

APPENDIX B – Financial Pricing Grid

(PDF must be on official letterhead and signed.)

Part A: Premium Quotation – Per Family per Year (Excl. GST)

Sum Insured Category	Lives Expected	Employee (Individual Cover)	Employee + Dependants (per family floater)	Only Parents (per floater)	Total Premium (Excl. GST)
₹1,00,000		₹ _____	₹ _____	₹ _____	₹ _____
₹2,00,000		₹ _____	₹ _____	₹ _____	₹ _____
₹4,00,000		₹ _____	₹ _____	₹ _____	₹ _____
₹6,00,000		₹ _____	₹ _____	₹ _____	₹ _____
₹7,50,000		₹ _____	₹ _____	₹ _____	₹ _____
₹5,00,000 (Optional Top-up)	NA	₹ _____	₹ _____	₹ _____	₹ _____
₹10,00,000 (Optional Top-up)	NA	₹ _____	₹ _____	₹ _____	₹ _____

Note: RHFL may choose to offer the optional top-up based on employee interest.

Part B: Corporate Buffer Quote

Corporate Buffer Limit	Premium Quoted (Lump Sum)	TPA Charges (if any)	Remarks
₹50,00,000 with ₹10L per case cap	₹ _____	₹ _____	

Part C: Add-on Quote (if priced separately)

Item	Premium per Family	Remarks
Annual Preventive Health Check	₹ _____	For all lives
OPD Buy-up ₹25,000	₹ _____	For all lives
OPD Buy-up ₹50,000	₹ _____	Optional

Item	Premium per Family	Remarks
Air Ambulance Cover	₹ _____ per hour/km	Optional

Declaration

*We hereby certify that the premiums quoted above are valid for a period of **30 days** from the date of submission and include all charges except applicable GST. The underwriting has been done on the basis of the information shared in the RFP and Appendix A (Demographics).*

Authorized Signatory

Name: _____

Designation: _____

Company: _____

Seal & Signature

Date: _____
