



लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान

तेजपुर: असम: पिन: 784001

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH**

(An Autonomous body under Ministry of Health and Family Welfare, Govt. of India)

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No. LGB/Estt/1587/Vol-XI/5467

Dated: 18.09.2026

## REQUEST FOR INFORMATION (RFI) / PRE-TENDER MARKET CONSULTATION NOTICE

### For the Proposed Comprehensive Group Health Insurance Scheme for Employees, Pensioners and Eligible Dependents of LGBRIMH, Tezpur

*(This document is a pre-tender market consultation / Request for Information exercise undertaken in accordance with Rule 199 of the General Financial Rules, 2017, in furtherance of the principles of transparency, competition and fairness embodied in those Rules. The service under consideration is classified as a Non-Consulting Service. This document is not a tender, not a Request for Proposal, not a Notice Inviting Tender, not a bid invitation, not an empanelment process and not an offer of contract. No shortlisting, pre-qualification, selection or award shall result from this exercise.)*

**IMPORTANT — NO FINANCIAL INFORMATION IS SOUGHT.** This consultation seeks technical, operational and design inputs only. No premium quotation, rate, price, cost estimate, budgetary figure or financial pro-forma of any description is sought under this RFI, and none shall be entertained. Any response containing premium figures, rates or cost estimates shall be liable to have such financial content disregarded in its entirety. Financial terms shall be sought only through a separate, open and competitive tender / RFP, if and when issued.

| Particular                               | Details                                                               |
|------------------------------------------|-----------------------------------------------------------------------|
| Last Date & Time for Receipt of Response | 08.10.2026, up to 17:00 hrs (IST)                                     |
| Issued by                                | Establishment Section, Office of the Director, LGBRIMH, Tezpur, Assam |

Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, an Autonomous Body under the Ministry of Health & Family Welfare, Government of India, invites responses to this Request for Information (RFI) / Pre-Tender Market Consultation Notice from Insurance Companies registered with the Insurance Regulatory and Development Authority of India (IRDAI) and authorised to transact health / general

insurance business in India, in respect of a proposed Comprehensive Group Health Insurance Scheme for the employees, pensioners and eligible dependents of the Institute.

This RFI is issued solely for obtaining market inputs, feasibility comments, operational recommendations, benefit-design views and an assessment of insurer capability, prior to the consideration of any future procurement. Any subsequent procurement, if decided upon, shall be undertaken through a separate, open and competitive e-tender / Request for Proposal published on the Central Public Procurement Portal (CPPP) and/or the Government e-Marketplace (GeM), or such other mode as may be decided by the Competent Authority, and shall be open to all eligible bidders. Participation in this RFI does not confer any right, preference, qualification, exclusivity, expectation or claim in any subsequent procurement process, nor does it constitute shortlisting or pre-qualification of any kind.

**For Director, LGBRIMH, Tezpur**

## **1. Notice Inviting Information and RFI Information Summary**

1.1 Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, an Autonomous Body under the Ministry of Health & Family Welfare, Government of India, invites responses to this Request for Information from eligible Insurance Companies registered with the Insurance Regulatory and Development Authority of India (IRDAI) for participation in a market consultation / pre-bid feasibility exercise in respect of a proposed Comprehensive Group Health Insurance Scheme for the employees, pensioners and eligible dependents of the Institute.

1.2 This RFI is issued solely for the purpose of obtaining market inputs, feasibility comments, operational recommendations, benefit-design views and an assessment of insurer capability, prior to consideration of any future procurement process through the Central Public Procurement Portal (CPPP), the Government e-Marketplace (GeM) or such other mode as may be decided by the Competent Authority.

1.3 The proposed scheme is envisaged as an employee-contribution based welfare arrangement. No financial commitment, budgetary liability, subsidy obligation, award commitment or procurement obligation shall arise on the part of the Government of India, the Ministry of Health & Family Welfare, LGBRIMH or any of their officers merely by issuance of this RFI or by receipt of responses hereunder.

1.4 Interested Insurance Companies may submit their response in the format prescribed at Annexure-I, together with the technical inputs sought at Annexure-II, so as to reach the Institute on or before the last date and time notified in the RFI Information Summary below. Responses shall contain technical and operational inputs only.

**1.5 This market consultation is being conducted in accordance with Rule 199 of the General Financial Rules, 2017, to identify potential service providers, assess market feasibility, and refine the Terms of Reference for the procurement of a Non-Consulting Service.**

**1.6 RFI Information Summary**

| Sl. No. | Particular                   | Details                                                                                                                                                                                                                                           |
|---------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | RFI Reference No.            | LGB/Estt/1587/Vol-XI                                                                                                                                                                                                                              |
| 2       | Date of Issue                | 18.09.2026                                                                                                                                                                                                                                        |
| 3       | Name of Issuing Authority    | Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur – 784001, Assam, an Autonomous Body under the Ministry of Health & Family Welfare, Government of India.                                                         |
| 4       | Mode of Process              | Request for Information / market consultation and pre-bid feasibility assessment under Rule 199 of the General Financial Rules, 2017. This is not a tender, RFP, NIT, bid invitation, empanelment process, shortlisting exercise or rate enquiry. |
| 5       | Classification of Service    | Non-Consulting Service.                                                                                                                                                                                                                           |
| 6       | Subject of Consultation      | Proposed Comprehensive Group Health Insurance Scheme for serving employees, pensioners and eligible dependents of the Institute.                                                                                                                  |
| 7       | Nature of Information Sought | Technical, operational and benefit-design inputs only.                                                                                                                                                                                            |
| 8       | Indicative Beneficiary Base  | Approximately 400 serving employees, together with pensioners and eligible dependents (spouse, dependent children and dependent parents); subject to verification and final determination at the stage of any formal tender / RFP.                |
| 9       | Nature of Scheme             | Entirely employee-contribution based. No financial liability, budgetary commitment, subsidy or guarantee shall accrue to the Government of India, the Ministry of Health & Family Welfare or LGBRIMH by reason of this RFI.                       |
| 10      | Eligible Respondents         | Insurance Companies registered with the Insurance Regulatory and Development Authority of India (IRDAI) and authorised to transact health / general insurance business in India.                                                                  |
| 11      | Mode of Submission           | By e-mail and/or sealed hard copy, as detailed in Clause 4 of this RFI, as a single, complete technical response set.                                                                                                                             |
| 12      | Cost of RFI Document         | Nil. No fee, Earnest Money Deposit or                                                                                                                                                                                                             |

