/17	Mohammad Sibgatullah	HYD	SELF	Male	02.11.1990	10,00,000
		Reshma Parween		Spouse	Female	17.12.1995	
		Abdul Majeed		Father	Male	01.03.1951	
		Zeenat Ara		Mother	Female	25.11.1962	
		Reyan Ahmad		SON	Male	19.06.2021	
10	BGL/79/18	Satish Chandra Mishra	HYD	SELF	Male	20.07.1992	7,00,000
		Suresh chandra Mishra		Father	Male	20.11.1964	
		Rajesvari mishra		Mother	Female	01.01.1971	
		Ekta Satish Mishra		Spouse	Female	15.07.1992	
11	BGL/82/18	Shaik Akram Javed	HYD	SELF	Male	21.04.1997	7,00,000
		Shaik Ruksanabegum		Mother	Female	24.05.1975	

12	BGL/86/18	Syed Mohd Kumail	HYD	SELF	Male	21.03.1991	10,00,000
		Syed Ejaz Askari		Father	Male	05.11.1956	
		Umme Kulsoom		Mother	Female	01.07.1964	
		Alina Fatima		Wife	Female	05.02.1999	
		Female Baby (new born baby)		Doughter	Female	24.09.2023	
14	BGL/89/19	Alok Nath	HYD	SELF	Male	28.12.1988	7,00,000
		Ram Gyan Mishra		Father	Male	03.01.1961	
		Asha Mishra		Mother	Female	15.11.1968	
15	BGL/91/19	Suraj Yedla	HYD	SELF	Male	27.08.1990	10,00,000
		Ekkudu Sushmitha Devi		Spouse	Female	01.06.1994	
		Yedla Eeshika		Doughter	Female	26.11.2023	
16	BGL/94/19	R S CH P PAVAN B	VJA	Self	Male	23.07.1988	10,00,000
		U S V N Saisree		Spouse	Female	26.06.1990	
		B Naga Sathwik		Son	Male	13.06.2017	
		B K Viswanadha Sastry		Father	Male	01.01.1958	
		B Sita RamaLakshmi		Mother	Female	01.01.1962	
17	BGL/107/19	Rahul Chafekar	HYD	SELF	Male	07.06.1993	7,00,000
		Ramesh Chafekar		Father	Male	01.01.1961	
		Anuradha Chafekar		Mother	Female	10.10.1971	
18	BGL/108/19	Bandaru Johnson	HYD	SELF	Male	08.10.1995	7,00,000
		B.Satya kumar Chand		Father	Male	15.04.1964	
		B.Jai geeta Mani		Mother	Female	26.08.1969	
19	BGL/98/19	DHARMATEJA INEEDU	Hyd	SELF	Male	03.08.1998	7,00,000
20	BGL/102/19	Duggirala Manoj	VJA	SELF	Male	06.06.1998	7,00,000
		Janisha		Father	Male	06.05.1972	
		Ratnamma		Mother	Female	27.03.1976	
21	BGL/111/20	Mani Shanker	HYD	Self	Male	05.02.1989	7,00,000
		Arpna Priya		Spouse	Female	02.05.1990	
		Takshavi M		Doughter	Female	10.11.2017	
		Shiva Kumari Devi		Mother	Female	15. 07. 1948	
		Rajendra Prasad Karn		Father	Male	03. 04.1953	
22	BGL/112/20	Subhashis Bhattacharjee	HYD	SELF	Male	02.11.1974	10,00,000
		Samata Bhattacharjee		Spouse	Female	20.04.1979	
		Malhaar Bhattacharjee		Son	Male	11.02.2015	
23	BGL/113/20	Dheeravath Mohan Rao	HYD	Self	Male	05.06.1984	10,00,000
		Keloth Manasa		Spouse	Female	03.08.1995	
		Dheeravath Anil Duminy		Son	Male	20.06.2015	
		Dheeravath Amarendra Duminy		Son	Male	24.08.2015	
		Dheeravath Bali		Mother	Female	1963	
