**Section III: Returnable Bidding Forms (Revision 1)**

**eSourcing reference:** ITB/2022/41586

Note to Bidders: The following returnable forms are part of this ITB and must be completed and returned by bidders as part of their Bid. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your bid by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form
* Form E: Performance Statement Form

**Form A: Joint Venture Partner Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below.

ITB reference no: ITB/2022/41586 Lot : [insert Lot number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

| **JV / Consortium/ Association Information** | |
| --- | --- |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) | [complete] |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form B: Bid Submission Form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Bid for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** ITB Case No. **[Insert ITB ref number],** dated **[insert date]**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is:

Lot 1: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];

Lot 2: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];

* 1. The discounts offered and the methodology for their application are:
* **Discounts**: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
* **Methodology of application of the discounts**: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid shall be valid for the period of time of [120 days] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in the Tender Particulars section, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of Contract;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
  4. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  5. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. Our firm, its affiliates or subsidiaries – including any subcontractors or suppliers for any part of the contract – has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[***Stamp form of bid with official stamp of the bidder***]**

**Form C: Price Schedule Form**

ITB reference no: ITB/2022/41586

Name of Bidder: [insert name of bidder]

Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.

Please notethat the population data can vary during the time.

**Lot 1 - Underwriting Services and Third Party Administration**

1. **Premiums for Underwriting Services**

| **No** | **Category of countries** | **Population** | | | | **Premium per month in USD** | | | | **Sub-Total**  [Personnel Population x Personnel Premium] + [Spouse Population x Spouse Premium] + [Child Population x Child Premium] + [Retired staff Population x Retired staff Premium] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel** | **Spouse** | **Child** | **Retired staff** | **Personnel** | **Spouse** | **Child** | **Retired staff** |
| 1. | US/Canada | 66 | 9 | 11 | 0 |  |  |  |  |  |
| 2. | Group A | 561 | 64 | 144 | 6 |  |  |  |  |  |
| 3. | Group B | 3014 | 344 | 590 | 17 |  |  |  |  |  |
| 4. | Group C | 5191 | 508 | 958 | 32 |  |  |  |  |  |
| **Subtotal a** | | | | | | | | | | Please add sum of sub-totals in USD |

1. **Premiums for Third Party Administration Services**

| **No** | **Category of countries** | **Population** | | | | **Premium per month in USD** | | | | **Sub-Total**  [Personnel Population x Personnel Premium] + [Spouse Population x Spouse Premium] + [Child Population x Child Premium] + [Retired staff Population x Retired staff Premium] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel** | **Spouse** | **Child** | **Retired staff** | **Personnel** | **Spouse** | **Child** | **Retired staff** |
| 1. | US/Canada | 66 | 9 | 11 | 0 |  |  |  |  |  |
| 2. | Group A | 561 | 64 | 144 | 6 |  |  |  |  |  |
| 3. | Group B | 3014 | 344 | 590 | 17 |  |  |  |  |  |
| 4. | Group C | 5191 | 508 | 958 | 32 |  |  |  |  |  |
| **Subtotal b** | | | | | | | | | | Please add sum of sub-totals in USD |

| **Total (subtotal a+ subtotal b)** | | | | | | | | | | Please add sum of sub-totals in USD |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Note: Financial evaluation will be done for the total requirement of Lot 1 (Underwriting Services and Third Party Administration- Table a+b)**

**Lot 2 - Third Party Administration Services Only**

**c. Premiums for Third Party Administration Services Only**

| **No** | **Category of countries** | **Population** | | | | **Premium per month in USD** | | | | **Sub-Total**  [Personnel Population x Personnel Premium] + [Spouse Population x Spouse Premium] + [Child Population x Child Premium] + [Retired staff Population x Retired staff Premium] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel** | **Spouse** | **Child** | **Retired staff** | **Personnel** | **Spouse** | **Child** | **Retired staff** |
| 1. | US/Canada | 66 | 9 | 11 | 0 |  |  |  |  |  |
| 2. | Group A | 561 | 64 | 144 | 6 |  |  |  |  |  |
| 3. | Group B | 3014 | 344 | 590 | 17 |  |  |  |  |  |
| 4. | Group C | 5191 | 508 | 958 | 32 |  |  |  |  |  |
| **Total** | | | | | | | | | | Please add sum of sub-totals in USD |

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form D: Technical Bid Form ( Lot 1 / Lot 1)**

ITB reference no: ITB/2022/41586

Name of Bidder: [insert name of bidder]

Lot No : Lot 1 / Lot 1

Bidders are required to complete the **Comparative Data Tables** included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your bid.

