

QUOTATION NOTICE
(Renewal of Medical Insurance Policy)

KERAFED invites sealed quotations from eligible and approved Insurance Companies/Agencies for the renewal of the Medical Insurance Policy in respect of KERAFED employees for a period of one year (2026-27), as the existing policy is due to expire on 18/06/2026.

Details of Beneficiaries Covered

- Employees : 106 Nos.
- Dependents : 303 Nos.

Terms and Conditions

1. The quotation shall be submitted in a sealed cover superscribed “**Quotation for Renewal of Medical Insurance Policy**”.
2. The quotation shall reach the undersigned on or before **05.06.2026 at 02.00 PM** and the quotations will be opened on the same day at **03.00 PM** in the presence of the bidders or their authorized representatives who may choose to be present.
3. Quotations received after the stipulated date and time will not be considered.
4. The premium quoted shall be inclusive of all applicable taxes, duties, and other charges.
5. The Insurance Company/Agency shall clearly specify the coverage details, terms, conditions, exclusions, and claim settlement procedures along with the quotation.
6. KERAFED reserves the right to accept or reject any quotation wholly or partly without assigning any reason whatsoever.

Address for Submission

The Managing Director
Kerafed
Kera Tower, Water Works Compound
Vikas Bhavan P.O., Vellayambalam
Thiruvananthapuram – 695033

Sd/-
Managing Director
KERAFED

KERALA KERAKARSHAKA SAHAKARANA FEDERATION LIMITED
KERA TOWER, WATER WORKS COMPOUND, VIKAS BHAVAN.P.O,
VELLAYAMBALAM,, THIRUVANANTHAPURAM - 695 033.

NON TRANSFERABLE

TENDER FORM FOR MEDICAL INSURANCE CLAIM OF KERAFED EMPLOYEES AND THEIR
FAMILIES

(TO BE RETURNED DULY SIGNED ON ALL PAGES)

Phones : 0471 - 2321660, 2320504
0471 - 2326209, 2322736

Fax: 91-0471-2326298
E-mail: kerafedadm@gmail.com
Website : www.kerafed.com

TENDER FORM NO :
ISSUE DATE :

KFD/168/2026-ADM2

Invitation to Tender and instructions to Tenderer

To

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Dear Sir(s),

Sub:- KERAFED – Renewing the Group Medical Insurance Policy.

We, Kerala Kerakarshaka Sahakarana Federation Ltd; (KERAFED) intend to invite competitive tenders for the renewal of Medical Insurance Policy of Kerafed Employees.

GENERAL TERMS AND CONDITIONS

1. **Form :** The intending bidders shall submit their tenders in the prescribed form downloaded from the Kerafed website.
2. **Due date and time:-** The tender should be received at KERAFED Head office on or before **05/06/2026** at **2.00 PM**. The tender will be opened on the same day at **3 PM**. ***Late Tenders will be summarily rejected and returned to the tenderer at his cost.***

3. **Signing of Tender :-** The Person or persons signing the tender shall state in what capacity he is or they are signing the tender i.e.; whether (a) Proprietor of a Firm (b) Secretary / Manager / Director etc. of a limited company (c) Managing Partner / Partner of a Partnership firm (d) Others. In the case of PROPRIETARY CONCERN a certificate from a "Notary Public" should be attached with the tender to the effect that the signature is of the proprietor of the firm. In the case of the LIMITED COMPANY the names of the Directors shall be mentioned and it shall be certified that the person signing the tender is empowered to do so on behalf of the company. A copy of the Memorandum and Articles of Association of the Company shall be attached to the tender. In the case of a PARTNERSHIP firm, the name of all partners should be disclosed and the tender shall be signed by all partners or their duly constituted attorney having authority to bind all the partners in all matters pertaining to the contract. The original deed with an attested copy of the Partnership Deed should be furnished along with the tender. In the case of the HINDU UNDIVIDED FAMILY, the names of the family members should be disclosed and the Kartha who bind the firm should sign the form and indicate his status below his signature.

