



**International Rescue Committee  
UGANDA COUNTRY PROGRAM**

**REQUEST FOR PROPOSAL (RFP)**

**MASTER SERVICE AGREEMENT FOR PROVISION OF STAFF MEDICAL INSURANCE IN UGANDA  
(INSURANCE FIRMS ONLY)**

**IRC Reference #: IRC/2UA/SC/004/2026**

| <b>Planned Timetable</b>                                                               |                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Issue Request for Proposal</b>                                                      | <i>Date 1<sup>st</sup> October 2026</i>                    |
| <b>Bidders return signed Intent to Bid forms due date</b>                              | <i>Date 6<sup>th</sup> October 2026</i>                    |
| <b>Questions from Bidders due date</b>                                                 | <i>Date 7<sup>th</sup> October 2026</i>                    |
| <b>Answers to Bidders questions due date</b>                                           | <i>Date 8<sup>th</sup> October 2026</i>                    |
| <b>Bid submission due date</b>                                                         | <i>Date 15<sup>th</sup> October 2026</i>                   |
| <b>Bid Opening and Evaluation date (Bidders are invited to attend the bid opening)</b> | <i>Date 16<sup>th</sup> October 2026</i>                   |
| <b>Supplier visit if applicable</b>                                                    | <i>Date 27<sup>th</sup> – 29<sup>th</sup> October 2026</i> |
| <b>Award of Business</b>                                                               | <i>Date 3<sup>rd</sup> November 2026</i>                   |
| <b>Contract start</b>                                                                  | <i>Date 1<sup>st</sup> January 2027</i>                    |

## Table of Content

### Pages

|      |                                                                                        |                              |
|------|----------------------------------------------------------------------------------------|------------------------------|
| I.   | INTRODUCTION .....                                                                     | 3                            |
| 1.   | <i>The International Rescue committee .....</i>                                        | 3                            |
| 2.   | <i>The Purpose of this Request for Proposal (RFP) .....</i>                            | 3                            |
| 3.   | <i>Cost of Bidding.....</i>                                                            | 3                            |
| II.  | THE BIDDING DOCUMENTS:.....                                                            | 3                            |
| 4.   | <i>The Bidding Documents .....</i>                                                     | 3                            |
| 5.   | <i>Clarification of Bidding Documents.....</i>                                         | 3                            |
| III. | PREPARATION OF BIDS: .....                                                             | 4                            |
| 6.   | <i>Language of Bid .....</i>                                                           | 4                            |
| 7.   | <i>Documents Comprising the Bid.....</i>                                               | 4                            |
| 9.   | <i>Bid Currencies.....</i>                                                             | 5                            |
| 10.  | <i>Document Establishing Goods Eligibility and Conformity to Bidding Documents ...</i> | 5                            |
| 11.  | <i>Bid Security .....</i>                                                              | 5                            |
| 12.  | <i>Period of Validity of Bids .....</i>                                                | 5                            |
| 13.  | <i>Format and Signing.....</i>                                                         | 6                            |
| IV.  | SUBMISSION OF BIDS .....                                                               | 6                            |
| 14.  | <i>Submission and Marking of Bids:.....</i>                                            | 6                            |
| 15.  | <i>Modification and Withdrawal of Bids.....</i>                                        | 6                            |
| V.   | BID OPENING AND EVALUATION .....                                                       | 7                            |
| 16.  | <i>Preliminary Examination.....</i>                                                    | 7                            |
| 17.  | <i>Evaluation and Comparison of Bids .....</i>                                         | 7                            |
| 18.  | <i>Contacting the Purchaser .....</i>                                                  | 9                            |
| 19.  | <i>Notification of Award .....</i>                                                     | 9                            |
| VI.  | CONTRACTING.....                                                                       | 9                            |
| 20.  | <i>Contract award and notification.....</i>                                            | 9                            |
| 21.  | <i>Warranty.....</i>                                                                   | 9                            |
| 22.  | <i>Inspection .....</i>                                                                | 9                            |
| 23.  | <i>Price Schedules and Location.....</i>                                               | 9                            |
| 24.  | <i>Service or consultant agreements .....</i>                                          | 9                            |
| 25.  | <i>Disclaimer .....</i>                                                                | 9                            |
| 26.  | <i>Ethical Operating Standards .....</i>                                               | Error! Bookmark not defined. |

## A. INTRODUCTION

### 1. *The International Rescue committee*

The International Rescue Committee, hereinafter referred to as “the IRC”, is a non-profit, humanitarian agency that provides relief, rehabilitation, protection, resettlement services, and advocacy for refugees, displaced persons and victims of oppression and violent conflict.

### 2. *The Purpose of this Request for Proposal (RFP)*

It is the intent of this RFP to secure competitive proposals to select bidder(s) for the International Rescue committee Uganda Country Programme to provide **Staff Medical Insurance Services** in Uganda. All qualified and interested Bidders (**INSURANCE FIRMS ONLY**) are invited to submit their proposals.

The winning Bidder(s) will enter into a fixed price Master Service Agreement (MSA) for two (2) years. Bidders shall be domiciled in and shall comply with all Government Regulations to operate in Uganda. Bidders shall be regular tax-payers, and shall furnish a copy of their operating license/certificate of registration valid for the fiscal year 2026/7. Bidders shall not be under a declaration of ineligibility for corrupt or fraudulent practices. All vendors with running contracts are encouraged to submit proposals.

### 3. *Cost of Bidding*

The Bidder shall be responsible for all costs associated with the preparation and submission of its bid, and IRC hereinafter referred to as “the Purchaser”, will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process.

## B. THE BIDDING DOCUMENTS:

### 4. *The Bidding Documents*

The Bidder is expected to examine all instructions, forms, terms, and specifications in the bidding documents prepared for the selection of qualified suppliers. Failure to furnish all information required as per the bidding documents or to submit a bid not substantially responsive to the bidding documents in every respect will be at the Bidder's risk and may result in bid rejection.