|    |                              |                                                                                         |
|----|------------------------------|-----------------------------------------------------------------------------------------|
|    |                              | processing charge is payable.                                                           |
| 13 | Last Date & Time for Receipt | 08.10.2026, up to 17:00 hrs (IST)                                                       |
| 14 | Contact for Clarifications   | E-mail: lgbrimh@yahoo.co.in                                                             |
| 15 | Annexures                    | Annexure-I: RFI Response Format;<br>Annexure-II: Indicative Technical Inputs Requested. |

## 2. Background, Objective and Intended Outcome

### 2.1 Institutional Background

Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam is an Autonomous Body under the Ministry of Health & Family Welfare, Government of India. The Institute functions as an apex tertiary care, teaching and research institution in the field of mental health and serves as a referral centre for the North-Eastern Region of the country. The Institute presently has an indicative employee strength of approximately 400 serving personnel, apart from pensioners and eligible dependents who would be the intended beneficiaries of the proposed Group Health Insurance Scheme.

The Institute is examining the feasibility of introducing a Comprehensive Group Health Insurance Scheme for its serving employees, pensioners and eligible dependents, with a view to strengthening employee welfare and ensuring cashless access to quality healthcare. Accordingly, the present market consultation has been initiated to assess feasibility, insurer capability, benefit architecture and overall scheme viability prior to the finalisation of any procurement process.

### 2.2 Objective of this RFI

The purpose of this RFI is to conduct a structured market consultation and to obtain inputs from experienced Insurance Companies on the feasibility, operational design, benefit architecture, service standards and general market response for the proposed scheme. The Institute intends to use the information received for internal assessment, stakeholder consultation, refinement of the Terms of Reference, assessment of network hospital adequacy, preparation of tender documents and formulation of procurement strategy, consistent with the principles of efficiency, economy, transparency and fair and equitable treatment of suppliers enshrined in the General Financial Rules, 2017. This market consultation is being conducted in accordance with Rule 199 of the General Financial Rules, 2017, to identify potential service providers, assess market feasibility, and refine the Terms of Reference for the procurement of a Non-Consulting Service.

### 2.3 Intended Outcome

Based on the outcome of this RFI process, the Institute may, if considered appropriate, finalise and float a separate, open and competitive e-tender / Request for Proposal through the Central Public Procurement Portal (CPPP) and/or the Government e-Marketplace (GeM), or such other mode as may be decided by the Competent Authority. Any such tender

/ RFP shall be open to all bidders fulfilling the eligibility conditions stated therein and shall not be confined to, or confer any advantage upon, respondents to this RFI. Any future procurement shall be carried out separately in accordance with applicable rules and procedures. Submission of a response to this RFI shall not confer any right on any participant to be invited to any future tender, to be treated as technically qualified, to receive preference, to claim reimbursement of expenses, or to seek award of any contract.

## **2.4 Indicative Beneficiary Base and Scheme Nature**

The indicative beneficiary base is approximately 400 serving employees, apart from pensioners and eligible dependents. The final beneficiary count, categories, age profile and sum insured structure may vary and shall be communicated only at the stage of a formal tender / RFP, if issued. The proposed scheme is intended to be entirely contribution based. The Institute does not, by this RFI, assume any obligation to provide financial assistance, premium support, reimbursement, grant, subsidy or guarantee.

## **3. Scope of Consultation / Information Required from Respondents**

### **3.1 Scope of Consultation**

The Institute seeks views, recommendations and market inputs on the following broad areas. These inputs are solicited for technical market consultation only and shall not be treated as a quotation, rate contract or offer capable of acceptance.

- Feasibility and eligibility architecture — feasibility of implementing a group health insurance scheme for a mixed population comprising serving employees, pensioners, spouse, dependent children and dependent parents, and the appropriate eligibility architecture for each category.
- Coverage architecture — recommended coverage architecture, exclusions, waiting-period treatment, Day-One coverage of pre-existing diseases and claims management safeguards.
- Sub-limits and room rent capping — appropriateness of, and market practice relating to, disease-wise sub-limits and room rent / ICU rent capping, including the comparative access, entitlement and service implications of a structure with capping and one without capping.
- Cashless hospital network — adequacy of the cashless hospital network in Assam and the North-East region, including referral support to Tezpur, Guwahati, Dibrugarh, Silchar, Shillong, Kolkata, Delhi and other tertiary care locations.
- Operational processes — enrolment, issue of e-cards, mid-policy additions and deletions, mid-term endorsements, grievance handling, claim settlement and Management Information System (MIS) reporting.
- Pensioner and elderly dependent coverage — feasibility of covering pensioners and elderly dependents without any maximum entry age restriction, including the underwriting approach and risk-pooling recommendations, described in structural terms only.

- Industry practices — corporate buffer, restoration benefit, maternity and neonatal coverage, mental healthcare coverage, preventive healthcare and optional OPD benefits.
- Digital servicing and data privacy — digital claim settlement mechanism, data privacy safeguards consistent with the Digital Personal Data Protection Act, 2023, claim turnaround time commitments, escalation matrix and service-level monitoring.
- TPA arrangements — treatment of Third Party Administrator (TPA) arrangements, including servicing model, accountability framework and the prohibition of any deduction of service or administrative charges from individual claim entitlements.
- Legal, regulatory and actuarial considerations — any legal, regulatory, actuarial, operational or procurement consideration relevant to a Government autonomous institute proposing such a scheme.