The person signing the tender form or any documents forming part of the tender on behalf of others or on behalf of a Firm should produce a POWER OF ATTORNEY duly executed in his favour stating that he has the authority to bind such other persons or the firm, as the case may be, in all matters pertaining to the contract. If the person signing the tender fails to produce the said POWER OF ATTORNEY, his tender shall be liable for summarily rejection without prejudice to the other rights of KERAFED under the law. The POWER OF ATTORNEY should be signed by all the partners in the case of Partnership firms, by the Proprietor in the case of the Proprietary concern and by the person who by his signature can bind the Company in the case of Limited concern. In the case of a Hindu Undivided family, the POWER OF ATTORNEY should be signed by the "Kantha" who by his Signature can bind the firm.

4. Rates :- The rates shall be quoted in Annexure 1 attached herewith. The rates quoted should be inclusive of all taxes. Nothing will be paid extra on any account other than amount payable as per the quoted rate.

TERMS AND CONDITIONS:

1. Procedure for submission:

Sealed envelopes to be placed and super-scribed as "Tender for Group Medical Insurance Policy for KERAFED employees and their dependent family members". The sealed envelope should be reached in the office before the due date and time. Those who send the tender documents by post, have to ensure that the documents should reach before the prescribed time and date. KERAFED will not take any responsibility under any circumstances for courier/ postal delays.

2. The envelope should contain the following:

- a. Duly completed covering letter as per Annexure-I on official letter head.
- b. The terms and conditions duly signed as Annexure-II.
- c. Relevant supporting documents.
- d. The financial bid as per Annexure-III.
- e. The list of Government organization/ major corporate clients handled during the last three years for group medical insurance coverage must be submitted with documentary proof.

3. During the tender opening, one authorized representative of the bidder may be present.
4. The bid shall be opened at 3.00 PM on the date mentioned above. If the said date is declared as holiday, tender will be opened on the next working day at 12.00 noon.
5. The rate/commercial/technical offer of the firm should remain valid for 90 days from the date of tender opening.
6. The tenderer should sign on each page of the tender documents.
7. Bid which are late/vague/conditional/incomplete/not confirming to the laid down procedure in any respect will be rejected.
8. Tenders sent by fax and email will not be accepted.
9. In case of differences arising in the terms and conditions of the tender documents with the firms, the decision of KERAFED shall prevail.
10. KERAFED reserves the right to modify/change/delete/add any further terms and conditions prior to the issue of agreement.
11. Arbitration- All dispute and differences which may arise between KERAFED and the Insurance Company shall be referred to Managing Director, KERAFED whose decision shall be binding on all concerned.
12. KERAFED reserves the right to accept or reject any or all offers without assigning any reason(s) thereof.
13. The enquiry number and last date should be super scribed on the envelope and offer (duly sealed offer) should reach us on or before as above mentioned date and time.
Tenders shall be opened on **05/06/2026 at 3.00 pm.**

Jurisdiction: Any disputes, legal matters, court matters, if any arises in this agreement will be governed by Kerala Co-operative Societies Act. The Competent jurisdiction of court shall be at Thiruvananthapuram only.

Acceptance of Tender : - The successful tenderer(s) will be advised of the acceptance by a formal acceptance letter. By issue of a formal acceptance letter, a binding contract will come into force and the tenderer has to act immediately for execution of the contract. Acceptance of the tender by the Managing Director or an Officer authorized by him shall constitute an agreement between the tenderer and the KERAFED. The agency should execute agreement on a Stamp Paper worth Rs.200/-.

The Managing Director, KERAFED reserves the every right to accept or reject any or all tenders in full or in part, without any reason thereof. The rates once accepted will be valid for One year and the successful tenderer should provide the services as per the acceptance letter and the agreement.

Delivery of Tender :- The Tender should be submitted in sealed cover superscribing “ ***Tender for the renewal of Medical Insurance Policy of KERAFED Employees and their families***” on or before 05/06/2026 2.00 PM and shall be addressed to the Managing Director, Kerala Kerakarshaka Sahakarana Federation Ltd No.4370, Kera Tower, Water Works Compound, Vellayambalam, Vikas Bhavan .P.O, Thiruvananthapuram – 695 033.

Corrigendum/Addendum/Clarification (if any) in the tender will be published only on our website www.kerafed.com, at least 7 days before the tender closing date.