*The Bidding documents shall include the following documents:*

- *The Request for Proposal – RFP (this document);*
- *Intent to Bid Form - Annex A - This should be signed, stamped, and sent back to IRC latest **06<sup>th</sup> October 2026***
- *Vendor information form – Annex B*
- *Annex C – Scope of Work*
- *Financial Offer Sheet – Annex D*

### 5. *Clarification of Bidding Documents*

A prospective Bidder requiring clarification of the Bidding Documents may notify the Purchaser in writing at [UA-KampalaProcurement@rescue.org](mailto:UA-KampalaProcurement@rescue.org) and copy [UA-IRCKampala.Bids@rescue.org](mailto:UA-IRCKampala.Bids@rescue.org). The request for clarification must reach the purchaser not later than **07<sup>th</sup> October 2026**. The Purchaser shall respond by e-mail

providing clarification on the bid documents no later than **8<sup>th</sup> October 2026** Written copies of the Purchaser's response (including an explanation of the query but without identifying the source of inquiry) shall be communicated to all prospective Bidders which express an intention to submit bids.

### **C. PREPARATION OF BIDS:**

#### **6. Language of Bid**

The Bid and all related correspondences and documents exchanged between the Bidders and the Purchaser shall be written in English. Any printed literature furnished by the Bidder and written in another language shall be accompanied by an English translation of its pertinent passages, in which case, for purposes of interpretation of the bid, the English version shall prevail.

#### **7. Documents Comprising the Bid**

The submitted bid shall include the following information. Failure to provide all requested information or to comply with the specified formats may disqualify the Bidder from consideration.

#### **Eligibility documents that will be checked before technical evaluation (Preliminary Evaluation)**

- Certificate of Business Incorporation
- Certified or color copy of trading license in Uganda for financial year 2026/2027.
- Uganda Revenue Authority Income Tax Clearance Certificate addressed to IRC
- Copy of VAT Registration Certificate (if applicable)
- Registered Power of Attorney (if addressed to IRC should be Original and if general should be certified by Register of Companies or be a color copy)
- Memorandum and Articles of Association
- Valid Insurance Regulatory Authority license for 2026/2027. – **INSURANCE FIRMS ONLY**
- Certificate of good-standing (PPDA)

#### **Technical Envelop**

- Profile of the company (Maximum 5 pages)
- Technical Proposal
- Cover letter explaining interest to be a contracted vendor or supplier
- Provide at least three Certificates of Completion or recommendations from past or current clients of INGO, Government or UN for provision of staff medical insurance. These should be stamped and signed by the client. The same clients should appear in the Vendor information form in Annex B, section K.
- Experience; proof of contracts with atleast three clients similar in size and in scope (medical scheme of atleast 1000 beneficiaries per client).
- Have a minimum track record of atleast seven (7) years managing medical insurance schemes of atleast UGX 5 billion per annum.
- Proof of running contracts with key medical providers in all major districts countrywide (attach a list of medical providers and pharmacies)
- Annex A – Intent to Bid
- Annex C – Scope of Work

#### **Financial Envelop**

- Vendor Information Form, signed and stamped (refer to Annex B)
- Price Offer detailing the unit price only in the sheet given for the purpose; (refer to Annex D)
- Copy of latest bank statements for the last six months (April 2026 to September 2026)

- *A letter from the bank confirming that the bidder is an account holder with the respective bank*
- *List of benefits and applicable limits*
- *Certified audited books of accounts for the past two (2) years (2024 & 2025).*
- *Other important documents bidder feels need to be attached to support his/her bid.*

#### **8. Bid Prices.**

The Bidder shall clearly indicate the unit price of the services it proposes to supply. All unit prices shall be clearly indicated in the space provided in the price schedule, and all unit prices quoted in the RFP response shall be agreed to be in effect for a minimum of twelve (12) months beginning on the date when the contract is executed, with the exception of products or services which are subject to significant and unavoidable market forces which prevent this, in which case the Bidder shall describe and justify the driver(s) of potential price fluctuation during the first twelve (12) months of the agreement. The Bidder shall sign the price schedule, and shall stamp the price schedule with the Bidding Company's seal where feasible.

#### **9. Bid Currencies**

All financial rates and amounts entered in the Bid Form and Price Schedule and used in documents, correspondence, or operations pertaining to this tender shall be expressed in **Uganda Shillings (UGX)**

#### **10. Document Establishing Goods Eligibility and Conformity to Bidding Documents**

Pursuant to Clause 7, the Bidder shall furnish, as part of its bid, documents establishing the eligibility and conformity to the Bidding Documents of all goods and services, which the Bidder proposes to supply under the Contract.

The Documentary evidence of the goods' and services' conformity to the Bidding Documents may be in the form of technical specifications, literature, drawings, data (tables, graphs etc.), and shall furnish:

- A detailed description of the goods' essential technical and performance characteristics.
- A clause-by-clause commentary on the Purchaser's Technical Specifications demonstrating the goods' and services' substantial responsiveness to those specifications or a statement of deviations and exceptions to the provisions of the Technical Specifications.

The Bidder may propose alternate standards, brand-names and/or catalogue numbers in its bid, provided that it demonstrates to the Purchaser's satisfaction that the substitutions are substantially equivalent or superior to those designated in the Technical Specifications.

#### **11. Bid Security (Not applicable)**

#### **12. Period of Validity of Bids**

Bids shall remain valid for **90 working days** after the date of bid opening prescribed by the Purchaser. A bid valid for a shorter period may be rejected by the Purchaser as non-responsive.

In exceptional circumstances, the Purchaser may request the Bidders to extend the period of validity. The request and the responses thereto shall be made in writing by letter or e-mail. A bidder agreeing to the request will not be required nor permitted to modify his bid.

### **13. Format and Signing**

The original bid shall be signed by the Bidder or by a person or persons authorized to bind the Bidder to the contract. Financial proposal pages of the bid shall be initialed by the person or persons signing the bid and stamped with the Bidder's company seal.

Interlineations, erasures, annotations, or overwriting shall be valid only if they are initialed by the person or persons signing the bid.