**Technical specifications – Comparative Data Table**

| **No.** | **UNOPS minimum requirements for services**  **(Expected Procurement Components: Main Functions and Deliverables)** | | **Is bid compliant?** Bidder to complete | **Details of services offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| **1** | **PLAN** | | | |
| 1.1 | General Rule | Insurance coverage is valid worldwide. However, if medical treatment is sought outside the country of duty station, reimbursement will be limited to the reasonable and customary expenses level applicable to the country of the duty station (except for Medical Evacuation Travel, Official Duty Travel, Holiday Travel).  Coverage is for all generally accepted medical and surgical procedures (up to the limits of reasonable and customary expenses), including the latest medical technologies.  The Medical Insurance Plan (MIP) offers a free choice of physician and care provider. Plan members are therefore entitled to be treated by the physician of their choice and in the medical facility of their choice. | ☐ Yes ☐ No | Insert details of services offered |
| 1.2 | Aim | The MIP is a health insurance scheme provided to  - locally-recruited active and former staff members (NPO and GS) (and their eligible family members) serving or residing at designated duty stations (Outside the USA)  - Local Individual Contractor Agreement (LICA) (and their eligible family members) serving or residing at designated duty stations (including USA) | ☐ Yes ☐ No | Insert details of services offered |
| 1.3 | Eligibility | Automatic enrolment for:  - Staff members holding appointment of three (3) months or more under the UN Staff Regulations and Staff Rules  Optional enrolment for:  - Eligible family members of staff members  - After-service health insurance (ASHI) protection for former staff members and their eligible family members  Automatic enrolment for:  - LICA holding a contract of three (3) months or more  Optional enrolment for:  - Eligible family members of LICA holders  Current rules governing eligibility, cessation of coverage, after service health insurance and continuation of coverage for local staff and LICAs shall apply to the new plan. | ☐ Yes ☐ No | Insert details of services offered |
| 1.4 | Reasonable & Customary Charges (R&CC) | Reasonable and customary expenses refer to the prevailing pattern of charges for professional and other health services provided at the duty station where the service is provided (staff member’s duty station). This applies to services provided within the country of the staff member’s duty station. | ☐ Yes ☐ No | Insert details of services offered |
| 1.5 | Treatment Outside Duty Station | For services provided outside the country of the staff / LICA member’s duty station, only the prevailing pattern of charges for the services provided within the country of the staff / LICA member's duty station is accepted, except for Official Duty Travel (ODT), approved Medical Evacuation Travel (MET) and Holiday Travel (HT). | ☐ Yes ☐ No | Insert details of services offered |
| 1.6 | Official Duty Travel (ODT) | In case of emergency during ODT, reimbursement of medical treatments is considered up to the limits of the country where care is provided. | ☐ Yes ☐ No | Insert details of services offered |
| 1.7 | Medical Evacuation Travel (MET) | In case of approved MET, reimbursement of medical treatments are considered up to the limits of the country where care is provided. | ☐ Yes ☐ No | Insert details of services offered |
| 1.8 | Holiday Travel (HT) | Holiday Travel (HT) expenses for an emergency treatment will be reimbursed based on the prevailing pattern of charges for professional and other health services in the country where incurred for trips of a maximum period of five consecutive weeks. | ☐ Yes ☐ No | Insert details of services offered |
| 1.9 | After Service Insurance (ASHI) | Former National Professional Officers (NPO) and General Services (GS) and their dependants are eligible for ASHI (according to UN rules)  ASHI shall not apply to LICAs. | ☐ Yes ☐ No | Insert details of services offered |
| 1.10 | Stop loss provision | Stop loss provision: ‘Out-of-pocket maximum’ refers to the total sum of co-payments paid by all family members in a calendar year. Once the out-of-pocket maximum for covered treatments and services has reached the stop loss limit, the plan will start reimbursing an additional 80% of the out-of-pocket expenses.  The stop loss limits are:  - Active members: 100% of the member’s monthly net base salary  - Retired members: 50% of the current net salary corresponding to the grade/step of the former staff member at the date of his/ her separation. | ☐ Yes ☐ No | Insert details of services offered |
