

**TENDER DOCUMENT**

**FOR**

**PROVISION OF STAFF GROUP MEDICAL INSURANCE COVER**

|  |  |
| --- | --- |
| TENDER NAME  | **PROVISION OF STAFF GROUP MEDICAL INSURANCE COVER**   |
| TENDER NO:  | KSSL/SMIC/01/2024-2025   |
| TENDER CLOSING DATE  |

|  |
| --- |
| **TUESDAY JANUARY 30TH 2024 12.00 NOON**    |

 |
| TENDER TIME  | AT 12.00 NOON  |

Kimisitu Sacco Society Ltd | AEA Plaza 1st Floor, Valley Road,

P.O. Box 10454-00100, Nairobi, Kenya.

Office Cell: +254 709 136000

1. A complete tender document can be obtained from [www.kimisitusacco.or.ke](http://www.kimisitusacco.or.ke) or [www.srmhub.com](http://www.srmhub.com)
2. Interested eligible candidates may obtain further information and inspect the tender documents online from **January Tuesday 23, 2024 until January Tuesday 30, 2024,** before closing time at 12.00 Noon
3. The tender process will be conducted online, and bids **MUST** be submitted electronically, all interest and eligible bidders must complete the tender application online via, **SRM eProcurement** Interested and eligible firms who wish to participate in the tenders must visit [www.srmhub.com](http://www.srmhub.com); under the tab written “**E-Procurement**”. More information will be available on this link.

**Chief Executive Officer**

**Kimisitu Sacco Society Limited**

**P.O. Box 10454- 00100 Nairobi.**

So as to reach us on **or before January Tuesday 30, 2024**. The tender will be opened online soon thereafter at **2.00PM**  in the presence of the bidders’ representatives who choose to attend.

***The Sacco reserves the right to reject any proposal without giving reasons for the rejection and does not bind itself to accept the lowest or any proposal***.

|  |  |  |
| --- | --- | --- |
| 1  | Name of Organization  |   |
| 2  | Postal Address  |  P.O Box…………………Code…………………..  |
| 3  | Principal Contact Person  |  Name…………………………………………………………  Position………………………………………………………..  |
| 4  | Contact:  |  Telephone:…………………………………………………  Email:………………………………………………  |
| 5  | Physical Location of Business Premises  |  Town:……………………………………Street:………………………  Building Name:……………………Floor:……………………………………  |
| 6  | Business Operations     |  Year established…………………………………………  Duration of Business Operation………………………….  |
| 7  | Company Registration No: (*Attach copy)* Tick one  |  Number:…………………………………….  |
|  8  |  VAT Registration No: (*Attach Copy*) PIN certificate  |  Number Attached copy?  Number Attached copy?  |
| 9   |  Valid Tax Compliance Certificate (Attach copy)  |  Attached Copy?  YES…………………….NO………………..  |
| 10  | Provide a brief description of Services that you offer  |     |

Provide contact details for 3 referees for previous/ current work that is similar or the same to the one now applied for. Note that the referees may be contacted without your further references to you**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A  | Have you provided any services to Kimisitu Sacco Society Limited before? (Tick one)  |

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YES NO  |
|  1  | Organization Name & Rubberstamp Contact Name & Position Telephone & E-mail Address Human Resource Consultancy Services Total Value of Service  |  ………………………………………………………… ………………………………Sign.……………….. Date…………. Tel……………………………Email………………………………  Service Provided………………………………………………  Kshs…………………………………………………………………  |
|  2  | Organization Name & Rubberstamp Contact Name & Position Telephone & E-mail Address Human Resource Consultancy Services Total Value of Service  |  ………………………………………………………… ………………………………Sign.……………….. Date…………. Tel……………………………Email………………………………  Service Provided………………………………………………  Kshs…………………………………………………………………  |
|  3  | Organization Name & Rubberstamp Contact Name & Position Telephone & E-mail Address Human Resource Consultancy Services Total Value of Service  |  ………………………………………………………… ………………………………Sign.……………….. Date…………. Tel……………………………Email………………………………  Service Provided………………………………………………  Kshs…………………………………………………………………  |

**SECTION II INSTRUCTIONS TO TENDERERS**

**SPECIFICATION FOR THE *PROVISION OF STAFF GROUP MEDICAL INSURANCE COVER***

KIMISITU SACCO SOCIETY MEDICAL INSURANCE SCHEME

The KIMISITU SACCO SOCIETY wishes to have in place a quality, tailor made, and affordable Medical and /or Healthcare Insurance for its Forty-Five (45) members of staff and 107 dependents / families (spouse and children).