*Please note: A single bidder may not bid on the same tender via more than one company under his or her ownership. In addition, bidders having close relationships with other bidders (members of the same family, subsidiary, or daughter companies, etc.) may not bid on the same tender. This type of action, or any other action judged by the Purchaser to constitute collusive behavior, will lead to the bidder(s) being automatically eliminated from this tender and disqualified from participating in future IRC tenders. On the other hand, one bidder may submit more than one offer in response to the same tender only if the offers demonstrate clear differences in specifications, quality, lead time, and other characteristic of the goods and services offered.*

## **D. SUBMISSION OF BIDS**

### **14. Submission and Marking of Bids:**

Bidder shall submit sealed bids addressed to the Procurement Committee, at International Rescue Committee at the following IRC offices; Plot 7, Lower Naguru East Road, Kampala, latest **15th October 2026 4:00PM (East African Standard Time)**.

Bids submitted after the deadline will not be accepted. The PURCHASER may, at its discretion, extend the deadline for the submission of bids, in which case all rights and obligations of the PURCHASER and Bidders, as documented in the RFP, will be applicable to the new deadline.

Bidders shall sign the bid register form at the reception of the IRC office indicating their company name, telephone number, and date of submission.

#### **Format**

The Bidder's proposal shall include a technical proposal and a financial proposal, in separate sealed envelopes. The reference number and description should be indicated at the back of the sealed envelope.

Indicate the reference number and description on the envelope as indicated as follows;

*Reference Number; IRC/2UA/SC/004/2026 and (Tender for Provision of Staff Medical Insurance).*

The eligibility documents required for evaluation and comparison of bids as requested in clause 7 above should be submitted together with the technical proposal envelop/folder and should be properly labeled as "Technical Proposal". The financial proposals should also be properly labeled as "Financial Proposal".

### **15. Modification and Withdrawal of Bids**

The Bidder may modify or withdraw its Bid after submission, provided that written notice of the modification, including substitution or withdrawal of the Bids, is received by the Purchaser prior to the deadline prescribed for submission of Bids.

The Bidder's modification or withdrawal notice shall be prepared, sealed, marked, and dispatched. No Bid may be modified after the deadline for submission of bids.

## E. BID OPENING AND EVALUATION

### 16. Preliminary Examination

The Purchaser will examine the bids to determine whether they are complete, whether any computational errors have been made, whether required sureties have been furnished, whether the documents have been properly signed and whether bids are generally in order.

### 17. Evaluation and Comparison of Bids

Bids determined to be substantially responsive as per section 7 above will be considered evaluated by the IRC Procurement Committee, with the below scoring criteria.

| EVALUATION CRITERIA | DESCRIPTION                                                                                                                                                                                                                                                      | COMMENT                                                                                                                                                                                              |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>  | Refers to provider's ability to demonstrate that they have valid business registration, tax certificate/registration as required by local law/Registration/License by professional body(Registration/Certification by Insurance Regulatory Authority of Uganda). | These documents are required for a bidder to be moved to the Technical and Financial evaluation (PASS / FAIL). No bidder will be considered for the subsequent evaluation without passing this stage |

### TECHNICAL EVALUATION CRITERIA – STAGE I

| EVALUATION CRITERIA                                                          | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                   | WEIGHT (%) |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Past experience</b>                                                       | Refers to bidder's ability to demonstrate relevant experience and technical knowledge of the services required, experience working with IRC and other INGOs. Provide at least three Certificates of Completion or recommendations from past INGO, Government or UN clients for staff medical insurance, at least in the last three years. Provide IRC Certificate of Completion if available. | 15%        |
| <b>Capability</b>                                                            | <i>1. Experience; proof of contracts with atleast three clients similar in size and in scope (medical scheme of atleast 1000 beneficiaries per client</i>                                                                                                                                                                                                                                     | 20%        |
| <b>Responsiveness to the IRC requirements indicated in the Scope of Work</b> | Refers to bidder providing the most responsive proposals that provides the best solutions to the IRCs needs                                                                                                                                                                                                                                                                                   | 5%         |
| <b>Age of business as an incorporated entity</b>                             | <i>Have a minimum track record of atleast seven (7) years managing medical insurance schemes of atleast UGX 5 billion per annum.</i>                                                                                                                                                                                                                                                          | 10%        |
| <b>Geographical Positioning in Uganda</b>                                    | Bidder provides the most favorable service providers' network in Uganda ( coverage map) <i>Proof of running contracts with key medical providers in all major districts countrywide (attach a list of medical providers and</i>                                                                                                                                                               | 10%        |

|                     |             |            |
|---------------------|-------------|------------|
|                     | pharmacies. |            |
| <b>TOTAL% SCORE</b> |             | <b>60%</b> |

**Note:** Only proposals, which receive a minimum of **50%** under technical evaluation, will be further evaluated.

## FINANCIAL EVALUATION CRITERIA – STAGE II

| EVALUATION CRITERIA       | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WEIGHT (%) |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Financial Proposal</b> | Most competitive offer as per price schedule. This refers to Annex E. Price Schedule and Rates (Price list attached <ul style="list-style-type: none"> <li>Price Offer detailing the unit price only in the sheet given for the purpose;</li> <li>Copy of latest bank statements for the last six months (April 2026 to September 2026)</li> <li>A letter from the bank confirming that the bidder is an account holder with the respective bank</li> <li>Certified audited books of accounts for the past two (2) years (2024 &amp; 2025).</li> </ul> | 30%        |
| <b>Value Addition</b>     | Complimentary services and value adds to match the current trend in technology and employee assistance programs.                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8%         |
|                           | <b>Funeral cover offered in cash and in kind (if applicable) for Employee / Spouse/ Children/ Parents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2%</b>  |
| <b>TOTAL% SCORE</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>40%</b> |

## EVALUATION CRITERIA – STAGE III PRESENTATION SCORE SHEET

| EVALUATION CRITERIA            | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WEIGHT (%)  |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Presentation scoresheet</b> | At this stage IRC shall invite the top three (03) evaluated bidders for presentations of their services and further clarification/negotiation of the bids based on the areas below. The underlisted criteria shall be used to score the bids and guide in evaluations. <ul style="list-style-type: none"> <li>Understanding of IRC's Needs and Context</li> <li>Service Delivery &amp; Claims Management Approach</li> <li>Relationship Management &amp; Responsiveness</li> <li>Innovation and Technology</li> <li>Flexibility &amp; Value-Added Services</li> <li>Strategic Fit and Overall Confidence in Delivery</li> </ul> |             |
| <b>Total</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>100%</b> |

### **18. *Contacting the Purchaser***

Subject to Clause 5, no Bidder shall contact the Purchaser on any matter relating to its bid, from the time of the bid opening to the time the Contract is awarded or the selected qualified supplier is announced.