### 3.2 Indicative Proposed Scheme Features

The following broad features are under consideration for consultation purposes only. Participants are requested to comment on the feasibility, market acceptability and operational implications of each feature. The final scheme features, if any, may be modified, expanded, restricted or withdrawn after examination of RFI responses, stakeholder inputs and approval of the Competent Authority.

| Sl. No. | Feature             | Indicative Description                                                                                                                                                                                                                                                     |
|---------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Coverage Type       | Family floater group health insurance coverage, with sum insured options to be examined.                                                                                                                                                                                   |
| 2       | Sum Insured Options | Indicative bands of Rs. 4.00 lakh, Rs. 5.00 lakh, Rs. 7.00 lakh and Rs. 10.00 lakh per family per annum, with option for higher slabs to be suggested. Participants may comment on the adequacy and appropriateness of these bands from a coverage-sufficiency standpoint. |
| 3       | Eligible Persons    | Serving employees, pensioners, spouse, dependent children and dependent parents, subject to eligibility rules to be finalised.                                                                                                                                             |
| 4       | Maximum Entry Age   | No maximum entry age restriction is proposed. Coverage is intended to be available irrespective of the age of the employee, pensioner or eligible dependent.                                                                                                               |
| 5       | Co-payment          | Co-payment is not proposed to be applicable. Claims are intended to be                                                                                                                                                                                                     |

|    |                                 |                                                                                                                                                                                                                                                          |
|----|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                 | settled without any percentage sharing of admissible expenses by the beneficiary.                                                                                                                                                                        |
| 6  | Waiting Period                  | Waiver of all waiting periods is proposed, including coverage of pre-existing diseases, chronic conditions and maternity from Day One.                                                                                                                   |
| 7  | Disease-wise Sub-limits         | Where any disease-wise sub-limit is considered necessary by the insurer, the same may be identified disease-wise, along with the clinical and underwriting rationale.                                                                                    |
| 8  | Room Rent and ICU Rent Capping  | Views are invited on whether per-day room rent and ICU rent caps are appropriate, and on the comparative access, entitlement and service implications of a structure with such capping and one without such capping.                                     |
| 9  | Ward Entitlement                | Ward entitlement linked to the entitlement under the 7th Central Pay Commission may be considered, with an optional add-on offering universal private room entitlement.                                                                                  |
| 10 | Emergency Admission             | No proportionate deduction is proposed where the room entitlement is exceeded during emergency life-saving treatment.                                                                                                                                    |
| 11 | New-born Coverage               | New-born babies shall be covered from Day One of birth, within the family floater sum insured, without separate waiting period.                                                                                                                          |
| 12 | Maternity and Neonatal Coverage | Maternity coverage from Day One, with coverage extending to congenital anomalies and Neonatal Intensive Care Unit (NICU) expenses, subject to limits to be finalised.                                                                                    |
| 13 | Pre and Post Hospitalisation    | Pre-hospitalisation expenses for 30 days and post-hospitalisation expenses for 60 days shall be covered as admissible expenses.                                                                                                                          |
| 14 | Cashless Facility               | Cashless hospitalisation shall be available. The insurer may specify the cashless authorisation process, the categories of hospitals at which it is available, the authorisation timelines and the escalation mechanism for denial of cashless facility. |
| 15 | TPA / Servicing Arrangement     | Where the servicing is proposed to be                                                                                                                                                                                                                    |

|    |                                    |                                                                                                                                                                                                                                                            |
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|    |                                    | routed through a Third Party Administrator, the name, address, nodal officer and contact details of the TPA, along with the complete list of network / authorised hospitals, may be furnished.                                                             |
| 16 | Service Charges on Medical Bills   | Any service, administrative, handling or TPA charge shall be borne within the insurer's own arrangement and shall not, under any circumstances, be deducted from the admissible claim amount payable in respect of an individual beneficiary.              |
| 17 | Patient Transportation             | Coverage of transportation of the patient to the nearest suitable hospital, including inter-hospital transfer, subject to reasonable policy limits, in view of North-East referral logistics.                                                              |
| 18 | Mental Healthcare Coverage         | Coverage of mental illness at par with physical illness in accordance with the Mental Healthcare Act, 2017 and applicable IRDAI regulations, including psychiatric day-care treatment, addiction rehabilitation and long-term psychiatric hospitalisation. |
| 19 | Corporate Buffer                   | A pooled corporate buffer for high-cost and catastrophic treatment such as oncology, transplant and neurological interventions, with buffer architecture, utilisation controls and approval mechanism to be recommended in design terms.                   |
| 20 | Restoration Benefit                | Automatic restoration / reinstatement of the sum insured during the policy year for unrelated illness, or as otherwise advised by insurers.                                                                                                                |
| 21 | Preventive Healthcare and Wellness | Annual health check-up, preventive screening, wellness services and digital health engagement may be explored.                                                                                                                                             |
| 22 | Optional OPD Module                | Optional out-patient department coverage may be examined as a separate add-on module, subject to feasibility and benefit-design considerations.                                                                                                            |
| 23 | Portability                        | Portability options in accordance with IRDAI norms for beneficiaries separating from service, so as to ensure continuity of healthcare protection.                                                                                                         |

|    |                               |                                                                                                                                                                                                                                                                                                                                          |
|----|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24 | Digital Servicing             | Online enrolment, e-card issuance, claim tracking, MIS dashboard, dedicated helpdesk and digital settlement workflow.                                                                                                                                                                                                                    |
| 25 | Rating Stability Architecture | As a matter of contractual architecture, the rating is intended to remain fixed during the policy year; individual claims are not intended to trigger any mid-term revision; and renewal terms are intended to be determined on the basis of overall group performance only. Views are invited on this architecture in structural terms. |

### 3.3 Specific Inputs Requested from Insurance Companies

Interested insurers may submit a structured response covering, inter alia, the following inputs. Detailed formats are provided at Annexure-I and Annexure-II.