| 1.11 | After Service Continuation Period | Staff members and LICA holders and dependents may request the Insurer through the TPA to convert the Medical Plan into an individual contract for a maximum of 12 months. Eligible family members may be covered only if they were already covered while the Staff / LICA contract was effective if all of them opt for it, and if the Staff / LICA holder opts for it.  Same terms,conditions and premium rates of the group plan apply. Premium and fees are paid in full by the former Staff / LICA | ☐ Yes ☐ No | Insert details of services offered |
| 1.12 | 1 Year free cover for all new born children of existing policyholders | The bidder must offer 1 Year free cover for all new born children of existing policyholders. | ☐ Yes ☐ No | Insert details of services offered |
| 1.13 | Overall Maximum Outside USA | 80,000 USD | ☐ Yes ☐ No | Insert details of services offered |
| 1.14 | Overall Maximum USA & Canada | 160,000 USD | ☐ Yes ☐ No | Insert details of services offered |
| 1.15 | Deductible outside USA & Canada | 0 | ☐ Yes ☐ No | Insert details of services offered |
| 1.16 | Deductible USA & Canada | 250 USD | ☐ Yes ☐ No | Insert details of services offered |
| **2** | **Inpatient** | | | |
|  | **Maximum for Inpatient** | **Up to policy limit** |  |  |
| 2.1 | Room & Board - Semi-private) | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.2 | "Room & Board - Private  (and if semi-private not available)" | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 2.3 | "Physician and surgeon fees  (in-patient)" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.4 | Other hospital expenses | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.5 | ICU / CCU | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.6 | "Psychiatry (in-patient)" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.7 | Accompanying person | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 2.8 | Personal expenses | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 2.9 | Drug and alcohol abuse (inpatient treatment) | 100% max 30 days per calendar year (provided it is carried out at certified facilities for detoxification / rehab) | ☐ Yes ☐ No | Insert details of services offered |
| 2.10 | Cash Benefit (Inpatient) | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 2.11 | Organ transplant | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.12 | "Rehabilitation and convalescence rest/care post hospitalization  - Semi-private  - Private (if semiprivate not available)" | Semi-private: 100%  Private: 80% | ☐ Yes ☐ No | Insert details of services offered |
| 2.13 | "Diagnostic tests  (in-patient treatment)" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.14 | "Oncology, chemotherapy, radiotherapy, haemodialysis" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.15 | Serious / Critical illness\*  (inpatient and outpatient / day care treatment);  \*critical illness list subject to review and approval from UNOPS | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.16 | Cosmetic (reconstructive) surgery (inpatient or outpatient) | 100%  only reconstructive surgery needed as a result of an accident / illness for which coverage is provided (such as car accident, breast cancer, etc.) | ☐ Yes ☐ No | Insert details of services offered |
| 2.17 | "Pregnancy & Child birth  - semiprivate  - private (if semiprivate not available)" | Semi-private: 100%  Private: 80% | ☐ Yes ☐ No | Insert details of services offered |
| 2.18 | "Amniocentesis  (subject to pre-approval)" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 2.19 | Second surgical opinion | 80% | ☐ Yes ☐ No | Insert details of services offered |
| **3** | **Emergencies** | | | |
| 3.1 | General Transportation costs | Covered if adequate medical facilities are not available at / near duty station (or in the duty station country).  Costs are subject to pre-approval | ☐ Yes ☐ No | Insert details of services offered |
| 3.2 | "Emergency treatment outside area of cover (duty station) for:  - duty travel;  - hospitalisation following medical evacuation (MET)  - leisure trips of a maximum period of five weeks" | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 3.3 | Local ground ambulance | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 3.4 | Local air ambulance | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 3.5 | Repatriation of deceased person | up to 7,500 USD | ☐ Yes ☐ No | Insert details of services offered |
| 3.6 | Evacuation | not covered | ☐ Yes ☐ No | Insert details of services offered |
