

Swasthya Sathi (Health Insurance Scheme by Government of West Bengal)

Recital clause

Whereas, the insured, designated in the schedule hereto has by a proposal and declaration, dated as stated in the Schedule, which shall be the basis of this contract and is deemed to be incorporated herein, has applied to National Insurance Company Ltd. (herein after called the Company) for the insurance hereinafter set forth in respect of identified categories of contractual/casual employees of different departments of West Bengal (including the eligible family members), who shall be the beneficiaries under the Policy, named in the Schedule hereto (hereinafter called the insured person) and the entire premium will be borne by the Government of West Bengal, with no contribution from the beneficiaries.

Operative clause

Now the policy witnesses that, subject to the terms, definitions, exclusions and conditions contained herein or endorsed or otherwise expressed hereon and the Tender Document, the Company undertakes that if during the period stated in the Schedule or during the continuance of the policy by renewal, any Insured Person shall suffer from any illness or disease (hereinafter called disease) including pre-existing disease and if such disease shall require any such insured person upon the advice of a duly qualified Medical Practitioner (hereinafter called Medical Practitioner) to be hospitalised for Medical/Surgical treatment at any network provider in India as an inpatient, the Company will pay to the network provider the amount of such reasonable, customary and medically necessary expenses described below, incurred by or on behalf of such insured person but not exceeding the package rates for the disease agreed by the network provider, subject to overall sum insured of Rs. 1,50,000/- per family per year, as per package rates mentioned in the Tender Document which forms part of the Policy.

1 Coverage

The package shall cover (as detailed below) the hospitalisation expenses of the insured person from the date of admission to the network provider to the date of discharge from the network provider, pre and post hospitalisation expenses and transportation expenses.

1.1 Hospitalisation expenses

These package rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

- Registration Charges
- Bed charges
- Nursing and Boarding charges,
- Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
- Medicines and Drugs,
- Cost of Prosthetic Devices, implants,
- X-Ray and other Diagnostic Tests etc,
- Diet to patient
- Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
- Transportation Charge of Rs. 200/ or Rs 300 as applicable (payable to the beneficiary at the time of discharge in cash by the hospital)
- Any other expenses related to the treatment of the patient in the hospital.

1.2 Pre and post hospitalisation expenses

Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.

1.3 Expenses for transportation

Provision for transport allowance of Rs. 200 per hospitalisation in case of ordinary Hospital and Rs 300/ in case of Grade A hospitals subject to an annual ceiling of Rs. 2000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge in cash.

1.4 Maternity Benefit

It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery/ caesarean section and/or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in Section 4.9.

2 Procedure for cashless settlement

The Company shall provide cashless facility through the network provider. The network provider shall maintain a machine which can read the smart card to provide cashless facility to the insured person.

2.1 Cashless facility (in case package rate is fixed)

Once the identity of the insured person and/ or the family members is established by swiping the smart card the procedure to be followed by the network provider in case package rate is fixed, is provided below.

The network provider shall ensure

- a) Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the Empanelled Health Care Provider will be subject to online pre-authorization process by the Company except the day care packages and packages under maternity. All pre-authorisation to be given within 24 hours of uploading the pre-authorisation request else it will be deemed to be approved by the Company.
- b) The insured person is admitted for covered procedure and package rate for such disease/ injury is available.
- c) The insured person has balance sum insured.
- d) Provisional entry has been made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed.
- e) At the time of discharge of the insured person final entry shall be made through smart card reader to complete the transaction.

2.2 Services beyond Service Area

- a. The Company, within one month of signing of agreement with State Government, empanel Health Care Providers beyond the territory of the districts/state covered by this tender for the purposes of providing benefits under “Swasthya Sathi” to Beneficiaries covered by this tender. Such providers shall be subject to the same empanelment process and eligibility criteria as provided within the territory of aforementioned districts.
- b. If the hospitals in the neighboring districts/state are already empanelled under “Swasthya Sathi”, then Company shall provide a list of those hospitals to the State Government/ Nodal Agency.
- c. To ensure true portability of smart card so that the beneficiary can get seamless access to “Swasthya Sathi” empanelled hospitals anywhere across state, the Company shall enter into arrangement with all other Insurance companies which are working in “Swasthya Sathi” for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.
- d. The Inter District insurance company claims will also be handled in the same way and time frame by the Insurance Companies as defined in this document.

3 Definitions

3.1 Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means

3.2 Cashless Access Service means the service provided by the hospitals on behalf of the Company to the Beneficiaries covered under “Swasthya Sathi” for the provision of health care facilities without any cash payment by the beneficiary.