### **19. *Notification of Award***

Prior to the expiration of the period of bid validity, the Purchaser shall notify the successful bidder in writing or where necessary by telephone that his or her bid has been accepted and, selected for Master Service Agreement for the specific goods and/or services. At this stage IRC may also choose to negotiate with the selected bidder to finalize the offer.

## **F. CONTRACTING**

### **20. *Contract award and notification***

The Purchaser shall award the Contract to the notified successful Bidder(s) whose bid has been determined to be substantially responsive and has been determined to be the best evaluated bid considering price and performance factors, provided further that the Bidder is determined to be qualified to enter into a Master Service Agreement and perform its obligations satisfactorily.

### **21. *Warranty***

The Supplier shall warrant that the goods to be supplied are new, unused, of the most recent or current models (products), and meet the Purchaser's specifications.

The warranty shall remain valid for a period of time as may be specified by the supplier in the Bid and this warranty period shall be considered as one of the bid advantages, and shall in no case be less than that which is provided for by Uganda Law if any.

### **22. *Inspection***

The Purchaser shall have the right to inspect the goods to confirm their conformity to the specification. The inspection will be conducted by assigned staff of the Purchaser or a reputed relevant consultant selected by the Purchaser.

In the future business relation, should any inspected goods fail to conform to the specification, the Purchaser may reject them and the Bidder shall replace the rejected goods without extension of time except at the Purchaser's sole discretion.

### **23. *Price Schedules and Location***

Bidders interested in the provision of medical insurance services to IRC Uganda should NOTE that benefits offered apply to all IRC Offices.

### **24. *Service or consultant agreements***

For service or consultant agreements time and material awards are not authorized unless it is the only suitable award and a ceiling is established.

### **25. *Disclaimer***

The Purchaser reserves the right to alter the dates of the timetable.

The Purchaser does not bind itself to accept the lowest or any proposal.

## **G. ETHICAL OPERATING STANDARDS**

### **1. Compliance to the IRC Way**

The IRC Way: Standards for Professional Conduct (“The IRC Way”), the IRC’s code of conduct, which can be found at: <https://www.rescue.org/page/our-code-conduct> and IRC’s combating Trafficking in Persons Policy, which can be found at: <https://rescue.app.box.com/s/h6dv915b72o1rnapxg3vczbqxjtboyel>. The IRC Way provides three (3) core values - Integrity, Service, and Accountability – and twenty-two (22) specific undertakings.

The IRC Way provides, inter alia, that IRC does “not engage in theft, corrupt practices, nepotism, bribery, or trade in illicit substances.” IRC’s procurement systems and policies are designed to maximize transparency and minimize the risk of corruption in IRC’s operations.

IRC requests that a supplier

- (i) informs IRC upon becoming aware that the integrity of IRC’s business has been compromised during the RFP process, and
- (ii) reports such events through IRC’s confidential hotline, Ethics point, which can be accessed at [www.ethicspoint.com](http://www.ethicspoint.com) or via toll-free (866) 654–6461 in the U.S., or collect (503) 352–8177 outside the U.S.

### **2. Bidder Non Collusion Statement**

IRC prohibits collusion and will disqualify all bids where collusion is detected. Collusion happens when related parties submit separate bids for the same tender. Collusion includes situations where:

- a) Members of the same family submit separate bids for the same tender
- b) Separate companies owned by the same person submit separate bids for the same tender
- c) Employees of a bidding company submitting separate bids through companies they own for the same tender
- d) Partners in a bidder submitting separate bids under their own names/ companies they own for the same tender

It is collusion for a person to be involved in more than companies/ businesses submitting a bid to the same tender. Collusion will lead to IRC disqualifying the involved Individuals or companies from that tender as well as disqualify them from submitting bids for future tenders. In addition, IRC may share information relating to this collusion with other international aid organizations operating in the region leading to loss of business opportunities for the colluders.

**Annexes:**

|          |                         |
|----------|-------------------------|
| Annex A  | Intent to Bid Form      |
| Annex B  | Vendor Information form |
| Annex C: | Scope of Work           |
| Annex D: | Financial Offer sheet   |

Bidders must submit their financial offers in accordance with the PRICE SCHEDULE provided under ANNEX D of this RFP document. ***Do not use your own format.***

**ANNEX A: Intent to Bid**



**International Rescue Committee, Inc.  
Intent to Bid**

**IRC Reference Number: IRC/2UA/SC/004/2026**

Company Name \_\_\_\_\_

*(Please indicate #1 or #2 below)*

1. ☐ It is the intent of this company to submit a response to the (Title of RFP) Request for Proposal.

Please provide a name and email address for the person within your company that should receive notices, amendments, etc. that are related to this RFP:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature (If faxed) \_\_\_\_\_

Title of Person signing \_\_\_\_\_

Date \_\_\_\_\_

We realize that this is an intent to bid and in no way obligates this company to participate in this process.

2. ☐ This company DOES NOT intend to participate in this RFP.