- Corporate profile — IRDAI registration details, solvency position and authorised signatory details.
- Experience — experience in handling group health insurance schemes, particularly for Government, autonomous, public sector, private sector or large employer groups, with representative examples.
- Coverage models — indicative coverage models suitable for the Institute, including family floater structures and beneficiary categories.
- Underwriting and risk-pooling considerations — views on the underwriting approach and risk-pooling design appropriate to the coverage of pensioners and elderly dependents, the absence of any maximum entry age, Day-One coverage of pre-existing diseases, maternity and neonatal coverage, mental healthcare coverage and optional OPD benefits, described in structural and design terms.
- Exclusions and sub-limits — suggested exclusions, sub-limits, disease-wise limits, room rent limits and policy controls, if any, with clinical and operational justification.
- Network hospital list — network hospital list for Assam and the North-East region, highlighting hospitals in and around Tezpur, Guwahati and other referral locations, and the arrangements for tertiary care outside the region.
- TPA arrangement — details of the TPA arrangement, if any, including name, contact details of the nodal officer and the servicing model proposed.
- Claim servicing — proposed claim settlement process, cashless authorisation timeline, reimbursement timeline, claim settlement ratio for the last three financial years and grievance escalation matrix.

- No-deduction confirmation — confirmation that no service or administrative charge shall be deducted from the admissible claim of an individual beneficiary.
- Enrolment recommendations — recommendations for the enrolment process, data fields, documentation, e-cards, additions / deletions, mid-term changes and the mechanism for pro-rata adjustment on such additions and deletions.
- Risk mitigation — risk mitigation measures, fraud control approach, data privacy safeguards and service-level monitoring mechanism.
- Procurement-neutral suggestions — any model tender clauses, implementation roadmap or operational best practices that may assist the Institute in framing a fair, competitive and procurement-neutral tender / RFP.

### **3.4 Operational, Service and Performance Parameters**

Participants are requested to indicate their ability to conform to, and their professional views on, the following operational and performance parameters proposed for the scheme. These parameters are indicative and are intended to elicit feedback, not commitment.

#### **3.4.1 Additions, Deletions and Pro-rata Adjustment**

- A newly appointed employee shall be included in the policy with effect from the date of joining the Institute.
- An employee who resigns, retires or whose services are otherwise terminated shall be deleted from the policy with effect from the date of resignation, retirement or termination, as the case may be.
- A consolidated monthly declaration of additions and deletions shall be furnished by the Institute, and shall be given effect to by the insurer by the end of the following month.
- A pro-rata adjustment mechanism, computed for the unexpired period of the policy year, shall operate in respect of every such addition or deletion. Participants may comment on the operational mechanism proposed for giving effect to such adjustment.

#### **3.4.2 Claim Performance Benchmark**

As part of this market consultation, the Institute wishes to understand prevailing claim settlement performance in the group health insurance segment. Participants may furnish their audited or IRDAI-published claim settlement ratios for the last three completed financial years and may offer their views on whether a reference benchmark, such as an average claim settlement ratio of around 90 per cent, would be reasonable and competition-neutral for consideration in any future tender / RFP. This metric is exploratory only and shall not operate as a qualifying or disqualifying criterion for participation in this RFI.

### 3.4.3 Turnaround Time Benchmarks

A turnaround time commitment of 24 hours from receipt of a complete request is proposed in respect of cashless pre-authorisation and related servicing requests, with defined timelines for reimbursement settlement and grievance redressal. Participants may indicate the turnaround times they are in a position to commit, together with the supporting service architecture.

### 3.4.4 Claim Documentation and Query Handling

It is proposed that all deficiencies or queries in respect of a claim shall be communicated in a single consolidated communication within seven days of receipt of the claim, so as to avoid repetitive queries and consequent delay in settlement.

### 3.4.5 Regional Servicing

Deployment of a dedicated servicing / liaison officer for the North-East region, along with a dedicated account manager for the Institute, is proposed in order to ensure effective hospital coordination and prompt resolution of beneficiary grievances.

## 4. Minimum Eligibility and Submission Requirements

### 4.1 Minimum Eligibility Conditions

The following minimum eligibility conditions are proposed for participation in this market consultation. These conditions are for RFI participation only, are minimum and proportionate, and shall not bind the Institute while framing the eligibility conditions of any future tender. Relevant experience from public or private sector clients is equally acceptable.

| Sl. No. | Criterion         | Requirement                                                                                                                                                                                                                                                            |
|---------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Regulatory Status | The respondent shall be an Insurance Company registered with the Insurance Regulatory and Development Authority of India (IRDAI) and authorised to transact health insurance / general insurance business in India.                                                    |
| 2       | Licence Validity  | The IRDAI registration / licence shall be valid as on the date of RFI submission and shall not be under suspension or cancellation.                                                                                                                                    |
| 3       | Experience        | Demonstrable experience in group health insurance policies for Government, public sector, autonomous bodies, educational or health institutions, private sector organisations or large employer groups. Public and private sector experience shall be treated equally. |

|   |                       |                                                                                                                                                                                       |
|---|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | Network Hospitals     | Cashless hospital network with reasonable coverage in Assam and the North-East region, including access to tertiary care and referral centres.                                        |
| 5 | Claims Infrastructure | Established processes for digital enrolment, cashless authorisation, reimbursement claim processing, grievance redressal, MIS reporting and dedicated account servicing.              |
| 6 | Regulatory Compliance | The respondent shall comply with applicable IRDAI regulations, data protection requirements, anti-fraud norms and all other applicable laws.                                          |
| 7 | Conflict / Debarment  | The respondent should not be debarred or blacklisted by any Government department, public authority or regulator as on the date of submission. A self-declaration shall be furnished. |

*Note: For the purpose of any subsequent tender / RFP, the Institute may consider qualification benchmarks such as a minimum solvency ratio in accordance with IRDAI norms, a minimum scale of group health insurance business and demonstrated experience of servicing group policies of comparable beneficiary strength. Participants are invited to offer their comments on the reasonableness of such benchmarks from the standpoint of preserving competition. No such benchmark operates as a qualification or disqualification criterion at this RFI stage, and no financial statement or turnover figure is required to be submitted with the RFI response.*

## 4.2 Submission Process

Interested eligible insurers may submit their RFI response in the format indicated at Annexure-I, together with the technical inputs at Annexure-II, supporting documents and any additional note considered relevant. The response shall comprise technical, operational and design inputs only, submitted as a single, complete response set.

