

**PRICE OFFER FORM**



**Annual Service Agreement Framework for delivering Medical Health Insurance services to the staff of AFH Yemen and their families**

<b>Company Name:</b>
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To: AFH Yemen,

We proposed providing Medical Health Insurance services based on the Benefit Table specified in the bidding documents for a fixed total sum of:

<b>Age band/ class/co-insurance-per person</b>	<b>Premiums Offer Unit Price in USD</b>
Staff member	
Spouse/Husband	
Staff Child	
Parent	
Co- insurance in patient for Staff	
Co- insurance out patient Staff	
Co- insurance in patient for dependents	
Co- insurance out patient for dependents	
Co- insurance in patient for Parents	
Co- insurance outpatient for Parents	
Cost of Lost Card Issuing:	
Validity of Offer:	
Service Delivery Time From TO Date:	
Payment Method:	
Payment Terms:	

- All proposals must be presented in US Dollars and should specify whether they encompass taxes, mandatory fees, charges, and/or duties, including VAT, if relevant.

Name:		Signature and Stamp
Position:		
Date:		