3.3 Congenital anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- i. **Internal congenital anomaly** means congenital anomaly which is not on the visible and accessible parts of the body
- ii. **External congenital anomaly** means congenital anomaly which is on the visible and accessible parts of the body

3.4 Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under general or local anesthesia in a hospital/day care centre in less than 24 (twenty four) hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalisation of more than 24 (twenty four) hours.

Day care treatment shall include the following.

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| i. Haemo-Dialysis | xii. Surgery of Prostrate |
| ii. CT Scan- Part of the ongoing treatment | xiii. Gastrointestinal Surgeries |
| iii. MRI- Part of the ongoing treatment | xiv. Genital Surgery |
| iv. Parenteral Chemotherapy | xv. Surgery of Nose |
| v. Radiotherapy | xvi. Surgery of Throat |
| vi. Eye Surgery | xvii. Surgery of Ear |
| vii. Lithotripsy (kidney stone removal) | xviii. Surgery of Urinary System |
| viii. Tonsillectomy | xix. Treatment of fractures/dislocation (excluding hair line fracture), Contracture |
| ix. D&C | xx. releases and minor reconstructive procedures of limbs which otherwise require |
| x. Dental surgery following an accident | |
| xi. Surgery of Hydrocele | |

- xxi. hospitalisation
xxii. Laparoscopic therapeutic surgeries that can be done in day care

- xxiii. Identified surgeries under General Anaesthesia.
xxiv. Any disease/procedure mutually agreed upon.

3.5 District Key Manager or DKM in relation to a district, means a government official appointed by the State Nodal Agency to administer and monitor the implementation of the “Swasthya Sathi” in that district and to carry out such functions and duties as are set out in the Tender Documents

3.6 Field Key Officer or FKO means a field level Government officer or other person appointed by the State Nodal Agency to identify and verify the Beneficiary Family Units at the time of enrolment based on the Beneficiary Database and to carry out such other functions and duties

3.7 Network provider means hospitals or health care providers enlisted by the company or by a TPA and the company together to provide medical services to an insured person on payment by a cashless facility.

3.8 Hospital

Both public and private healthcare providers which provide hospitalization would be eligible for empanelment under “SWASTHYA SATHI”, with gradation as per the availability of services in the hospitals and subject to such requirements for empanelment as outlined in the Tender Document

3.9 Hospitalisation means admission in a hospital as an in-patient for a minimum period of 24 consecutive hours. This condition will not apply in case of stay in Hospital of less than 24 hours provided

- a) The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals.
- b) Due to technological advances hospitalization is required for less than 24 hours only.

3.10 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- i. **Acute condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- ii. **Chronic condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely recur

3.11 Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

3.12 Medical advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

3.13 Medical practitioner means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

3.14 Network provider means hospitals or health care providers enlisted by a Company or by a TPA and Company together to provide medical services to an insured person on payment by a cashless facility.

3.15 Non- network means any hospital, day care centre or other provider that is not part of the network.

3.16 Notification of claim means the process of notifying a claim to the company or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

3.17 Outpatient treatment means treatment in which the insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advise of a medical practitioner and the insured person is not admitted as a day care patient or in-patient.

3.18 Package rate means the fixed maximum charge per medical or surgical treatment, procedure or intervention or day care treatment that will be covered by the Company.

3.19 Pre-existing disease means any condition, disease or injury or related conditions for which the insured person had signs or symptoms and/or was diagnosed and/or received medical advice/treatment within 48 (forty eight) months prior to the first policy. Any complications arising from pre-existing disease/ injury shall be considered as pre-existing disease.

3.20 Qualified nurse means a person who holds a certificate of recognized Nursing Council and who is employed on the recommendations of the attending Medical Practitioner.

3.21 Smart card means Identification card for Beneficiaries issued under Swasthya Sathi Scheme by TPA as per specification given by the Government.

3.22 Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3.23 Tender Document means these tender document issued by the State Nodal Agency for appointment of the Company and award of the Contract to implement the “Swasthya Sathi”. This would include the Addendum, annexures, clarifications, Minutes of Meeting or any other documents issued along with or subsequent to the issue of the tender and specifically mentioned to be part of the tender

3.24 Third Party Administrator (TPA) means a company registered with the Authority, and engaged by a Company, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services.

4. Exclusions: (IPD & Day Care Procedures)

The Company shall not be liable to make any payment under this policy in respect of an expenses whatsoever incurred by any Insured Person in connection with or in respect of:

4.1 Conditions that do not require hospitalization:

Condition that do not require hospitalization and can be treated under Out Patient Care. Outpatient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered. All hospitals to provide OPD services to Swasthya Sathi Beneficiaries free of cost with proper documentation.

