

ANNEXURE – I I I

FORMAT FOR PROVIDING RATES AS PER THE TO THE GROUP HEALTH INSURANCE POLICY

SL. NO.	DETAILS OF PERSONS TO BE INSURED	PREMIUM AMOUNT PER MONTH FOR EACH CATEGORY (WITH OPD - 5% of total Sum Insured)	PREMIUM AMOUNT PER MONTH FOR EACH CATEGORY (WITHOUT OPD)
01.	Employees with Sum Insured <u>(Rs. 4.5 Lakhs)</u> Employees: 01; Dependants: 02 TOTAL: 03		
02.	Employees with Sum Insured <u>(Rs. 3.5 Lakhs)</u> Employees: 22; Dependants: 35 TOTAL: 57		
03.	Employees with Sum Insured <u>(Rs. 3.0 Lakhs)</u> Employees: 09; Dependants: 23 TOTAL: 32		
04.	Employees with Sum Insured <u>(Rs. 2.5 Lakhs)</u> Employees: 13; Dependants: 20 TOTAL: 33		
05.	Employees with Sum Insured <u>(Rs. 1.5 Lakhs)</u> Employees: 04; Dependants: 07 TOTAL: 11		
GRAND TOTAL: 136			
Sub - Total			
Applicable Taxes SGST / CGST (%)			
Grand Total including above Applicable Taxes			