



TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE COVER

TENDER NUMBER: TIK/MED/HR/2017-2018

CLOSING DATE: FRIDAY, 22ND SEPTEMBER 2017

TIME: 10.00AM.

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TENDER NOTICE

TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE COVER

Transparency International Kenya (TI- Kenya) invites sealed bids from eligible suppliers for **provision of staff medical insurance cover.**

Tender No.TIK/MED/HR/2017-2018

Interested bidders are required to pay a non-refundable fee of Kenya Shillings Two thousand only (Ksh. 2,000) through direct deposit into the following bank account:

**Transparency International Kenya
NIC Bank
Prestige Plaza Branch
Account Number 1003862034**

A. OBJECTIVE OF THE COVER

The primary objective of the cover is to provide a comprehensive in-patient, out-patient, maternity, dental and optical medical cover for TI-Kenya staff and their immediate dependents.

B. INSTRUCTIONS TO TENDERERS

i. Eligibility

1. TI-Kenya employees, committee members, board members and their relatives (spouse and children) are not eligible to participate in the tender.
2. This Invitation for Tenders is open to all eligible tenderers. Successful tenderers shall provide the services for the stipulated duration from the date of commencement specified in the tender documents.
3. Tenderers involved in corrupt or fraudulent practices or debarred from participating in public procurement shall not be eligible.
4. All bidders found capable of performing the contract satisfactorily in accordance with the set pre-qualification tender criteria shall be eligible for pre-qualification.
5. TI-Kenya will examine the proposals to determine completeness and sufficiency in responsiveness.
6. Tenderers shall not contact TI- Kenya on matters relating to their tender from the time of opening to the time the evaluation is finalized and official communication sent to them. Any effort by the tenderer to influence TI-Kenya in the evaluation shall result in cancellation of their tender.

7. Pre-qualification will be based on meeting the minimum criteria regarding the applicant's legal status, general and particular experience, personnel and financial position as demonstrated by their responses where applicable accordingly.
8. Tenderers shall provide the qualification information statement that the tenderer (including all members of a joint venture and subcontractors) is not associated, or have been associated in the past, directly or indirectly, with a firm or any of its affiliates which have been engaged by the Procuring entity to provide consulting services for the preparation of the design, specifications, and other documents to be used for the procurement of the services under this Invitation for tenders.
9. TI-Kenya reserves the right to accept or reject any or all proposals.
10. Bids will be opened promptly in the presence of Bidders and/ or representatives who choose to attend the opening at TI-Kenya's Board room at 10. 15a.m on 22nd September 2017.
11. Late bids, portion of bids, bids not received, bids not opened and not read out in public at the bid open ceremony shall not be accepted for evaluation irrespective of circumstances.

C. COST OF TENDERING

1. The Tenderer shall bear all costs associated with the preparation and submission of its tender, and the procuring entity, will in no case be responsible or liable for those costs. Regardless of the conduct or outcome of the tendering process
2. The price to be charged for the tender document shall not exceed Kshs.2, 000/=
3. The procuring entity shall allow the tenderer to review the tender document free of charge before purchase.
4. Tenderers can download at the TI-Kenya suppliers portal <http://tikenya.org/supplier-needed/>. Documents downloaded are free of charge.
5. The rates shall include cost of smart cards.
6. Prices shall be quoted in Kenya Shillings.

D. LANGUAGE OF TENDERS

The tender prepared by the tenderer, as well as all correspondence and documents relating to the tender exchanged by the tenderer and the Procuring entity shall be written in English language.

E. SCOPE OF THE COVER

1. The current total population is as per the rating band indicated on this tender document.
2. It should be a service that is easily available and accessible to staff as and when required.

3. The number of TI-Kenya staff and their immediate dependents to be covered may change from time to time. These changes will be communicated on email.
4. The Health Insurance Provider is expected to have a country wide network that can enable TI-Kenya staff and their immediate dependents access medical services as and when the need arises. Where such facilities registered by the Health Insurance Provider cannot be accessed, the Insurance Provider should be able to meet/reimburse the cost of treatment of staff and their dependents
5. The quote should be per member covered and not per family.

F. TI-KENYA MEDICAL INSURANCE PROPOSED PLAN

Below is the plan that TI-Kenya is willing to consider as two options for medical insurance.