4.2 Hospital Stay for Evaluation /Diagnostic Purposes

Further expenses incurred at Hospital or Nursing Home primarily for evaluation /diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.

4.3 Dental Treatment

Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.

4.4 Drug and Alcohol Induced illness

Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

4.5 Fertility related procedures

Any fertility, sub-fertility or assisted conception procedure, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

4.6 Vaccination

Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident).

4.7 War, Nuclear invasion

Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

4.8 Suicide

Intentional self-injury/suicide.

4.9 Exclusions under Maternity Benefit Clause

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- a) Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.
- b) Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit. Pre-natal expenses under this benefit; however, treatment in respect of any complications requiring hospitalization prior to delivery can be taken care under medical procedures.

5. General Conditions

5.1 Communication

Every notice of communication to be given or made under this policy shall be delivered in writing at the address of the Company and/or TPA office.

5.2 Physical examination

Any Medical Practitioner authorized by the TPA/Company shall be allowed to examine the Insured person/records of the hospital in case of any alleged injury or disease requiring hospitalization when and so often as the same may reasonably be required on behalf of the TPA/Company.

5.3 Claim procedure

5.3.1 Notification of claim

Upon the happening of any event, which may give rise to a claim under this policy notice with full particulars shall be sent to the designated office of Company and/or TPA named in the Schedule immediately by the Empanelled Health Care Provider will be subject to online pre-authorization process by the Company except the day care packages and packages under maternity. All pre-authorisation to be given within 24 hours of uploading the pre-authorisation request else it will be deemed to be approved by the Company.

5.3.2 Claim submission

All supporting documents relating to the claim must be filed with the designated office of Company &/or TPA within 7 days from the date of discharge from the hospital.

Note: Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the TPA/Company that under the circumstances which the provider was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

5.3.3 Documents

The provider shall furnish the designated office of Company and/or TPA with all original bills, receipts and other documents as may be required upon which a claim is based and shall also give such additional information and assistance as the TPA/Company may require in dealing with the Claim.

5.3.4 Payment of claim

All claims under the policy shall be payable in Indian currency through NEFT/ RTGS only within one MONTH of receipt of claim data by the Insurance Company or their representatives and the same to be updated in the SNA server.

If the Company does not settle the claim within 30 days of the claim being preferred, the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims

5.4 Territorial limit

All medical surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

5.5 Fraud

The Company shall not be liable to make any payment under this policy in respect of any claim:

- i. If the Policy has been obtained by misrepresentation of material facts
- ii. If such claim be in any manner be fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.6 Termination

1. Company reserves the right to terminate this agreement as per the guidelines issued by the Department of Health and Family Welfare, Government of West Bengal, as given in the Tender Document
2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

5.7 Law and Arbitration

- a. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.
- b. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.
- c. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
- d. The place of arbitration shall be Kolkata and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Kolkata.
- e. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.
- f. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgment thereon in any one or more of the highest courts having jurisdiction.
- g. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- h. The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

5.8 Penalty

Penalty to be paid for delay in payment of premium by State Nodal Agency If the premium is not paid to the Company within six months of the commencement of policy, interest @ 0.5% of the premium amount for every 15 days' delay beyond 6 months of the start of policy shall be paid by the SNA to the Company.

5.9 Termination of contract

In case of termination of the contract following process will be followed:

- a) The Policy Cover Period of each of the Policies issued by the Company shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Company before that date to continue providing Cover under the Policies issued by it. The Company shall, upon the written request of the State Nodal Agency, continue to provide the Cover under the Policies until such time that the State Nodal Agency appoints a substitute Company and the cover provided by the substitute Insurer commences. The last date of effectiveness of the Policies shall be the Termination Date.
- b) The Company will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement.
- c) The Company will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.
- d) Notwithstanding the termination of the Contract(s), the Company shall continue to discharge all of its liabilities in respect of all claims made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.
- e) Upon termination of the Contract(s) and receipt of a written request from the State Nodal Agency at least 7 days prior to the Termination Date, the Company shall assign its rights and obligations, other than any accrued payment obligations and liabilities under its Services Agreements with the Empanelled Health Care Providers and its agreements with other intermediaries, in favour of the State Nodal Agency or the substitute Company appointed by the State Nodal Agency.

