



**Schedule No. 7.  
Bid Submission Form**

-Name of Tenderer/ Candidate: \_\_\_\_\_

-Name of person authorized by the Tenderer/ Candidate to conclude the contract: \_\_\_\_\_

- Address of Tenderer/ Candidate: \_\_\_\_\_

-Phone/fax: \_\_\_\_\_

-E-mail address: \_\_\_\_\_

Registration number of Candidate/Tenderer *[PLEASE INSERT as provided in legal status documents]*:

-Bank account number: (including Bank's name, SWIFT number and address)

\_\_\_\_\_

We hereby declare that our company offers the delivery of the services, according to the terms and conditions of the technical specifications listed in the Contract Notice

-Payment can only be made by bank transfer please confirm. Yes, No, comment -----

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The Tenderer/ Candidate confirms its obligation to maintain the validity of this bid until the final selection by the Tender Commission during the Tender.

**Financial Offer:**

Price of services (in USD) is:

The fees presented in this table should reflect the final cost that PAH will cover. Detailed breakdown of the final cost should be attached separately where applicable.

<b>Premium per staff plus two dependents</b>	<b>Quantity</b>	<b>Unit amount per person in USD for 24 months</b>	<b>Total amount in USD for all members for 24 months</b>
Health insurance for employees/family members	<b>80</b>		
Health insurance for parents	<b>25</b>		
Total cost for 24 months for employees/family members & parents			

**Technical Response:**

Tenderers should note that some of the information requested below will be required under the minimum requirement and some of the information will be used for scoring purposes.

<b>No</b>	<b>Description</b>	<b>Response (please provide attachment in case space is not sufficient or in case additional documents are required)</b>
1	Provide areas of coverage and names of medical service providers and specialized services, indicate countries, and for Yemen indicate states and number of hospitals you deal with. <b>(In the Health insurance coverage file attached)</b>	
2	Please indicate, what happens if PAH signs the contract for 24 months for around 80 people but after few months there are staff leaving. How is the cost changing for medical insurance charges?	
3	Are you able to provide 10 % bank Guarantee of the total amount that is valid for two months?	

Please indicate benefits under medical covers:

MEDICAL BENEFITS		
Insurance period	2 years from 01 of January 2023 to 31 of December 2024	
CO-Insurance in patient		
CO-Insurance out patient		
CO-Insurance in patient of parents		
CO-Insurance out patient of parents		
Cash Claim – for Emergency cases		
Cash Claim – for Selective cases		
Max Limit for each case per case		
Maximum per person per year		
Inpatient Cover Benefits		
BENEFITS	Yes/No	Full Cover/indicate Limits
Maximum Daily Bed Limits		
Doctor's (Physician, Surgical & Anesthesia) fees		
ICU/HDU and Theatre		
All Pathological Diagnostic tests		
Physiotherapy and Rehabilitation		
Prescribed Drugs on Discharge		
Accident covers		
Post-hospitalization		
Pre-existing and Chronic conditions.		
Drugs of the Chronic disease – (monthly)		
Dental Cover (for each case)		
Maternity		
Natural Birth		
Legal abortion		

Caesarean Birth		
Pre & Post Natal Care		
Care of the child whilst the mother is in hospital		
Gynecological surgery		
Oncology/Cancer treatment		
Management of Acute Renal Dialysis		
Day-care surgery		
Diagnostic Scans		
Reconstructive surgery		
Organ Transplants		
Optical cover		
Optical Glasses Limits		
Non accidental Ophthalmology & Surgery		
ENT Cover		
Overseas referrals and Admissions Cover		
In Country referrals and evacuations		
Hospital services (Surgery, Operating rooms, anesthesia, medicines, Lab tests, X-ray, treatment, ect..)		
Using hospital medical equipment such as (cardiac, pulmonary, supporting system, ect..)		
IV fluids, injections, ect...		
Doctor visits related to the main cause of admission to hospital.		
Ambulance service		
Accommodation Costs		
Costs of autopsy in case the insured passed away after being admitted to hospital and while staying there due to injury or non – included physical illness.		
any other (please add)		

Outpatient Cover Benefits		
Maximum Cover Benefit Per Family per year	Yes/No	
Medical Consultation		
Prescribed Drugs		
Prescribed Diagnostic tests		
Prescribed Scans		
Prescribed Physiotherapy		
Pre-existing / chronic conditions		
Covid-19 Testing and treatment		
Consultations		
Antenatal & Post-natal services		
Psychiatry and psychotherapy treatment		
Outpatient Oncology/Cancer treatment		
Congenital and genetic conditions defects		
ENT Cover		
Dental Cover (for each case)		
Optical cover		
Optical Glasses Limits		
any other (please add)		
Outpatient Cover Benefits		
Maximum Cover Benefit Per Family per year	Yes/No	
Medical Consultation		
Prescribed Drugs		

Prescribed Diagnostic tests		
Prescribed Scans		
Prescribed Physiotherapy		
Pre-existing / chronic conditions		
Physiotherapy		
All kinds of catheterization		
Emergency Visit		
Cover the cost of the visiting doctor		
Covid-19 Testing and treatment		
General health check ups for the family.		
Antenatal & Post-natal services		

<b>Additional Cover Benefits</b>		
<b>Maximum Cover Benefit Per Family per year</b>	<b>Yes/No</b>	
Ambulance Service in case it is required medically.		
Treatment of renal stones by ESWL		
All Ophthalmology disease unless related to corrections of Visual acuity and aging.		
CVA and its Complications		
Dermatological disease unless being cosmetic cases.		
Allergic disease		

(Vitamins, Mineral Supplements), (If prescribed by the doctor for a medical reason)		
Piles, Fistula and annal Fissure.		
Tonsillectomy, Adenoidectomy , Symptomatic DNS and Sinuses Surgery		
Fibroid Surgery, hysterectomy and endometriosis		
Varicose vein, Varicocele and hydrocele.		
Surgical and nonsurgical treatment for LBP and therapeutic arthroscopy for knee joint disease.		
Cataract and Glaucoma Surgery		
any other (please add)		

Note:

I confirm that my bid has a validity of 90 days. If your bid does not have this validity, please state what bid validity you offer.

I confirm that the proposal and the costs provided to accompany it are an accurate reflection of the costs that will be charged to PAH according to the information provided here; and that there are no other costs associated with using the service that my company offers. I also confirm that I have the authority to sign on behalf of the company that is bidding.

Name and seal of the Company \_\_\_\_\_

Address \_\_\_\_\_

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

Position with the Company: \_\_\_\_\_

Place, date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Any terms not defined in this document shall have the meaning given to them in the Rules of Conduct applicable to tenders organized by Polska Akcja Humanitarna.

Lp.	Checklist of Schedules and Annexes to the Bid	Please tick
	Schedule 4 cover letter	
1	Schedule 5 Contract notice	
2	Schedule 7 Bid Submission Form, itself;	
3	Schedule 8 Tenderer's Statement;	
4	Certificate of entry in the commercial register (the certificate of registration), issued not earlier than 3 months before the expiry date, within which the bid is to be made;	
5	Company CV or profile (tenderer CV)	
6	Schedule 25, At least 3 References confirm experience in performing similar activities. includes information on similar projects performed and/or completed	
7	Schedule 27 personnel information	
8	Schedule 28 financial situation	
9	Schedule 29 current agreements of the company	
10	10 % bank Guarantee of the total amount valid for two months	
11	Power of attorney or any other document that grants the power to represent the Company and to assume financial obligations on behalf of the company;	