| **4** | **Outpatient (all treatments must be prescribed by a certified doctor)** | | | |
|  | **Maximum for outpatient** | **up to policy limit** |  |  |
| 4.1 | Doctor's fees | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.2 | Outpatient consultation in hospital | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.3 | Day care (outpatient) treatment / surgery | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 4.4 | Outpatient chemotherapy, radiotherapy, haemodialysis | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 4.5 | Diagnostic tests | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.6 | Emergency room (outpatient care) - for emergency care | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 4.7 | Emergency room (outpatient care) - for non emergency care | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.8 | Drug and alcohol abuse (outpatient treatment) | 80%  up to 6,000 USD per calendar year (per patient) for maximum 50 visits. Up to 20 of the 50 visits may be allocated to counselling of eligible family members of the participant who is under treatment for substance abuse | ☐ Yes ☐ No | Insert details of services offered |
| 4.9 | Medical imaging | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.10 | MRI, CT scan, PET scan | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.11 | Lab Tests | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.12 | Prescribed Drugs / pharmaceutical products | 80%  only if prescribed and medically necessary | ☐ Yes ☐ No | Insert details of services offered |
| 4.13 | Medication for emergency care and for use in hospital | 100% | ☐ Yes ☐ No | Insert details of services offered |
| 4.14 | Contraceptive devices and medication | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 4.15 | Prescribed contraceptives  (if medically necessary) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.16 | Vitamins (when prescribed)  (only in case of a vitamin deficit) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.17 | Psychiatry and psychotherapy  (if provided by a psychiatrist or another therapist when prescribed) | 80%  up to maximum 5,000 USD (same in USA) per calendar year. Max. 50 visits per 6 month period | ☐ Yes ☐ No | Insert details of services offered |
| 4.18 | Prescribed Physiotherapy | 80%  only if the treatment aims at improving or  restoring bodily functions. | ☐ Yes ☐ No | Insert details of services offered |
| 4.19 | Paramedical fees / other medical acts  (other treatments not provided by a doctor - wound dressing, inkections, etc., subject to pre-approval. It does not cover physiotherapy) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.20 | Travelling expenses doctor/paramedic  (medically necessary home visits only) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.21 | Dietician  (subject to pre-approval)  - Dietician visit for dietary-oriented purposes (max. 1)  - Nutritional counselling sessions (max 10 per lifetime) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.22 | Homeopathy, acupunture, chiropraxis & osteopathy) | 80%  only if:  - the patient suffers from a medical condition that requires treatment;  - the treatment is recognised as valid by the competent health authorities of the country,;  - the treatment is provided by a qualified medical doctor or a licensed chiropractor; | ☐ Yes ☐ No | Insert details of services offered |
| 4.23 | Other therapies (Ergotherapy, logopaedics & speech therapy) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.24 | Traditional Chinese Medicine  (only covered in countries where the National Health Insurance reimburses TCM - China, South Korea, North Korea, Vietnam, Taiwan and Japan) | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 4.25 | Home health care | 80%  only if prescribed as medically necessary and as an alternative to either hospitalisation or a stay in a skilled nursing facility | ☐ Yes ☐ No | Insert details of services offered |
| 4.26 | Speech Therapy | 80%  only if the treatment aims at improving or restoring speech functions.  Not covered in case the treatment is given to prevent deterioration of speech function. | ☐ Yes ☐ No | Insert details of services offered |
| 4.27 | Maternity  - Pre- and post-natal exercises  (carried out by a registered midwife)  - Maternity care / assistance (max. 8 days)  - Midwife visits  - Home delivery | - Pre- and post-natal exercises: 80%  (carried out by a registered midwife)  - Maternity care / assistance (max. 8 days): 80%  - Midwife visits: 80%  - Home delivery: 100% | ☐ Yes ☐ No | Insert details of services offered |