**Reminder:** No premium, rate, price or cost information shall be included in the response; any such content, if received, shall be disregarded.

The response shall be signed by an authorised signatory of the Insurance Company. The signatory shall enclose the authorisation, board resolution, power of attorney or letter of authority, as applicable. Responses may be submitted by e-mail and/or in sealed hard copy. The subject line of the e-mail or the superscription on the sealed envelope shall read: "RFI / Market Consultation for Proposed Comprehensive Group Health Insurance Scheme for LGBRIMH". No fee, cost, expense or reimbursement shall be payable by the Institute for the preparation, compilation, submission, presentation or discussion of the RFI response.

| Particular | Details                                                                                                             |
|------------|---------------------------------------------------------------------------------------------------------------------|
| Office     | Office of the Dy. Director, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur - 784001, Assam |

|                              |                                   |
|------------------------------|-----------------------------------|
| E-mail                       | lgbrimh@yahoo.co.in               |
| Telephone                    | (03712) 232652                    |
| Website                      | www.lgbrimh.gov.in                |
| Last Date & Time for Receipt | 08.10.2026, up to 17:00 hrs (IST) |

#### 4.3 Documents to be Submitted

| Sl. No. | Document                                 | Indicative Requirement                                                                                                             |
|---------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Covering Letter                          | On company letterhead, signed by the authorised signatory.                                                                         |
| 2       | IRDAI Registration Certificate / Licence | Self-attested copy / details of registration number and validity details.                                                          |
| 3       | Authorisation of Signatory               | Board resolution / power of attorney / authorisation letter, as applicable.                                                        |
| 4       | Company Profile and Experience Note      | Including relevant group health insurance experience with Government, autonomous, public sector or private sector groups.          |
| 5       | Network Hospital Details                 | Assam and North-East region list, with city-wise break-up, and details of TPA arrangement, if any.                                 |
| 6       | Indicative Scheme Design Inputs          | In the format at Annexure-II, clearly marked as non-binding technical market input.                                                |
| 7       | Claim Servicing and Grievance Matrix     | Turnaround times, escalation levels, digital workflow, MIS proposal and claim settlement ratio for the last three financial years. |
| 8       | Self-Declaration                         | Regarding non-blacklisting, regulatory compliance, adherence to the Code of Integrity and accuracy of information.                 |

## 5. Nature of this RFI and Next Steps

### 5.1 Nature of this RFI

This RFI is a market consultation / Request for Information exercise only, undertaken under Rule 199 of the General Financial Rules, 2017, in respect of a Non-Consulting Service. It is not a tender, not a Request for Proposal, not a Notice Inviting Tender, not a bid invitation, not a rate enquiry, not an empanelment process, not a pre-qualification or shortlisting exercise and not an offer to enter into a contract. Participation in this RFI shall

not confer any right, preference, qualification, exclusivity, expectation or claim in any subsequent procurement process. The Institute may use the information received through this RFI for internal assessment, stakeholder consultation, refinement of the Terms of Reference, assessment of network hospital adequacy, preparation of tender documents and formulation of procurement strategy.

## **5.2 No Evaluation or Selection at the RFI Stage**

No price evaluation, commercial ranking, technical scoring, pre-qualification, shortlisting, selection, empanelment or award shall be undertaken at the RFI stage. Financial terms shall be invited only through a separate, open and competitive tender / RFP, if and when issued, in which all eligible bidders may participate. The Institute shall have the right to use, analyse, summarise and incorporate the technical inputs received, in whole or in part, for internal deliberations or for preparation of any subsequent procurement document, without creating any obligation towards the participant.

## **5.3 Consultation / Presentation**

The Institute may, at its sole discretion, invite one or more participants for discussion, presentation, clarification or demonstration of proposed operational workflows. Such interaction shall be confined to technical and operational matters, shall be for consultation only, and shall not constitute technical evaluation, financial evaluation, pre-qualification, shortlisting, selection, empanelment or award. The Institute may record and use the inputs received for preparation of a future tender document or internal feasibility note. No participant shall claim intellectual property or exclusivity over general market practices, standard policy features, operational recommendations or non-confidential inputs furnished in response to this RFI. All expenses incurred by a participant in attending any such interaction or in preparing any material for it shall be borne entirely by the participant.

## **5.4 Subsequent Procurement Route**

Any final procurement, if undertaken, shall be carried out separately in accordance with applicable rules and procedures, through an open and competitively advertised tender executed through the Central Public Procurement Portal (CPPP) and/or the Government e-Marketplace (GeM), or such other mode as may be decided by the Competent Authority, in strict compliance with Rule 201(ii) of the General Financial Rules, 2017. Responding to this RFI is not a prerequisite for participation in any such future bidding process; the subsequent tender / RFP shall be open to all bidders fulfilling the eligibility conditions stated therein, whether or not they have responded to this RFI. The Institute reserves the right to frame the final tender / RFP conditions independently, including eligibility, technical specifications, service levels, evaluation methodology, financial structure and contract conditions, irrespective of any suggestion received under this RFI.

Any such subsequent tender / RFP shall further be framed and conducted in strict adherence to the following provisions, as applicable on the date of its issue:

- **Restrictions on bidders from countries sharing a land border with India —** Rule 144(xi) of the General Financial Rules, 2017, read with the Order of the Department of Expenditure, Ministry of Finance, Government of India dated

23.07.2020 (Public Procurement No.1) and the subsequent Orders and clarifications issued thereunder. Accordingly, a bidder from a country which shares a land border with India shall be eligible to bid only if it is registered with the Competent Authority constituted for the purpose, and every bidder shall be required to furnish the prescribed certificate in that regard as part of its bid.

- **Preference to Make in India** — the Public Procurement (Preference to Make in India) Order, 2017, as revised and amended from time to time, together with any notification issued thereunder by the nodal Ministry or Department in respect of the service concerned, to the extent applicable to the procurement of a Non-Consulting Service of this description.
- **Micro and Small Enterprises and other statutory preferences** — the Public Procurement Policy for Micro and Small Enterprises and any other purchase preference, reservation or statutory direction of the Government of India in force on the date of the tender, to the extent applicable.