		Dheeravath Somla		Father	Male	1959	
24	BGL/115/20	G. Venkatesh	HYD	Self	Male	13.07.1990	10,00,000
		M Devi Priyanka		Spouse	Female	21.11.1994	
		Sudheeksha Govada		Doughter	Female	13.09.2019	
		Kasi Visalakshi Govada		Mother	Female	25. 07. 1970	
25	BGL/117/22	Ankita Sharma	HYD	Self	Female	02.03.1998	7,00,000
		Anil Sharma		Father	Male	03.03.1964	
		Nirmal Sharma		Mother	Female	25.02.1966	
26	BGL/118/22	Ayush Gandhi	HYD	Self	Male	04.01.2001	7,00,000
27	BGL/122/22	Shruti Aaryan	HYD	Self	Female	07.04.1998	7,00,000
		Punam Kumari Singh		Mother	Female	15.12.1968	
		Ashok Kumar Chandravanshi		Father	Male	05.04.1969	

28	BGL/123/22	Kamal Patel	HYD	Self	Male	28.07.2000	7,00,000
29	BGL/125/22	Parth Solanki	HYD	Self	Male	15.01.2001	7,00,000
30	BGL/126/22	Rishab Verma	HYD	Self	Male	04.02.2000	7,00,000
		Kamlesh Kumar Verma		Father	Male	07.07.1972	
		Anjali Devi		Mother	Female	03.03.1975	
31	BGL/127/22	GOKEDA VISHNU PRASAD	VJA	Self	Male	14.11.2000	7,00,000
32	BGL/134/22	Ratnala Sai Prasad Chowdari	HYD	Self	Male	28.03.1972	10,00,000
		Ratnala Sudharani		wife	Female	20.02.19981	
		Ratnala Sai Vineeth Chowdari		son	Male	15.07.2000	
		Ratnala Parvathamma		Mother	Female	21.11.1948	
33	BGL/135/22	Samarth Kohli	HYD	Self	Male	20.10.1991	10,00,000
		Rajiv Kohli		Father	Male	30.11.1953	
		Vani Kohli		Mother	Female	15.12.1959	
		Anchal Shrivastava		Wife	Female	14.10.1993	
34	BGL/136/22	Mudumby Vishnu Vardhan	HYD	Self	Male	17.10.1992	7,00,000
		Vakula Devi Mudumby		Mother	Female	23.07.1966	
		Naga Kavya Vangipuram		wife	Female	14.05.1994	
		Sahasra Chandrika		Daughter	Female	24.06.2023	
35	BGL/138/23	Nitin Govind Tungar	HYD	Self	Male	19.08.1987	10,00,000
		Pooja Nitin Tungar		Wife	Female	21.02.1993	
		Aryan Nithin Tungar		Son	Male	19.12.2020	
		Govind Mahadu Tungar		Father	Male	01.06.1959	
		Usha Govind Tungar		Mother	Female	12.05.1967	
36	BGL/140/23	Kondru Vijay Babu	VJA	Self	Male	16.02.2000	7,00,000
37	BGL/142/23	Prashant Jagannath Waingankar	HYD	Self	Male	01.06.1982	7,00,000
		Shraddha Jagannath Waingankar		Mother	Female	01.06.1956	
		Shravani Prashant Waingankar		Wife	Female	06.01.1982	
		Vaidehi Prashant Waingankar		Daughter	Female	02.10.2023	
38	BGL/144/23	Sangram Kishore Pati	HYD	Self	Male	27.08.1985	10,00,000
		Shilpika Das		Wife	Female	10.07.1987	
		Saanvi Pati		Daughter	Female	25.07.2018	
		Syam Sundara Pati		Father	Male	15.01.1940	
39	BGL/143/23	Manukonda Samuel Sampath Kumar	KKD	Self	Male	03.01.1993	7,00,000
40	BGL/145/23	Ganji Sekhara Babu	HYD	Self	Male	14.06.1991	7,00,000