| 4.28 | Infertility treatment (IVF, ICSI, AI and all similar treatments) | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 4.29 | MESA (microchirurgical epididymal sperm-aspiration) | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 4.30 | TESE (testicular sperm-extraction) | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 4.31 | Cryopreservation | not covered | ☐ Yes ☐ No | Insert details of services offered |
| **5** | **Routine and Preventive care (prescribed by a certified doctor)**  **A Routine** | | | |
| 5.1 | Routine examinations for children until 19 years old | 100%  Birth to age 1: 1 examination every 2 months  Age 2 to 3: 1 examination every 6 months  Age 4 to 19: 1 examination per year  The following services are covered at 100% according to the above frequency:  · Immunization if recommended by the local health authorities and/or the World Health Organization  · Vision test  · Hearing test  · Oral health assessment  · Body mass index (BMI) | ☐ Yes ☐ No | Insert details of services offered |
| 5.2 | Routine examination | 80%  Men  - Annual routine urological examination (1 per year)  - Annual prostate examination (specific antigen (PSA) screening) (1 per year)  Women  - Annual routine gynaecological examination (1 per year)  - Annual pap smear (1 per year)  - Annual mammogram (1 per year)  One routine physical for children 19+ and adults every 24 months, and for 65+ every 12 months, at the rate of 80% | ☐ Yes ☐ No | Insert details of services offered |
| 5.3 | HIV test & counselling | 80%  2 voluntary blood tests per year without prescription | ☐ Yes ☐ No | Insert details of services offered |
| 5.4 | Vaccinations / preventive immunizations | 100% for child well being  80% for adults | ☐ Yes ☐ No | Insert details of services offered |
| 5.5 | Seasonal flu vaccinations | 80% | ☐ Yes ☐ No | Insert details of services offered |
| 5.6 | Covid 19 vaccinations (if not covered by national health programmes) - Reasonable & Customary Chargess apply | 80% | ☐ Yes ☐ No | Insert details of services offered |
| **6** | **Dental, Vision & other devices / aids** | | | |
| 6.1 | Ordinary dental care | 80%  up to 3,000 USD per calendar year | ☐ Yes ☐ No | Insert details of services offered |
| 6.2 | Major dental care (e.g. prosthetics, bridges, implants) | 80%  subject to the limit for Ordinary dental care | ☐ Yes ☐ No | Insert details of services offered |
| 6.3 | Orthodontics (e.g. braces, dento-facial orthodontics) | 80%  subject to the limit for Ordinary dental care | ☐ Yes ☐ No | Insert details of services offered |
| 6.4 | Dental surgery | 80%  subject to the limit for Ordinary dental care | ☐ Yes ☐ No | Insert details of services offered |
| 6.5 | Dental care after an accident | 80%  subject to the limit for Ordinary dental care | ☐ Yes ☐ No | Insert details of services offered |
| 6.6 | Eye test to determine dioptre by ophthalmologist | 80%  1 test per period of 24 months | ☐ Yes ☐ No | Insert details of services offered |
| 6.7 | Corrective Lenses | 80%  up to 60 USD/lens; maximum 2 lenses in a period of 24 months (the date of the 1st purchase determines the start of the 24-month period) | ☐ Yes ☐ No | Insert details of services offered |
| 6.8 | Contact lenses | Corrective lenses provision (6.7) applies | ☐ Yes ☐ No | Insert details of services offered |
| 6.9 | Disposable lenses | 80%  up to 120 USD per period of 24 months (the date of the purchase of the first pair of lenses determines the start of the 24-month period) | ☐ Yes ☐ No | Insert details of services offered |
| 6.10 | Lasik/keratotomy and other procedures to change the dioptre | Corrective lenses provision (6.7) applies | ☐ Yes ☐ No | Insert details of services offered |
| 6.11 | Prescription glasses | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 6.12 | Frames | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 6.13 | Fluid for contact lenses | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 6.14 | Orthopaedic devices | 80%  for rental (Purchase is acceptable if it turns out to be cheaper than rental or if the equipment cannot be rented.) | ☐ Yes ☐ No | Insert details of services offered |
| 6.15 | Hearing aids (including batteries) | 80%  up to 300 USD per apparatus, including the related examinations and batteries Maximum of 1 apparatus per period of 36 months | ☐ Yes ☐ No | Insert details of services offered |
| 6.16 | Adaptation to the patient’s accommodation (shower, elevator, lavatory, etc.) | not covered | ☐ Yes ☐ No | Insert details of services offered |
| 6.17 | Orthopaedic shoes/insoles | 80% | ☐ Yes ☐ No | Insert details of services offered |
| **7** | **Global Telehealth & Employee Assistance** | | | |