Name (Signature if faxed) \_\_\_\_\_

Title of Person signing \_\_\_\_\_

Date \_\_\_\_\_

Please fax or email this form at your earliest convenience to the attention of:

Name (YOU) \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## ANNEX B: Vendor Information form

IRC Reference #: IRC/2UA/SC/004/2026



### INTERNATIONAL RESCUE COMMITTEE Vendor Information Form

*The information provided will be used to evaluate the Company before contracting with the IRC. Please complete all fields.*

**Fields marked (\*) are mandatory.**

#### H. Vendor Information

|                                                                                              |                                  |                                         |
|----------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|
| *Company\Organization Name<br>*For individual consultants, provide legal first and last name |                                  |                                         |
| *Any other names company is operating under (Acronyms, Abbreviations, Aliases) if any        |                                  |                                         |
| *Previous names of the company                                                               |                                  |                                         |
| *Address                                                                                     |                                  |                                         |
| *Website                                                                                     |                                  |                                         |
| *Phone/Fax Numbers                                                                           | Phone:                           | Fax:                                    |
| *Primary Contact                                                                             | First Name:<br><br>Phone Number: | Last Name:<br><br>Email<br><br>Address: |
| *Email address of Accounts Receivable person or team                                         |                                  |                                         |
| *Email address to which Purchase orders should be sent                                       |                                  |                                         |
| *Number of Staff                                                                             |                                  |                                         |
| Number of Locations                                                                          |                                  |                                         |

|                                                           |  |
|-----------------------------------------------------------|--|
| Avg. \$ Value of Stock on Hand                            |  |
| *Name(s) of Company Owner(s) or Board of Directors or CEO |  |
| *Parent companies if any                                  |  |
| *Subsidiary or affiliate companies if any                 |  |

Vendor's Initials

## I. Financial Information

|                                                         |                                                                                                                                       |                                                                                                                                |                                                                                                   |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| *Bank Name and Address                                  | <u>Please include the full bank address, must include the country</u>                                                                 |                                                                                                                                |                                                                                                   |
| *Name under which company is registered at bank         | <u>Also called Account Title. Example: International Rescue Committee (IRC)</u>                                                       |                                                                                                                                |                                                                                                   |
| *Specify Standard Payment Terms (Net, 15, 30 days etc.) |                                                                                                                                       |                                                                                                                                |                                                                                                   |
| *Payment Method (select all that applies)               | Payment by: <div> <u>Check:</u> <div>           Yes <input type="checkbox"/><br/>           No <input type="checkbox"/> </div> </div> | <div> <u>Wire</u> Yes <input type="checkbox"/><br/> <u>Transfer:</u> <input type="checkbox"/><br/>           No         </div> | <div>           Yes <input type="checkbox"/><br/> <u>Cash:</u> No <input type="checkbox"/> </div> |
| Vendor preferred Currency                               |                                                                                                                                       |                                                                                                                                |                                                                                                   |
| *Bank account number                                    | <u>This field is to be completed upon notification of awarding of order/contract</u>                                                  |                                                                                                                                |                                                                                                   |
| *Routing Number (Branch code/ Sort code if applicable)  | <u>This field is to be completed upon notification of awarding of order/contract</u>                                                  |                                                                                                                                |                                                                                                   |
| IBAN number (if applicable)                             | <u>This field is mandatory if payment requires an international wire transfer</u>                                                     |                                                                                                                                |                                                                                                   |
| BIC/Swift code (if applicable)                          | <u>This field is mandatory if payment requires an international wire transfer</u>                                                     |                                                                                                                                |                                                                                                   |

**Intermediary Banking Information** *(to be filled ONLY if vendor payment requires an international wire transiting through an intermediary bank. The vendor can obtain this information from their corresponding bank.)*

|                        |                                                                       |
|------------------------|-----------------------------------------------------------------------|
| *Bank Name and Address | <u>Please include the full bank address, must include the country</u> |
|------------------------|-----------------------------------------------------------------------|

|                                |                                                                                                     |
|--------------------------------|-----------------------------------------------------------------------------------------------------|
| *Bank Branch code              | <u>This field is mandatory if international wire transfer transits through an intermediary bank</u> |
| *Bank account number           | <u>This field is mandatory if international wire transfer transits through an intermediary bank</u> |
| BIC/Swift code (if applicable) | <u>This field is mandatory if international wire transfer transits through an intermediary bank</u> |

## J. Product/Service Information

|                                         |  |
|-----------------------------------------|--|
| List Range of Products/Services Offered |  |
| Basis For Pricing (Catalog, List, etc.) |  |

Vendor's Initials

|  |
|--|
|  |
|--|

### Documentations as applicable:

|                                                                                      |                                                            |          |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|----------|
| *Registration                                                                        | Provided: <input type="checkbox"/>                         | Reasons: |
|                                                                                      | Not provided: <input type="checkbox"/>                     |          |
| *Tax ID (US W9, tax exempt certificate. etc.) or country specific required tax forms | Provided:                                                  |          |
| US Vendors only<br>*Do you require a Form 1099?                                      | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |          |

## K. References ()

|              |                                            |
|--------------|--------------------------------------------|
| Client Name: | <u>Contact Name, Phone, Email Address:</u> |
| Client Name: | <u>Contact Name, Phone, Email Address:</u> |
| Client Name: | <u>Contact Name, Phone, Email Address:</u> |

### Financial definitions:

- BIC/SWIFT code: consists of 8-11 characters used to identify the vendors bank during an international transaction
- IBAN number: is used to identify the vendors bank account involved in the international transaction
- The intermediary/correspondent bank is a third-party bank used by the vendor's bank to facilitate international transfers. The vendor can obtain this information from their corresponding bank.

