



TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE COVER

TENDER NUMBER: TIK/MED/HR/2025-2026

CLOSING DATE: 19th SEPTEMBER 2025

TIME: 5PM

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1.0 TENDER NOTICE

TENDER FOR PROVISION OF STAFF MEDICAL INSURANCE COVER

Transparency International Kenya (TI- Kenya) invites sealed bids from brokers and medical insurers for the provision of **Staff Medical Insurance Cover** for the period 2025-2026.

Tender No: TIK/MED/HR/2025-2026

2.0 OBJECTIVE OF THE COVER

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

3.0 INSTRUCTIONS TO TENDERERS

1. TI-Kenya employees, committee members, board members and their relatives 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 the cancellation of their tender.
7. Pre-qualification will be based on meeting the minimum criteria regarding the applicant's legal status, general experience, personnel and financial position as demonstrated by their responses where applicable accordingly.
8. TI-Kenya reserves the right to accept or reject any or all proposals.
9. 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.

4.0 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. This tender document and submission process is **FREE of charge**.
3. TI-Kenya shall allow the tenderer to review the tender document free of charge before purchase.
4. Prices shall be quoted in **Kenya Shillings**.
5. The rates shall include all taxes

5.0 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.

6.0 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 by email.
4. The Health Insurance Provider is expected to have a **countrywide/global network** that can enable TI- Kenya staff and their immediate dependents to 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**.
6. The rates shall include the cost of smart cards.

7.0 TI-KENYA MEDICAL INSURANCE PROPOSED PLAN

Below is the plan that TI-Kenya is willing to consider for medical insurance per member.

Cover	Cover limit (KES)
Inpatient Cover	1,500,000
Outpatient Cover	100,000
Maternity Cover	200,000

NB: Dental Cover and Optical Cover will be on fund basis at a combined rate of 50,000.

8.0 RATING BAND

Relationships

Relationship	Male	Female	Total
Main Member	13	16	29
Spouse	5	4	9
Child	18	12	40
Grand Total	36	32	78

Family sizes

Family Size	No. of families
M	12
M+1	4
M+2	4
M+3	9
Grand Total	29

9.0 SUBMISSION OF TENDER DOCUMENT

Completed tender documents are to be sent via email as a single document to tenderapplications@tikenya.org, clearly marked and addressed as below:

“TIK/MEDICALINSURANCE/2025-2026”:

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

The tender document should reach us on or before **17th September 2025**. 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.

10.0 CONTACT PERSON AT TI-KENYA

Requests for clarification should be directed

to: Emily Atieno | Procurement Officer

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

Email: transparency@tikenya.org proccurement@tikenya.org

11.0 COMPLAINTS PROCESS

This call for Expression of Interest does not constitute a solicitation and TI-Kenya reserves the right to change or cancel the requirement at any time during the EOI process. TI-Kenya also reserves the right to require compliance with additional conditions as and when issuing the final solicitation documents. Submitting a reply to a call for EOI does not automatically guarantee receipt of the solicitation documents when issued. Invitations to bid or requests for proposals will be issued in accordance with TI-Kenya rules and procedures. Any grievances and or complaints arising from the evaluation process and final tender award can be addressed, in writing, to the Executive Director and the TI-Kenya Tender Complaints Committee on Complaints@tikenya.org

12.0 CONTENT OF PROPOSAL

a) 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 the Pre-qualification information provided, the undersigned hereby applies to be insurance providers for TI-Kenya for the period 2025/2026. This is for the below categories of insurance covers:

1. Ref Number

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)

b) PRICE SCHEDULE FORM

Total annual proposed insurance premium should be specified by the service provider as per below format: Please indicate N/A for categories of services you do not offer.

COVER	PREMIUMS/COST (KES)
Inpatient Premium	
Outpatient Premium	
Maternity	
Total Inclusive of levies	

c) ITEMIZED COST AND DETAILS OF COVER

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

BENEFITS	Cost/Comments
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 Ailments (Non-Accidental)	
Inpatient Optical Ailments (Non-Accidental)	
Inpatient Dental Ailments (Accidental)	

Inpatient Optical Ailments (Accidental)	
Outpatient dental	
Cover outside Kenya	
Oversees referral	
KEPI Immunization and baby friendly vaccines	
Other relevant Vaccines for babies	
Psychiatry Conditions	
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	
Covid-19 Testing & Vaccination (confirm if covered within in-patient, out-patient or as a separate cover)	

Exclusions / Provisions;

The Provider should clearly state in writing all exclusions/provisions (alluded or not) in all the proposed covers

including:

✓ Full details of what the cover provides

- ✓ Eligible expenses included in the in-patient cover
- ✓ Eligible expenses included in the out-patient cover
- ✓ Full details of what the cover excludes
- ✓ Dependent's eligibility

2. Network coverage

The tenderer is required to provide the following: -

- (i) Full details of towns and regions/counties where the Insurance Company is represented in Kenya.
- (ii) The appointed Hospitals, Clinics and Doctors all over the country that can be accessed by TI-Kenya employees and their dependents, classified as high, medium and low cost. Enumerate their respective costs for all the services pertaining to the covers.
- (iii) Full details of the medical cover outside Kenya and all inclusions/ exclusions that are applicable.

Utilization / Case Management

- (i) Give a detailed report on how the cover is going to be administered.
- (ii) Give an analysis on how the service provider intends to address the following issues/procedures: -
 - a) Hospital visits for the admitted members and or dependents.
 - b) Mother and child upon delivery
 - c) Mother and spouse upon miscarriage
 - d) Admission of members with pre-existing conditions into the cover
 - g) Procedure to be followed for overseas cover
 - h) Procedure to be followed to procure last expense
- i) Give details of the claim's settlement turnaround time. Note the time indicated will be used to review the performance of the Insurance Company for any future renewal of contract

NB: Tenderers are free to include other benefits as value additions

12.0 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 2nd 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 3rd 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.....

13.0 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.

14.0 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. **NB: Please affix rubber stamp or seal**

Company name: _____

Name of Representative: _____

Signature: _____

Date _____