Cover	Cost (KES) Option 1	Cost (KES) Option 2
Inpatient Premium	1,500,000	1,500,000
Outpatient Premium	100,000	100,000
Dental Premium	25,000	0
Optical Premium	25,000	0
Maternity	200,000	200,000

G. RATING BAND

Rating Band	Gender	Age from 1st October 2017
M+2	Female	40.00 Yrs 4.00 Months
	Female	18.00 Yrs 9.00 Months
	Female	14.00 Yrs 3.00 Months
M	Male	29.00 Yrs 4.00 Months
M	Male	32.00 Yrs 1.00 Months
M+3	Male	31.00 Yrs 1.00 Months
	Female	31.00 Yrs 4.00 Months
	Male	4.00 Yrs 7.00 Months
	Male	0.00 Yrs 10.00 Months
M+1	Female	32.00 Yrs 3.00 Months
	Female	1.00 Yrs 3.00 Months
M	Male	36.00 Yrs 10.00 Months
M+1	Female	31.00 Yrs 3.00 Months
	Male	2.00 Yrs 0.00 Months

M+3	Male	40.00 Yrs 10.00 Months
	Female	42.00 Yrs 0.00 Months
	Male	5.00 Yrs 7.00 Months
	Female	7.00 Yrs 4.00 Months
M+2	Female	36.00 Yrs 11.00 Months
	Male	44.00 Yrs 1.00 Months
	Male	0.00 Yrs 9.00 Months
M+2	Male	29.00 Yrs 9.00 Months
	Female	28.00 Yrs 0.00 Months
	Female	5.00 Yrs 6.00 Months
M	Female	35.00 Yrs 7.00 Months
M	Male	31.00 Yrs 11.00 Months
M	Female	28.00 Yrs 0.00 Months
M+4	Male	36.00 Yrs 9.00 Months
	Female	35.00 Yrs 6.00 Months
	Male	9.00 Yrs 4.00 Months
	Male	10.00 Yrs 7.00 Months
M	Female	36.00 Yrs 8.00 Months
M	Female	29.00 Yrs 0.00 Months
M	Male	25.00 Yrs 11.00 Months
M	Male	25.00 Yrs 11.00 Months
M	Male	32.00 Yrs 5.00 Months
M	Male	28.00 Yrs 6.00 Months
M+1	Male	28.00 Yrs 10.00 Months
	Male	0.00 Yrs 10.00 Months
M+2	Female	36.00 Yrs 2.00 Months
	Male	11.00 Yrs 6.00 Months
	Male	8.00 Yrs 2.00 Months
M	Male	24.00 Yrs 5.00 Months
M	Male	30.00 Yrs 1.00 Months
M	Male	31.00 Yrs 11.00 Months
M	Female	27.00 Yrs 1.00 Months
M	Female	26.00 Yrs 9.00 Months
M	Male	34.00 Yrs 4.00 Months
M+3	Male	27.00 Yrs 3.00 Months
	Female	25.00 Yrs 10.00 Months
	Female	1.00 Yrs 1.00 Months
	Male	6.00 Yrs 3.00 Months

H. SUBMISSION OF TENDER DOCUMENT

Completed tender documents are to be enclosed in sealed envelopes, clearly marked:

“**TIK/MED/HR/2017-2018**” and addressed to:

The Tender Committee
Transparency International Kenya
P.O Box 198- 00200
Nairobi

The tender document should be dropped at TI-Kenya offices on Kindaruma road, off ring road Kilimani, next to Commodore Office Suites Gate No. 713 Suite No. 4, **together with the payment receipt** to reach us on or before **Friday, 22nd September 2017 by 10.00 am.**

Any proposal received after this date will entirely be rejected.

Transparency International Kenya reserves the right to accept or reject any applications in part or whole and will give reasons for its decision.

CONTACT PERSON

Requests for clarification should be directed to:

Winnie W. Njoroge | Administration Officer

Tel +254-20-2727763/5 | 0722 296 589 |

Email: transparency@tikenya.org or wnjoroge@tikenya.org

CONTENT OF PROPOSAL

I. LETTER OF APPLICATION

Date.....

The Tender Committee TI-Kenya
 P. O Box 198-00200,
 Nairobi.

Dear Sir/Madam,

Being duly authorized to represent and act on behalf of(name of firm) and having reviewed and fully understood all of the Pre-qualification information provided, the undersigned hereby applies to be medical insurance providers for TI-Kenya for the period 2017/2018.