## **L. Vendor Self-Certification of Eligibility**

Company certifies that:

1. They are not debarred, suspended, or otherwise precluded from participating in major donor (e.g. European Union, European and United States Government, United Nations) competitive bid opportunities.
  2. They are not bankrupt or being wound up, are having their affairs administered by the courts, have entered arrangements with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations.
  3. They have not been convicted of an offense concerning their professional conduct.
  4. They have not been guilty of grave professional misconduct proven by any means that the contracting authority can justify or been declared to be in serious breach of contract for failure to comply with their contractual obligations towards any contracts awarded in the normal course of business.
  5. They have fulfilled obligations related to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country where the contract is to be performed.
- Vendor's Initials \_\_\_\_\_
6. They have not been the subject of a judgment for fraud, corruption, involvement in a criminal organization or any other illegal activity.
  7. They maintain high ethical and social operating standards, including:
    - Working conditions and social rights: Avoidance of Child Labor, bondage, or forced labor; assurance of safe and reasonable working conditions; freedom of association; freedom from exploitation, abuse, and discrimination; protection of basic social rights of its employees and the IRC's beneficiaries.
    - Environmental aspects: Provision of goods and services with the least negative impact on the environment.
    - Humanitarian neutrality: Endeavoring to ensure that activities do not render civilians more vulnerable to attack or bring unintended advantage to any military actors or other combatants.
    - Transport and cargo: Not engaged in the illegal manufacture, supply, or transportation of weapons; not engaged in smuggling of drugs or people.
  8. Company warrants that, to the best of its knowledge, no IRC employee, officer, consultant, or other party related to IRC has a financial interest in the Company's business activities, nor is any IRC employee related to principals or owners of the company. Discovery of an undisclosed Conflict of Interest situation will result in immediate revocation of the Company's Authorized Vendor status and disqualification of Company from participation in future IRC procurement.
  9. Vendor hereby confirms that the organization is not conducting business under other names or alias's that have not been declared to IRC.
  10. Vendor hereby confirms it does not engage in theft, corrupt practices, collusion, nepotism, bribery, or trade in illicit substances.

By signing the Vendor Information Form, you certify that your Company is eligible to supply goods and services to major donor funded organizations and that all the above statements are accurate and factual.

#### **M. IRC Conflict of Interest and Vendor Code of Conduct**

Vendor hereby agrees that Vendor and Vendor's employees and subBidders, if any, shall abide by and follow all established written policies of IRC related to work conduct, including, but not limited to, The IRC Way: Standards for Professional Conduct ("The IRC Way"), the IRC's code of conduct, which can be found at: <https://www.rescue.org/page/our-code-conduct> and IRC's Combating Trafficking in Persons Policy, which can be found here: <https://rescue.app.box.com/s/h6dv915b72o1nmapxg3vczbqxjtboyel>.

The IRC Way provides three (3) core values - Integrity, Service, and Accountability – and twenty-two (22) specific undertakings. Vendor acknowledges that all IRC employees and independent Bidders are expected to apply these core values and follow these undertakings in carrying out work on behalf of IRC. It is a point of pride for IRC to apply these behavioral standards in IRC's everyday operations.

##### **Integrity - At IRC, we are open, honest, and trustworthy in dealing with beneficiaries, partners, coworkers, donors, funders, and the communities we affect.**

- We work to build the trust of the communities in which we work and sustain the trust earned by our reputation in serving our beneficiaries.
- We recognize that our talented and dedicated staff are our greatest asset, and we conduct ourselves in ways that reflect the highest standards of organizational and individual conduct.
- Throughout our work, IRC respects the dignity, values, history, religion, and culture of those we serve.
- We respect equally the rights of women and men and we do not support practices that undermine the human rights of anyone.
- We refrain from all practices that undermine the integrity of the organization including any form of exploitation, discrimination, harassment, retaliation or abuse of colleagues, beneficiaries, and the communities in which we work.
- We do not engage in theft, corrupt practices, nepotism, bribery, or trade in illicit substances.

\_\_\_\_\_  
Vendor's Initials

- We accept funds and donations only from sources whose aims are consistent with our mission, objectives, and capacity, and which do not undermine our independence and identity.
- We support human rights consistent with the UN Universal Declaration of Human Rights and The Convention on the Rights of the Child.
- We rigorously enforce the UN Secretary General's Bulletin on the Protection from Sexual Exploitation and Abuse of Beneficiaries.
- IRC recognizes its obligation of care for all IRC staff and assumes their loyalty and cooperation.

##### **Service - At IRC, our primary responsibility is to the people we serve.**

- As a guiding principle of our work, IRC encourages self-reliance and supports the right of people to fully participate in decisions that affect their lives.
- We create durable solutions and conditions that foster peace, stability, and social, economic, and political development in communities where we work.

- We design programs to respond to beneficiaries' needs including emergency relief, rehabilitation, and protection of human rights, post-conflict development, resettlement, and advocacy on their behalf.
- We seek to adopt best practices and evidence-based indicators that demonstrate the quality of our work.
- We endorse the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

**Accountability - At IRC, we are accountable – individually and collectively – for our behaviors, actions, and results.**

- We are accountable and transparent in our dealings with colleagues, beneficiaries, partners, donors, and the communities we affect.
- We strive to comply with the laws of the governing institutions where we work.
- We maintain and disseminate accurate financial information and information on our goals and activities to interested parties.
- We are responsible stewards of funds entrusted to our use.
- We integrate individual accountability of staff through the use of performance evaluations.
- We utilize the resources available to our organization in order to pursue our mission and strategic objectives in cost effective ways.
- We strive to eliminate waste and unnecessary expense, and to direct all possible resources to the people we serve

**N. Conflict of Interest and Legal Compliance**

- Vendor hereby warrants that, to the best of its knowledge, no IRC employee, officer, consultant, or other party related to IRC has a financial interest in the Vendor's business activities.
- Vendor hereby warrants that, to the best of its knowledge, no IRC employee, officer, consultant, or other party related to IRC has a family relationship with the vendor's owners.
- Discovery of an undisclosed conflict of interest will result in immediate termination of any Agreement and disqualification of Vendor from participation in current and future IRC activities.
- Vendor hereby warrants that the organization is not conducting business under other names or alias's that have not been declared to IRC.
- Vendor hereby warrants that it does not engage in theft, corrupt practices, collusion, nepotism, bribery, trade in illicit substances, or terrorism or support of terrorism.
- Vendor hereby warrants that it complies with all applicable laws, statutes and regulations, including, but not limited to, export controls, import controls, customs regulations, trade embargoes and other trade sanctions and laws governing unlawful boycotts and payments to foreign government officials.