All tenderers should forward a declaration in the enclosed format, which should form a part of the tender documents. Tenders received without this declaration will not be considered

Managing Director
KERAFED



ANNEXURE-I

To,

The Managing Director,
KERAFED, Kera Tower,
Water Works Compound,
Vikas Bhavan.P.O,
Vellayambalam.
Thiruvananthapuram – 695 033.

Dear Sir,

Sub: - Tender for Group Medical Insurance Policy for KERAFED Employees and their Dependent Family Members

Ref: Notice inviting Tender No.

With reference to the above, I am/ we are offering our competitive prices for Group Medical Insurance Policy for KERAFED..

I/We hereby reconfirm and declare that I/ We have carefully read and understood the above referred tender document including instructions, terms and conditions, specifications, schedule and all the contents stated therein and all subsequent corrigendum published on website.

I/We hereby declare that my/our firm has not been blacklisted/suspended by any department/unit/Autonomous Body/PSU of Central/State Government.

Thanking you,

Yours faithfully,

(Signature of the Tenderer)

Name : _____

Mobile No. _____

ANNEXURE-II

**TENDER FOR GROUP MEDICAL INSURANCE POLICY FOR KERAFED
EMPLOYEES AND THEIR DEPENDENT FAMILY MEMBERS**

Technical details Remarks

KERAFED

Commencement Date	:	19/06/2026
Period	:	One Year
Insured Group details	}	:
Employee strength as on		

Details attached in Annexure-III

ANNEXURE – III**TENDER OF GROUP MEDICAL INSURANCE POLICY FOR KERAFED EMPLOYEES
AND THEIR DEPENDENT FAMILY MEMBERS**

Technical Details		Remarks
Group Name	Kerala Kera Karshaka Sahakarana Federation Ltd. No.4370 (KERAFED)	
Commencement Date	19/06/2026	
Period	One Year	
Insured Group details Employee strength as on 18/06/2022		Details attached
No.of Employees	106	
No.of Dependents	303	
Total No.of Lives	409	
Maximum Age	Not applicable	
Floater/Individual	Floater	
Sum Insured bands	`.5,00,000/-	
Coverage and Benefits details		
Family Definition	Employee, Spouse, Children, Parents.	
Domiciliary Hospitalization	Covered	
Pre-existing diseases	Covered	
Pre-Health Check Up	Waived	
1 st Year 2 nd Year exclusions	Waived	
Cashless facility	Applicable	
30 days waiting period	Waived	
30 days Pre and 60 days post hospitalization expenses covered	Covered	
Maternity Benefit	`. 30,000/- for Normal delivery and ` . 40,000/- for caesarean cases.	
System of medicine covered	Ayurveda ,Modern medicine and Homoeo	
New Born Baby	Baby Covered Under policy from the Date of Birth.	
Co-Payment	Not Applicable	

Sub Limit for Room Rent Capping	<ol style="list-style-type: none"> 1. Room Rent – 1% of the sum insured or `4,000/- 2. ICU – 3% of the sum insured. 3. Ambulance Expense - 	
Other conditions	New Employee shall be included in policy from the date of joining and resigned/terminated employee shall be deleted from the date of resignation/termination	
	Pro-rata Premium to be charged/Refunded in case of Addition and Deletion	
TPA	TPA Service involved (if any) and Name to be submitted at the time of Final Placement	List of Network of Authorized hospitals to be provided
Any service charges on Medical Bills	Should not be deducted from the Claim	

ANNEXURE – IV

KERAFED
Trivandrum.

Financial Bid

Name of Work: Tender of Group Medical Insurance Policy for KERAFED Employees and Their Dependent Family Members.

Insurance Companies

Tender Ref No.:

Name of agency:

Address: _____

(Amount in Rs.)

Item

No. Description No. of lives Unit cost
(Premium)

Total Amount
(Premium)

1. Insurance Policy for KERAFED employees and their family members for the period of one year
2. Taxes (if any)
3. Total Premium Payable
Total amount of Premium (in words):
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Date: ____/____/____

Signature of Authorized Signatory

Place: _____

Seal