These provisions shall apply to the subsequent bidding process on their own force and irrespective of anything contained in this RFI or in any response received hereunder. Nothing stated in this Clause shall be construed as an eligibility condition, disqualification or pre-qualification requirement at the present market consultation stage.

## 5.5 Tentative Schedule

| Sl. No. | Activity                                                      | Tentative Timeline                             |
|---------|---------------------------------------------------------------|------------------------------------------------|
| 1       | Issue of RFI                                                  | 18.09.2026                                     |
| 2       | Last date for submission of written queries, if any           | 24.09.2026                                     |
| 3       | Clarification / consultation meeting, if considered necessary | 01.10.2026                                     |
| 4       | Last date for submission of RFI response                      | 08.10.2026 (up to 17:00 hrs IST)               |
| 5       | Internal examination of responses                             | 19.10.2026                                     |
| 6       | Decision on further procurement action, if any                | Subject to approval of the Competent Authority |

The above schedule is tentative and may be modified by the Institute without assigning any reason. Any extension, modification, cancellation or change in the consultation method shall not create any claim in favour of any participant.

## 6. Essential Terms and Conditions

### 6.1 Confidentiality and Use of Information

Participants may identify specific commercially sensitive information in their response. However, routine brochure material, standard policy terms and operational suggestions

shall not ordinarily be treated as confidential unless specifically marked and justified. The Institute shall have the right to use, analyse, summarise and incorporate the inputs received, in whole or in part, for internal deliberations or for preparation of any subsequent procurement document, without creating any obligation towards the participant. Participants shall ensure that no personal data of unrelated third parties is submitted except where necessary and lawfully shareable. Any personal data shared shall be handled in accordance with the Digital Personal Data Protection Act, 2023, other applicable law and institutional requirements. Statutory disclosure obligations, including under the Right to Information Act, 2005, shall apply.

## **6.2 Code of Integrity, Anti-Collusion and Non-Blacklisting**

- (a) **Code of Integrity.** Every participant in this market consultation shall observe the Code of Integrity prescribed under Rule 175 of the General Financial Rules, 2017, in letter and in spirit. Accordingly, no participant shall, in relation to this consultation or any procurement process that may follow from it, engage in or be party to any corrupt practice, fraudulent practice, coercive practice, collusive practice, obstructive practice or conflict of interest, as those expressions are understood under the said Rule and in Government procurement generally. Participants shall further disclose any conflict of interest and any previous transgression of the Code of Integrity committed by them, in accordance with Rule 175 of the General Financial Rules, 2017.
- (b) **Anti-collusion.** Participants shall not, directly or indirectly, collude, coordinate, share information or consult with any other participant in a manner that distorts, or is likely to distort, competition in this consultation or in any subsequent procurement process. Participants shall not attempt to influence, in any improper manner, the framing of the Terms of Reference, the technical specifications or the eligibility conditions of any future tender / RFP, and any input furnished under this RFI shall be procurement-neutral and shall not be directed towards restricting competition.
- (c) **Non-blacklisting.** Every participant shall furnish the self-declaration prescribed at Clause 7.2 confirming, inter alia, that it is not blacklisted or debarred by any Government department, public authority or regulator as on the date of submission, consistent with Rule 151 of the General Financial Rules, 2017.
- (d) **Consequences of breach.** Any false statement, misrepresentation, concealment of material information, conflict of interest, detected collusion or other breach of the Code of Integrity under Rule 175 of the General Financial Rules, 2017 may result in rejection of the response, exclusion from any subsequent procurement process of the Institute, and such other action as may be permissible under law, including debarment in accordance with Rule 151 of the General Financial Rules, 2017.

## **6.3 Disclaimer**

This RFI is issued for market consultation and feasibility assessment only. It shall not be construed as an invitation to bid, tender notice, offer document, letter of intent, contract, purchase order, rate enquiry, empanelment process or commitment to procure any service. Submission of a response to this RFI shall not confer any right on any participant to be invited to any future tender, to be treated as technically qualified, to receive preference, to

claim reimbursement of expenses, or to seek award of any contract. The Institute shall not be liable for any cost, loss, claim, expectation, opportunity cost, business loss or expenditure incurred by any participant in relation to this RFI. All information contained in this RFI is indicative and may be modified. The Institute does not warrant the accuracy, completeness or finality of any beneficiary count, scheme feature, schedule, consultation scope or future procurement approach mentioned herein. Any final procurement, if undertaken, shall be governed only by the tender / RFP document issued for that purpose and by the applicable laws and rules. Nothing in this RFI shall override the terms of any future tender / RFP.

## **6.4 Reservation of Rights**

The Institute reserves the absolute administrative right and discretion to extend, restrict, modify, defer, suspend, cancel or withdraw this consultation process at any stage, without assigning any reason or justification and without incurring any liability whatsoever. The Institute reserves the right to accept, reject, use, disregard or seek clarification on any information received under this RFI, in whole or in part, at its sole discretion. The Institute reserves the right to hold or not to hold consultation meetings, to interact with any participant, to seek additional information, to publish clarifications, or to proceed directly to an open tender / RFP without further consultation. The Institute reserves the right to frame the final tender / RFP conditions independently, including eligibility, technical specifications, service levels, evaluation methodology, financial structure and contract conditions, irrespective of any suggestion received under this RFI. The decision of the Competent Authority of LGBRIMH shall be final and binding in all administrative matters relating to this RFI process.

## **6.5 No Financial Liability**

The proposed scheme is envisaged as an entirely employee-contribution based arrangement. No financial liability shall accrue to the Government of India, the Ministry of Health & Family Welfare, LGBRIMH or any officer or employee of the Institute by reason of issuance of this RFI, participation in consultation, or any consequent internal deliberation. LGBRIMH shall bear zero financial liability, fee obligation or cost responsibility in respect of any expenditure incurred by an insurer in compiling data, preparing technical inputs or delivering presentations in connection with this consultation.