Vendor's Initials | \_\_\_\_\_

**Vendor hereby agrees to maintain high ethical and social standards:**

- Working conditions and social rights: Avoidance of child labor, bondage, or forced labor; assurance of safe and reasonable working conditions; freedom of association; freedom from exploitation, abuse, and

discrimination; protection of basic social rights of its employees and IRC's beneficiaries; prohibition of trafficking in persons.

- Environmental aspects: Provision of goods and services with the least negative impact on the environment.
- Humanitarian neutrality: Endeavoring to ensure that activities do not render civilians more vulnerable to attack or bring unintended advantage to any military actors or other combatants.
- Transport and cargo: Not engaged in the illegal manufacture, supply, or transportation of weapons; not engaged in smuggling of drugs or people.

---

Disclosures of conflict of interest shall be made in writing to the IRC Supply Chain Coordinator or Deputy Director of Operations in your country. For global procurement, please write to GSCQA. Email: [GSCQA@rescue.org](mailto:GSCQA@rescue.org).

These IRC officials shall then determine whether a conflict exists and is material, and whether the contemplated transaction may be authorized as just, fair, and reasonable. If conflict exists, then the vendor with such a conflict shall be prohibited from participating in the transaction.

---

If you believe that any IRC employee, volunteer, or intern is acting in a manner that is inconsistent with these Standards, please notify a supervisor or the confidential helpline Ethics point, [irc.ethicspoint.com](http://irc.ethicspoint.com) or call Ethics point toll-free (866) 654-6461 in the U.S./call collect (503) 352-8177 outside the U.S. There will be no retaliation against any person who raises concerns that are based on good faith belief of improper conduct. An intentionally false report or a failure to report conduct that is known to violate these standards may result in disciplinary action.

By signing this statement vendor acknowledges any violation of the above IRC policies will result in immediate termination of any agreement in place and disqualification from participation in future IRC activities.

---

|              |  |
|--------------|--|
| Vendor Name: |  |
| Signature:   |  |
| Title:       |  |
| Print Name:  |  |
| Date:        |  |

---



## **Annex C: Scope of Work**

International Rescue Committee, Inc.

Scope of Works (SoW) for Provision of Staff Medical Insurance

IRC Reference #: **IRC/2UA/SC/004/2026**

Premium cover shall be based on the following conditions –

Medical insurance scheme shall be required for a total of (400) staff together with their eligible beneficiaries. This number may change from time to time

The scope of services may include but is not limited to the following:

| LN # | BENEFIT TYPE                                                              |
|------|---------------------------------------------------------------------------|
| 1    | Inpatient or in-hospital care (private/ward)                              |
| 2    | Outpatient                                                                |
| 3    | Chronic/pre-existing conditions                                           |
| 4    | Maternity cover (including neo-natal ICU care)                            |
| 5    | Optical /optometry services                                               |
| 6    | Dental                                                                    |
| 7    | Wellness check                                                            |
| 8    | Intensive Care Unit/HDU                                                   |
| 9    | Prescribed laboratory Tests                                               |
| 10   | HIV/AIDS Inpatient Cover                                                  |
| 11   | Congenital conditions                                                     |
| 12   | Emergency medical rescue and evacuation                                   |
| 13   | Cancer (chemotherapy and lab tests)                                       |
| 14   | Psychiatry                                                                |
| 16   | Surgical services (general surgery, gynecology, orthopedic, urology, ENT) |
| 17   | Physiotherapy                                                             |
| 18   | Last expenses/Funeral expenses (with proof of death)                      |
| 19   | Radiology services (ultra sound, x-ray, ECG, C.T Scan, MRI)               |
| 20   | Road Ambulance                                                            |
| 21   | Immunization/vaccination                                                  |
| 22   | Antenatal and postnatal services                                          |
| 23   | Day care surgical services                                                |
| 24   | Family planning                                                           |
| 25   | Prescribed drugs and dressings and other treatments                       |
| 26   | Health Education/counselling                                              |
| 27   | Trauma Services                                                           |
| 28   | Pediatrics                                                                |

The health insurance benefits to be provided above will be for medical and related expenses incurred by employee and their eligible dependants (up to the limits specified) and in accordance with the rules for inclusions and exclusions, referrals and approvals as will be communicated in your proposal.

This proposal should provide for a medical cover for each registered member (i.e. each employee and each of their bona fide dependants) using the guidelines below:

- a. The Bidder will provide comprehensive Inpatient and Outpatient insurance coverage for employees, spouses of employees, employees and their children under 18 years, and family coverage based on employee selection / designation. Coverage will maximize group savings and pass that savings on to the insured.
- b. The Bidder will provide a breakdown of deductibles per individually insured by calendar year, per beneficiary by calendar year, per hospital admission, to include the use of Preferred Provider Organizations (PPO) hospitals and non-PPO hospitals, per emergency room visit, and all other pre-existing condition requirements and costs.
- c. The Bidder will provide a clear statement of what procedures will not be covered and what procedures will be covered INCLUDING CEILINGS and their resulting deductibles. Additionally, any other deductibles or special clauses, constraints or requirements will be clearly stated in advance of selection of the Bidder and will remain in effect for full two years upon selection of the Bidder unless changes are required by law.
- d. The Bidder will provide responsive customer service directly or through a broker in answering questions about coverage, assisting with securing coverage, and completion of paperwork required by the IRC Human Resource Business Partner, the employees insured and their insured dependents.
- e. The Bidder will provide for laboratory and radiological services.
- f. The Bidder will provide a pharmacy prescription program that maximizes the use of discounts for both generic and brand named drugs.
- g. The Bidder will provide for Maternity care coverage.
- h. The Bidder will provide insurance that limits the amount of claims made by the employee and where claims are applicable will provide a responsive refund process.