5.10 Disclaimer

The TPA/Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.11 Renewal

The Policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal. Only in the first year of the policy period in which smart cards are to be issued in favour of the enrolled beneficiaries, premium should include the accepted price inclusive of cost of smart cards. In case of renewal of policy, however, premium shall be exclusive of cost of smart cards @ Rs.25/-per card from the accepted price as no fresh smart cards are to be issued by the Company

5.12 Role of TPA

The role of TPA shall include among others the following:

- a) To manage and operate the Enrolment process;

- b) To manage and operate the empanelment and de-empanelment process;
- c) To manage and operate the District Kiosk;
- d) To provide, install and maintain the smart card related infrastructure at the public hospitals. They would also be responsible for training all empanelled hospitals on the “Swasthya Sathi” policy as well as usage of the system;
- e) To manage and operate the Toll Free Call Centre;
- f) To manage and operate the claim settlement process;
- g) To conduct field Audit at enrolment stations and hospitals; and
- h) To provide IEC and BCC activities, especially for Enrolment.

6. Grievance Redressal Procedure:

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way:

A. Grievance of a Beneficiary

If a beneficiary has a grievance on issues relating to enrolment or hospitalization against the FKO, the Company, hospital or their representatives, beneficiary will approach DGRC in writing. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can Appeal to the SGRC within 30 days of the decision of DGRC. The SGRC shall decide the appeal within 30 days of receiving the Appeal. The decision of the SGRC on such issues will be final.

Grievance against DKM or other District Authorities -If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government; she/he may approach the SGRC in writing for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance. The decision of the SGRC shall be final.

B. Grievance of a Hospital

If a hospital has any grievance with respect to a Beneficiary, the Company or their representatives, the Hospital will approach the DGRC in writing with required documents. The DGRC should be able to reach a decision within 30 days of receiving the complaint. If either of the parties is not satisfied with the decision, they may approach the SGRC which shall take a decision within 15 days of receipt of Appeal. The decision of the Committee shall be final.

C. Grievance against State Nodal Agency/ State Government

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his/ her grievance to the State Level Implementation Committee, headed by the Chief Secretary to the Government of West Bengal, which shall take a decision on the issue at the earliest. The decision of State Level Implementation Committee shall be final.

7. Payment of premium

State Government/ Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the premium to the Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. State Government/ Nodal Agency will, however, make payment of 10% of the agreed contract price to be arrived at by multiplying the premium per family with the estimated family on signing of Agreement. Actual amount of premium will be released by the State Government to the Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. The State Nodal Agency on receipt of this information through online updation status in server and certificate of enrolment data from the District Authority in the prescribed format shall release its premium to the Company in two instalments thereafter adjusting the payment of 10% of the agreed contract price made initially on signing the contract.

7.1 Payment of premium instalment will be as follows:

The Company or its representative(s) shall deliver the Smart Card to each “Swasthya Sathi”, beneficiary Family Unit, at the time of enrolment free of cost.

Stage Completed & Amount Payable

On signing of Agreement (Being 1st instalment): 10% of the agreed contract price to be arrived at by multiplying the premium per family with the estimated family.

On completion of enrolment (Being 2nd instalment): 40% of the agreed contract price to be arrived at by multiplying the premium cost per family with the enrolled family minus amount already paid at the time of signing the contract.

Within 120 days of the starting of the policy (Being 3rd instalment): 60% of the agreed contract price to be arrived at by multiplying the premium cost per family with the enrolled family.

It will be the responsibility of the State Government/ Nodal Agency to ensure that the premium to the Company shall be paid according to the schedule mentioned above to ensure adherence to compliance of Section 64 VB of the Insurance Act 1938.

8 Refund of Premium

The Company will be required to refund premium as stipulated below if they fail to reach the claim ratio specified below at the full period of insurance policy. The premium refund shall be as per the formula below:

- a. In case the claim ratio (hospital claims paid + INR 25 towards cost of card to premium received) is less than 80%, then the Company will return the difference between actual claim and 80% of the insurance premium to the SNA.
- b. In case the claim ratio, as calculated above, is higher than 100%, no refund shall be made to the insurance company.
- c. The claim data shall be updated by the insurance company within 30 days of submission of claims by the hospital.
- d. The refund amount, if any, shall be returned by the Insurance Company within 90 days of the end of policy period

9 Implementation of Scheme

The Swasthya Sathi Scheme shall be implemented strictly as per the Agreement with the State Government, which shall be based on the Tender Document. In case of any discrepancies, the Agreement shall be final.

In witness where of the undersigned being duly authorized by the company on behalf of the company has hereunto set his hand at

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For The National Insurance Company Limited

Authorised Signatory