## **6.6 Dispute Resolution and Jurisdiction**

This RFI does not create any contractual relationship between the Institute and any participant, and no claim in contract or in expectation shall arise from participation. Any administrative grievance or dispute arising out of or in connection with this consultation process shall be addressed, in the first instance, by a written representation to the Director, LGBRIMH, Tezpur, whose decision on the administrative conduct of the consultation shall be final. Subject to the foregoing, the courts at Tezpur, Assam shall have exclusive jurisdiction over any matter arising out of this RFI.

## 6.7 Governing Principles

This RFI process shall be guided by the principles of transparency, fairness, competition, non-discrimination and value assessment, consistent with the General Financial Rules, 2017. The RFI shall be interpreted in a manner that preserves competition and avoids any restrictive or exclusionary effect on a future tender process. Participation does not confer a right to be invited, shortlisted, awarded or compensated. Respondents must submit information that is true and capable of verification. Confidential business information will be handled in accordance with applicable law and Government procedure; however, statutory disclosure obligations will apply. Any subsequent procurement will be governed by its separately issued tender / RFP document.

## 6.8 Authorisation

This RFI is issued with the approval of the Competent Authority.



(Dr. Hemanta Dutta)  
OSD, Deputy Director  
LGBRIMH, Tezpur

Date: 18.09.2026  
Place: Tezpur, Assam

## **7. Minimum Forms / Declarations**

### **7.1 Forms to be Used**

Participants shall furnish their response in the standard formats appended to this RFI, namely:

- Annexure-I — RFI Response Format: prescribed response format covering corporate profile, IRDAI registration, nodal officer, authorised signatory, experience, network hospitals, TPA arrangement, claim servicing model and recommended scheme design.
- Annexure-II — Indicative Technical Inputs Requested: structured pro-forma covering twenty-eight technical input areas including sum insured slabs, eligibility model, maximum entry age, pre-existing disease coverage, waiting period waiver, sub-limits, room rent and ICU rent capping, cashless facility, TPA services, mental healthcare, maternity, corporate buffer, restoration benefit, North-East network adequacy, optional OPD module, claim performance, digital servicing, rating stability architecture, portability and procurement-neutral tender safeguards.

### **7.2 Self-Declaration by the Participant**

Every participant shall furnish a self-declaration, on the letterhead of the Insurance Company and duly signed by the authorised signatory, confirming the following:

- We are registered with the IRDAI and are authorised to transact health insurance / general insurance business in India.
- We understand that this RFI is only for market consultation under Rule 199 of the General Financial Rules, 2017 in respect of a Non-Consulting Service, and does not constitute a tender, bid process, pre-qualification, empanelment, selection or award.
- We confirm that we have not furnished, and shall not furnish, any premium quotation, rate, price, cost estimate or other financial information in response to this RFI, and that our submission is confined to technical, operational and design inputs.
- We confirm that the information furnished by us is true and correct to the best of our knowledge and that we have not concealed any material information relevant to this RFI.
- We confirm that we are not blacklisted or debarred by any Government department, public authority or regulator as on the date of submission, except as specifically disclosed in our response.

- We confirm that we shall abide by the Code of Integrity prescribed under Rule 175 of the General Financial Rules, 2017; that we have not engaged in any corrupt, fraudulent, coercive, collusive or obstructive practice; that we have not colluded, coordinated or consulted with any other participant in relation to this consultation or any subsequent procurement process; and that we have disclosed any conflict of interest and any previous transgression of the Code of Integrity, as required under the said Rule.
- We confirm that no cost, fee or reimbursement of any nature is claimed or claimable from LGBRIMH in respect of this submission.
- We confirm that no service, administrative or handling charge shall be deducted from the admissible claim of an individual beneficiary under any policy that may emanate from a future procurement process.

### 7.3 Signature Block for the Self-Declaration

| Field                             | Details |
|-----------------------------------|---------|
| Signature of Authorised Signatory |         |
| Name                              |         |
| Designation                       |         |
| Name of Insurance Company         |         |
| Company Seal                      |         |
| Date                              |         |
| Place                             |         |

**Format for RFI Response**

*(To be furnished on the letterhead of the Insurance Company, duly signed by the authorised signatory. No premium, rate, price or cost information is to be entered in this format or enclosed with it.)*

| Sl. No. | Particular                                                                                  | Response / Attachment                                        |
|---------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1       | Name of Insurance Company                                                                   |                                                              |
| 2       | IRDAI Registration Number and Validity                                                      |                                                              |
| 3       | Registered Office Address                                                                   |                                                              |
| 4       | Name, designation, mobile number and e-mail of nodal officer                                |                                                              |
| 5       | Name and designation of authorised signatory                                                |                                                              |
| 6       | Experience in group health insurance schemes                                                | Attach brief note with examples.                             |
| 7       | Government / autonomous / public sector / private sector group health experience            | Attach details, if any.                                      |
| 8       | Claim settlement ratio for the last three financial years                                   | Furnish year-wise figures with source.                       |
| 9       | Cashless hospital network in Assam                                                          | Attach district / city-wise list.                            |
| 10      | Cashless hospital network in the North-East region                                          | Attach State / city-wise list.                               |
| 11      | TPA arrangement, if any, with name and contact details                                      | Attach servicing model note.                                 |
| 12      | Indicative coverage model suggested for LGBRIMH                                             | Attach note.                                                 |
| 13      | Position on room rent / ICU capping and disease-wise sub-limits                             | Attach note on access, entitlement and service implications. |
| 14      | Position on co-payment, waiting period waiver and Day-One coverage of pre-existing diseases | Attach note.                                                 |
| 15      | Claim servicing model and turnaround times                                                  | Attach workflow and escalation matrix.                       |
| 16      | Mechanism for additions / deletions and pro-rata adjustment                                 | Attach note on the operational mechanism.                    |
| 17      | Confirmation that no service charge shall be deducted from individual claims                | Yes / No, with explanation.                                  |
| 18      | Digital enrolment / e-card / MIS capabilities                                               | Attach note.                                                 |
| 19      | Recommendations for a future RFP                                                            | Attach note.                                                 |