## 1. IRC POPULATION TREND

| Family Size | Number of Families | Number of Dependants | Total Population |
|-------------|--------------------|----------------------|------------------|
| M           | 32                 |                      | 32               |
| M+1         | 181                | 181                  | 362              |
| M + 2       | 211                | 422                  | 633              |
| M + 3       | 175                | 525                  | 700              |
| M + 4       | 117                | 468                  | 585              |
| M + 5       | 113                | 565                  | 678              |
| TOTAL       | 829                | 2161                 | 2988             |

### Important Notes

- i. Current Population size: 2988 For purpose of arriving at the premiums, apply an average family size of 4 (M+3)
- ii. Kindly itemize the premium breakdown as per the list.
- iii. Prices should be clearly written.
- iv. Price quoted should be valid for 90 days and shall be in Uganda shillings.
- v. Proposals are not limited to the benefits above and may include any other health benefits (Riders) within the prescribed limits.

## 2. ADMINISTRATION

The vendor is required to provide some brief on each of the points below;

- 3.1 Policy Management;
  - ✓ Define the cover period,
  - ✓ Provide policy schedules
  - ✓ Provide definitions and application for proposed policies
  - ✓ Clearly indicate areas where cover has flexibility or terms can be negotiated.
- 3.2 Account Management;
  - ✓ Provide sample service level agreements
  - ✓ Contact details and designations of proposed contract managers
  - ✓ Indicate frequency of utilization reports and provision of member statements.
- 3.3 Member Application Process
  - ✓ Attach membership joining form
  - ✓ Attach checklist of documentation required to facilitate cover.
  - ✓ Attach special requirements checklist as applicable

- ✓ Indicate requirements for processing medical cards and turnaround time
- ✓ Indicate any provisions on members age limit
- ✓ Describe any additional benefits to members eg medical camps, health awareness sessions etc.
- ✓ Rules for inclusions, exclusions, approvals and referrals

#### 3.4 Providers list

- ✓ Provide the Network providers list
- ✓ Provide details on the process for inclusion of new providers
- ✓ Indicate how claims from providers not on the approved provider list are treated

#### 3.5 Premium payment

- ✓ Is there a process for medical premiums that allow for adjustments based on actual utilization?
- ✓ Are member premiums prorated and if so when is this applied?

Explain the rules for expiration, renewal or termination.

## **Annex D: Financial Offer Sheet**

IRC Reference #: **IRC/2UA/SC/004/2026**

IRC would like the provider to propose two (2) medical benefits options for consideration as indicated in the attached Benefits schedule below. Premiums under options offered should be indicated so as to allow IRC make an informed choice.

| Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Recommended Benefits           |                      |                                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|---------------------------------|----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Option 1- Standard Cover       |                      | Option 2 Premier/Enhanced Cover |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Option                         |                      | Option                          |                      |
| The provider should specify riders(s) where they apply                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Benefit Description and limits | Premium Amount (UGX) | Benefit Description and limits  | Premium Amount (UGX) |
| <b>Outpatient Benefit to cover</b><br>Consultations (GP and Specialist)<br>Procedures (Pathology, Radiology and other diagnostic tests)<br>Chronic Medicines<br>Outpatient Maternity<br>Dentistry<br>Auxiliary Services<br>Optical<br>Well being benefit<br>Laboratory, X-Ray, Pharmacy, Diagnostic Services, Physiotherapy, and Prescribed Medical aid.<br>Diagnostics consultation.<br>Specialist consultation.<br>Physiotherapy treatment<br>Psychiatric treatment<br>Registered Chronic Conditions |                                |                      |                                 |                      |
| <b>Inpatient Benefit to cover</b><br>In hospital accommodation, specialist, theatre costs, ward and theatre medicines<br>Emergency Ambulance (air and road)<br>Inpatient Maternity (childbirth)<br>Inpatient Maternity complications (post -delivery)<br>Neonatal care<br>High care and intensive care<br>Psychiatric hospitalization<br>Prosthesis<br>External medical appliances                                                                                                                     |                                |                      |                                 |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Specialized Radiology(in and outpatient)<br>Hospitalization related to chronic conditions<br>Prescribed Optical Surgery<br>Prescribed Dental Surgery<br>Major Disease Benefit (Cancer treatment, Kidney dialysis etc.)<br>In hospital surgery, including ICU, Day Surgery.<br>Laboratory investigative , X rays, ultrasound, ECG,MRI Scans<br>Prescribed drugs, dressings, surgical appliances, and nursing procedures<br>Doctors , surgeon & Specialist fee |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <b>Emergency Treatment outside Area of Cover</b><br>Description and threshold for emergency treatment while travelling outside area of cover                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| <b>Road</b> <ul style="list-style-type: none"> <li>Emergency Ambulance Services.</li> <li>Emergency Treatment outside area of cover.</li> </ul>                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <b>Health check ups</b><br>Annual Lifestyle / Wellness Clinic to cover <ul style="list-style-type: none"> <li>Physical examination</li> <li>Urinalysis</li> <li>Blood sugar,</li> <li>Mammogram(females),</li> <li>Pap Smear</li> <li>Prostrate marker (male),</li> <li>ECG</li> <li>HPV Vaccines</li> </ul>                                                                                                                                                 |  |  |  |  |
| <b>Baby Vaccinations</b><br>Baby friendly vaccines                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| <b>Other auxiliary benefits</b><br>For example Physiotherapy Treatment, etc                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |

|                                                                                                                                                                                                                               |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Bed type</b><br>Describe Bed limit entitlement for <b>private</b> room.                                                                                                                                                    |  |  |  |  |
| <b>Lodger fees</b><br>Private Room accommodation for accompanying parent for child below 12 years                                                                                                                             |  |  |  |  |
| <b>Wellness Services-</b><br>Routine wellness screening including pap smear and other cancer screening, blood sugar, blood pressure , voluntary HIV test, cholestral checks and BMI , prostrate tests (PSA) and dental checks |  |  |  |  |
| <b>TOTAL APPLICABLE PREMIUM</b>                                                                                                                                                                                               |  |  |  |  |