| 7.1 | Global Telehealth | it should be covered. | ☐ Yes ☐ No | Insert details of services offered |
| 7.2 | Employee Assistance Service | - access to free, confidential assistance with any work, life, personal or family issue;  - short-term counselling, telephone support, information about local resources;  - up to telephonic 6 counselling sessions per issue per period of cover;  - information, resources and counselling on any work, life, personal, or family issue | ☐ Yes ☐ No | Insert details of services offered |
| **8** | **Countries with extremely poor medical facilities**  The Plan should reimburses participants who work and live in countries with extremely poor medical facilities (if adequate treatment is not available in the duty station) and who are treated in neighbouring countries offering reliable facilities. Reimbursement is then limited to the reasonable and customary limits of the so-called “regional care” country. This is not considered a medical evacuation (MET) and concerns non-urgent medical care only.  Please refer to the table 8 (a) for the list of countries with extremely poor medical facilities. | | ☐ Yes ☐ No | Insert details of services offered |
| **9** | **Customer Service** | | | |
| 9.1 | Official languages: English, Spanish, French | | ☐ Yes ☐ No | Insert details of services offered |
| 9.2 | International customer service number | | ☐ Yes ☐ No | Insert details of services offered |
| 9.3 | Toll free numbers or Customer call back (virtual queuing or click to call)  (or)  any alternative technique that would reduce waiting time and costs for insured members | | ☐ Yes ☐ No | Insert details of services offered |
| 9.4 | Live chat (agent) - web portal | | ☐ Yes ☐ No | Insert details of services offered |
| 9.5 | Email address | | ☐ Yes ☐ No | Insert details of services offered |
| 9.6 | Personal webpage / account on provider's portal | | ☐ Yes ☐ No | Insert details of services offered |
| 9.7 | Smartphone app with full functionalities (i.e. claims submission, etc.) | | ☐ Yes ☐ No | Insert details of services offered |
| **10** | **Service Level Agreement** | | | |
| 10.1 | Telephone response time | 80% within 20 seconds  100% within 40 seconds | ☐ Yes ☐ No | Insert details of services offered |
| 10.2 | Telephone calls abandoned rate - tolerance | 0-5% of total calls received | ☐ Yes ☐ No | Insert details of services offered |
| 10.3 | Claim processing | 90% of satisfactory claim documentation within 5 business days  100% within 10 working days | ☐ Yes ☐ No | Insert details of services offered |
| 10.4 | Incomplete claim documentation | in 90% of the case, to request additional information to the insured member or medical practitioner via email within 2 business days  100% within 7 business days | ☐ Yes ☐ No | Insert details of services offered |
| 10.5 | Issuance of letter of Guarantee of Payment - emergency hospitalization | within maximum 24h if all documents requested have been provided | ☐ Yes ☐ No | Insert details of services offered |
| 10.6 | Issuance of letter of Guarantee of Payment - non-emergency hospitalization | within maximum 72h if all documents requested have been provided | ☐ Yes ☐ No | Insert details of services offered |
| 10.7 | Email response rate | within maximum 3 business days | ☐ Yes ☐ No | Insert details of services offered |
| 11 | Premium quotation should differ by:  - rate group  - policyholder, spouse, child  - retired staff  No differentiation should be made between UNOPS and partners (i.e. premium rates should be the same without distinction between UNOPS or other partners).  Please refer to the table 11 (a) for the list of Rate Group. | | ☐ Yes ☐ No | Insert details of services offered |
| 12 | The bidder should provide a profit sharing formula and submit along with the bid. | | ☐ Yes ☐ No | Attach detailed formula |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form E: Performance Statement Form**

ITB reference no: ITB/2022/41586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

Bidder should be in continuous business of providing similar services during the last 5 years preceding the closing date of this ITB.

| **Order placed by (Full address of purchaser)** | **Order no & date** | **Description & quantity of ordered items** | **Value of Order** | **Date of completion of Delivery** | | **Remarks indicating reasons of late delivery, if any** | **Was the supplies of goods/services satisfactory?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Bidder should provide the details of the contracts along with valid reference contact details.

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_