## Declaration

- We hereby confirm that we are registered with the IRDAI and are authorised to transact health insurance / general insurance business in India.
- We understand that this RFI is only for market consultation and does not constitute a tender, bid process, pre-qualification, empanelment, selection or award.
- We confirm that we have not furnished any premium quotation, rate, price, cost estimate or other financial information with this response.
- We confirm that the information furnished by us is true and correct to the best of our knowledge and that we have not concealed any material information relevant to this RFI.
- We confirm that we are not blacklisted or debarred by any Government department, public authority or regulator as on the date of submission, except as specifically disclosed below.
- We confirm that we shall abide by the Code of Integrity prescribed under Rule 175 of the General Financial Rules, 2017.
- We confirm that no cost, fee or reimbursement of any nature is claimed or claimable from LGBRIMH in respect of this submission.

| Field                             | Details |
|-----------------------------------|---------|
| Signature of Authorised Signatory |         |
| Name                              |         |
| Designation                       |         |
| Company Seal                      |         |
| Date                              |         |
| Place                             |         |

**Indicative Technical Inputs Requested**

*Participants may furnish their considered professional views on each of the following technical input areas. Responses may be given in the table below or in a separate note referenced against the relevant serial number. No premium, rate, price or cost estimate is to be furnished against any item.*

| Sl. No. | Input Area                     | Response Expected                                                                                                                                                                                                                                                       |
|---------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Suggested Sum Insured Slabs    | Please recommend options with rationale, with reference to the indicative bands of Rs. 4.00 lakh, Rs. 5.00 lakh, Rs. 7.00 lakh and Rs. 10.00 lakh per family, from the standpoint of coverage adequacy.                                                                 |
| 2       | Eligibility Model              | Please suggest the treatment of serving employees, pensioners, spouse, dependent children and dependent parents.                                                                                                                                                        |
| 3       | Maximum Entry Age              | Please comment on the feasibility of a scheme without any maximum entry age restriction and on the underwriting and risk-management approach recommended for such a design.                                                                                             |
| 4       | Pre-existing Disease Coverage  | Please indicate the feasibility of Day-One coverage and the underwriting safeguards recommended.                                                                                                                                                                        |
| 5       | Waiting Period Waiver          | Please indicate the feasibility of waiver of all waiting periods, including for chronic conditions and maternity.                                                                                                                                                       |
| 6       | Co-payment                     | Please comment on a scheme structured without any co-payment, and on the claims-management implications of such a structure.                                                                                                                                            |
| 7       | Disease-wise Sub-limits        | Please identify any sub-limits considered necessary, disease-wise, with clinical and underwriting justification.                                                                                                                                                        |
| 8       | Room Rent and ICU Rent Capping | Please indicate whether per-day room rent and ICU rent caps are considered appropriate and, if so, on what basis; and please offer views on the comparative access, entitlement and service implications of a structure with such capping and one without such capping. |

|    |                                          |                                                                                                                                                                                                            |
|----|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9  | New-born and Neonatal Coverage           | Please confirm coverage of the new-born from Day One and indicate the treatment of congenital anomalies and NICU expenses.                                                                                 |
| 10 | Pre and Post Hospitalisation             | Please confirm coverage of 30 days pre-hospitalisation and 60 days post-hospitalisation expenses.                                                                                                          |
| 11 | Cashless Facility                        | Please specify the cashless model, authorisation timelines, hospital categories covered and denial escalation mechanism.                                                                                   |
| 12 | TPA Services and Network Hospitals       | Please indicate whether servicing is in-house or through a TPA; if through a TPA, furnish the name, nodal officer, contact details and the complete list of network / authorised hospitals.                |
| 13 | Service Charges on Claims                | Please confirm that no service, administrative or handling charge shall be deducted from the admissible claim of an individual beneficiary.                                                                |
| 14 | Additions and Deletions                  | Please indicate the mechanism for monthly declaration, effective dates and pro-rata adjustment on addition or deletion, in operational terms.                                                              |
| 15 | Pensioner and Elderly Dependent Coverage | Please indicate underwriting concerns, sustainability measures and risk-pooling recommendations, in design terms.                                                                                          |
| 16 | Mental Healthcare Coverage               | Please describe the coverage approach consistent with the Mental Healthcare Act, 2017, IRDAI regulations and prevailing policy practice, including day-care, rehabilitation and long-term hospitalisation. |
| 17 | Maternity Coverage                       | Please indicate recommended limits, waiting period treatment and underwriting considerations.                                                                                                              |
| 18 | Corporate Buffer                         | Please suggest the buffer architecture, utilisation controls and approval mechanism.                                                                                                                       |
| 19 | Restoration Benefit                      | Please suggest the restoration structure and exclusions, if any.                                                                                                                                           |
| 20 | Patient Transportation                   | Please indicate coverage approach and reasonable limits for inter-hospital transfer and referral transportation.                                                                                           |
| 21 | North-East Network Adequacy              | Please provide network strengths and referral support arrangements for Assam and the North-East region.                                                                                                    |

|    |                                           |                                                                                                                                                                                                                        |
|----|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22 | Optional OPD Module                       | Please indicate the feasibility and benefit design of a separate optional OPD add-on module.                                                                                                                           |
| 23 | Preventive Healthcare and Wellness        | Please indicate the annual health check-up and wellness offering proposed.                                                                                                                                             |
| 24 | Claim Performance and Turnaround Times    | Please furnish the claim settlement ratio for the last three financial years and the turnaround times that can be committed for cashless authorisation, reimbursement and grievance redressal.                         |
| 25 | Digital Servicing                         | Please provide the enrolment, claim tracking, MIS and grievance workflow proposed.                                                                                                                                     |
| 26 | Rating Stability and Renewal Architecture | Please indicate, in structural terms only, the contractual approach to keeping the rating fixed during the policy year and the basis on which renewal terms are ordinarily determined. No figures are to be furnished. |
| 27 | Portability                               | Please indicate portability options available in accordance with IRDAI norms for separating beneficiaries.                                                                                                             |
| 28 | Tender Safeguards                         | Please suggest procurement-neutral clauses to promote service quality and competition.                                                                                                                                 |

*(No further annexure forms part of this RFI.)*