		Ganji Nagewswararao		Father	Male	01.01.1958	
		G Kumari		Mother	Female	01.01.1964	
		G Kanchanna		Wife	Female	10.06.1997	
		G Manogna		Daughter	Female	26.09.2022	
41	BGL/146/23	Pritam Majumder	HYD	Self	Male	25/09/1995	7,00,000
		Prasun Kumar Majumder		Father	Male	10.01.1958	
		Subhra Majumder		Mother	Female	10.12.1966	
42	BGL/147/23	FRANSHICH GOGOI	HYD	Self	Male	12.08.2000	7,00,000
43	BGL/148/23	Md. Safiuddin	HYD	Self	Male	07.03.1996	7,00,000
		Nazneen sultana		Mother	Female	24.06.1976	
		Md. Naseruddin		Father	Male	22.07.1962	
44	BGL/149/23	Anish Pandey	HYD	Self	Male	05.06.1994	7,00,000
		Balmik Pandey		Father	Male	01.12.1952	
45	BGL/150/23	Janjanam Sravanth	VJA	Self	Male	21.12.1997	7,00,000

46	BGL/151/23	Keta Naga Manikanta	HYD	Self	Male	24.07.1995	7,00,000
		K mangatayaru		Mother	Female	01.01.1979	
		K S V Parameswara Rao		Father	Male	01.01.1973	
47	BGL/152/23	Challa Ravi Tej	KKD	Self	Male	05.10.1986	10,00,000
		Abhizna		Spouse	Female	13.06.1991	
		Challa Abhiram Tej		Son	Male	28.12.2016	
48	BGL/153/23	Sandeep Kumar	HYD	Self	Male	21.07.1995	7,00,000
		Shiwani		Spouse	Female	17.01.1996	
		Raghu Kumar		Father	Male	26.04.1967	
		Mani Devi		Mother	Female	07.06.1972	
49	BGL/154/23	Ravindra Kumar Yadav	HYD	Self	Male	04.03.1991	10,00,000
		ANURADHA YADAV		Spouse	Female	15.06.1992	
		RAM KRISHNA YADAV		Father	Male	31.01.1960	
		GYAN PATI YADAV		Mother	Female	01.03.1976	
50	BGL/155/23	Shrinivas Panchari	HYD	Self	Male	08.03.1985	10,00,000
		Sunitha Panchari		Spouse	Female	22.08.1987	
		Rashmika Panchari		Daughter	Female	12.11.2012	
		Kashamma Pachari		Mother	Female	27.08.1957	
51	BGL/156/23	Bendalam Rajesh	HYD	Self	Male	03.07.1986	10,00,000
		Pudi Maneesha		Spouse	Female	24.01.1995	
		Bendalam Mourvanshitha		Daughter	Female	23.04.2021	
		Bendalam Chinna Babu		Father	Male	01.01.1956	
		Bendalam Padma		Mother	Female	01.01.1967	
52	BGL/157/23	Pradeep Kumar Yadav	HYD	Self	Male	20.10.1988	10,00,000
		Punam Yadav		Wife	Female	05.11.1988	
		Rajendra Prasad Singh Yadav		Father	Male	29.07.1957	
		BASANTI DEVI		Mother	Female	01.01.1960	
		Kartik Kumar Yadav		Son	Male	10.02.2022	
53	BGL/158/23	MD AMAMUDDIN	HYD	Self	Male	14.02.1997	7,00,000
		MD MUSLIM		Father	Male	01.01.1977	
		RAUSHAN		Mother	Female	01.01.1983	
54	BGL/159/24	MUDAPAKA HARITHA	HYD	Self	Female	06.02.1993	7,00,000
		R. Rakesh Kumar		Spouse	Male	21.09.1989	
		R PARIN SAI BHARADWAJ		Son	Male	08.09.2021	
55	BGL/160/24	V BALA ANKALU	HYD	Self	Male	06.08.1989	7,00,000
		Siva Jyothi		Spouse	Female	15.09.2000	
		Chinna Pullaiah		Father	Male	01.01.1968	