We confirm that we are not/ have never been associated, directly or indirectly, with a firm or any of its affiliates which have been engaged by TI-Kenya to provide consulting services for the preparation of the design, specifications, and other documents to be used for the procurement of the services under this invitation for tenders.

The undersigned declare that the statement made and the information provided in the duly completed application are complete, true and correct in every detail.

SIGNED	SIGNED
Name	Name
For and on Behalf of the applicant (Name of applicant)	For and on Behalf of the applicant (name of partner)

II. PRICE SCHEDULE FORM

Total annual proposed coverage for members should be specified by the service provider as per below format for the proposed option

Cover	Premiums/Cost (KES) Option 1	Premiums/Cost (KES)Option 2
Inpatient Premium		
Outpatient Premium		
Dental Premium		
Optical Premium		
Maternity		
Total Inclusive of levies		

III. COST OF PROVIDING MEDICAL HEALTH INSURANCE SERVICES

The service provider is expected to offer its proposed prices (**In Kenyan Shillings only**) or comments for each of the below options.

BENEFITS	Cost/Comments(OPTION 1)	Cost/Comments (OPTION 2)
Bed Entitlement, Standard private room		
Pre-existing, Chronic conditions & HIV/ AIDS		
Congenital Conditions		
Accident Waiting Period		
Illness Waiting period		
1st Emergency Caesarean Section		
Lodger Fees(Parents Accompanying children)		
Outpatient (day) surgeries		
Age Limit - Children		

Annual Wellbeing cover		
Funeral/ Last Expense		
Personal Accident cover		
Inpatient Dental(Non-Accidental)		
Inpatient Optical (Non-Accidental)		
Inpatient Dental(Accidental)		
Inpatient Optical (Accidental)		
Outpatient dental		
Cover outside Kenya		
Oversees referral		
KEPI Immunization		
Psychiatry		
Rehabilitation (Including wheelchairs, Crutches etc)		
riots, civil wars		
Illness Related Inpatient Ophthalmology		
Post Hospitalization		
Upper Age Limit		
Outpatient Co-pay		
Road and Air evacuation		
Medical Exam on Enrolment		
Mode of Identification(Smart card?)		
Counselling		
Ambulance Service within outpatient reimbursement		
Accident Cover(Accidental)		
Funeral Cover		
Daily Cash on illness		

IV. TENDERER'S REFERENCES

NAME OF TENDERER'S CLIENTS IN LAST TWELVE MONTHS.

- 1. First Client (Organization)
 - i) Name of 1st client (Organization).....
 - ii) Address of Client (Organization).....
 - iii) Telephone No. of Client.....
 - v) E-mail Address of Client.....
 - vi) Name of Contact Person at the Client (Organization).....
 - vii) Value of Contracts/Orders.....
 - viii)Duration of ongoing Contracts/Orders.....

- 2. Second Client (Organization)
 - i) Name of 1st client (Organization).....
 - ii) Address of Client (Organization).....
 - iii) Telephone No. of Client.....
 - v) E-mail Address of Client.....
 - vi) Name of Contact Person at the Client (Organization).....
 - vii) Value of Contracts/Orders.....
 - viii)Duration of ongoing Contracts/Orders.....

- 3. Third client (Organization)
 - i) Name of 1st client (Organization).....
 - ii) Address of Client (Organization).....
 - iii) Telephone No. of Client.....
 - v) E-mail Address of Client.....
 - vi) Name of Contact Person at the Client (Organization).....
 - vii) Value of Contracts/Orders.....
 - viii)Duration of ongoing Contracts/Orders.....

V. DOCUMENTS TO ACCOMPANY THE TENDER

All tenderers must attach the following documents:

1. Company profile
2. Certificate of Incorporation / Registration
3. Current Tax Compliance Certificate
4. PIN/VAT Certificate
5. Current Trade License / Business Permit
6. Certificates from affiliated regulatory or accrediting bodies/associations (where applicable)
7. Two (2) letters of recommendation from your corporate/major clients
8. List and location of your current health providers.

VI. DECLARATION BY TENDERER'S AUTHORIZED REPRESENTATIVE

The undersigned declare that the statement made and the information provided is complete, true and correct in every detail.

Company name: _____

Name of Representative: _____

Signature: _____

Date _____

NB: Please affix rubber stamp or seal