ELIGIBILITY OF THE BIDDERS

MEDICAL INSURANCE COMPANIES/MEDICAL SERVICE PROVIDERS

(**Brokerage is not allowed**)

|  |  |
| --- | --- |
| CLASS OF INSURANCE  | ***PROVISION OF STAFF GROUP MEDICAL INSURANCE COVER***   |
| COVER  | Cover for in-patient and out-patient medical expenses, including provision of funeral expenses (where a member dies in office) for the Members of staff. (Fully insured)  |
| EFFECTIVE DATE  | 2024- 2025 renewal subject to satisfactory performance  |
| INSURED  |  45 Principal members of staff and their 107 Dependants.  |

|  |  |
| --- | --- |
| BENEFITS  |  1. Inpatient Cover – Kes. 3,000,000
2. Outpatient cover – Kes. 300,000
3. Dental Cover – Kes. 50,000
4. Optical Cover – Kes.50,000 (with no limitation for frames or limit should be favorable Kes. 30,000, limit to change of frames should also be favorable, one per every year.)
5. Covid 19 Cover inclusive of testing for both symptomatic and asymptomatic patients as a rider
6. Annual gym subscription to Gym facility for 9 management staffs

**Population** The size of Family is a maximum of Member, Spouse and Children aged 0- 22 years or up to 25 years if in school Above 22 years those with disabilities.  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Category  | Number  | Dependants | Total  |
| M | 7 |  -  | 7 |
| M+1 | 8 | 8 | 16 |
| M+2 | 9 | 18 | 27 |
| M+3 | 7 | 21 | 28 |
| M+4 | 10 | 40 | 50 |
| M+5 | 4 | 20 | 24 |
| Sub Total | 45 | 107 | 152 |

 |
| Special Clauses  | 1. Maternity contingency: Kshs.200,000 to cover pre-natal, delivery and post-natal costs at no waiting period, Kshs 250,000 for 1st emergency Caesarean Section (CS).
2. Dental and Optical Cover of Ksh. 50,000 per family member.
3. Treatment of HIV opportunistic conditions including anti-Retroviral therapy and CD-4 Counts.
4. Annual General Medical check-ups per family.
5. Home care Nursing Treatment of pre-existing medical conditions.
6. Treatment of chronic illness.
7. Treatment from any injuries or sickness sustained as a result of riot, strike and kindred risks. Treatment of congenital defects.
8. Provision of six weeks medical cover to employees whenever travelling outside the country. (International)
9. Provision of private wards to members insured under both category A
10. Treatment outside the country in case one is away and falls sick.
11. Cover for vaccinations and immunizations especially for babies.
12. Cover inclusive of new babies from 36 weeks.
13. Last Expense of Ksh. 100,000 per staff
14. Dental Cover – Kes. 50,000
15. Optical Cover – Kes.50,000 (with no limitation for frames or limit should be favorable Kes. 30,000, limit to change of frames should also be favorable, one per every year.)
16. Covid 19 Cover inclusive of testing for both symptomatic and asymptomatic patients as a rider
17. Annual gym subscription to Gym facility for 9 management staffs

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CRITERIA OF EVALUATION

The proposal will be evaluated in three stages as follows-:

1. Stage one Mandatory Requirements:

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| --- | --- | --- |
|   | MANDATORY REQUIREMENTS  | Submitted? (YES/NO)  |
| a.  |  Submit a tender security of Kshs. 100,000 valid for after the date of Tender Opening. (Submit in a separate envelope)  |   |
| b.  |  All pages must serialize sequentially and including the attachment. This applies both original and copy  |   |
| c.  |  Must submit a dully filled up self-declaration form in the format provided  |   |
| d.  |  Must be registered with the Insurance Regulatory Authority for the year 2024 as a Medical Insurance Provider /Underwriter and a copy of the current license must be submitted.  |   |
| e.  |  Registration as a member of the Association of Kenya Insurers (AKI) for the current year (submit copy of registration certificate)  |   |
| f.  |  Submit a copy of Valid &current Tax Compliance Certificate from Kenya Revenue Authority  |   |
| g.  |  Submit a Copy of the bidder’s Certificate of Incorporation / Registration  |   |
| h.  |  Must submit evidence of the firm location e.g. (single business permit, latest utility bill, Title /lease)  |   |
| i.  |  Must submit a list of five (5) reputable clients and the total of each client’s premiums for the previous five (5) year  |   |
| j.  |  Duly completed Confidential Business Questionnaire Form - Electronic |   |
| k.  |  Duly completed, signed, and stamped form of tender  |   |
| l.  |  Submit a copy of Audited accounts for the latest three (2) financial years (2021, 2022 )  |   |
| m. |  Must have a paid-up capital of at least 50 million  |   |
| n.  |  The Bidder must submit a detailed schedule enumerating the following:- 1. Full details of what their cover provides.
2. Full details of what their cover excludes
 |   |
| o.  |  Bidder must fill the Price Schedule in the format provided in the tender document.  |   |

NB:

1. Bidders must meet all the mandatory requirements at stage one to qualify for stage two -technical evaluation.
2. Bidders who do not meet the mandatory requirements will not proceed to the technical evaluation stage and will be adjudged unresponsive.

1. Stage Two: Technical Evaluation (Total score points 100)

|  |  |  |
| --- | --- | --- |
| 2.  | TECHNICAL EVALUATION CRITERIA  | Maximum Score  |
| a)  | Evidence of having undertaken similar services (Medical Insurance only) for at least 5 clients for the last 5 years giving the total premiums for each. Similar clients mean clients with Annual premiums of 5 million and above in medical insurance. Attach Clients engagement (Contract, LPO/Award letter) and give contact person and telephone (4 points each)  | 20   |
| b)  | Provide Qualification and experience of at least 3 professional staff proposed in the team.List of staff and specify portfolio/task allocated. Attach CVs and copies of educational & Professional Certificates, Certified by the Bidding company. Staff must be professional qualified and have experience of 5 years. (4 points)  |  12    |
| c)  | **Suitability of the proposed scheme**  Illustrate in a narrative form the suitability of the scheme including comprehensiveness and responsiveness of the service providers, IT scheme to provide accurate information to administer the scheme, flexibility, and convenience. Provide details of any added benefits and applicability above the Board’s Requirements. Provide any 3 key challenges you have encountered during the contract period with any organization to whom have administered the Staff medical services in the past three (3) years. The proposals must be responsive to the requirements (information shall be confirmed by the Sacco from applicable references.  | 25    |
| d  | Exclusions (Provided in the cover will be evaluated. The fewer the exclusions the higher the score)  |  5  |
| e)  | Scheme Administration (Enumerate) including claim requirement period   | 10  |
| f)  | Digitized and real time Utilization and case management (Enumerate)   | 10  |
| g)  | List of Health providers and their geographical distribution in Kenya i.e., Schedule of approved hospitals and regions covered  | 10  |
| h)  | Financial capability of the underwriter Provide audited accounts for the last three years (2021/2022 showing paid up capital of at least 50 million 1. Kshs 50 million -100 million 2 points
2. Kshs 101-200 Million 5 Points
3. Over 200 million -8 points
 | 08  |
|   | TOTAL TECHNICAL SCORE  | 100  |

To qualify for financial evaluation the bidder must score a minimum of 80% at the Technical Evaluation stage (above).

IN –PATIENT, OUTPATIENT, MATERNITY, DENTAL, OPTICAL MEDICAL SCHEMES

 PRICE SCHEDULE FORM-STAFF MEDICAL SCHEME

PREMIUM SUMMARY

|  |  |  |
| --- | --- | --- |
|  |  | **OPTION 1** |
| **Index** | **Gender** | **Inpatient**  | **Outpatient**  | **Dental** | **Optical** | **Maternity** | **Total** |
| **Cover Limit** |  | **3 Million** | **300,000** | **50,000** | **50,000** | **250,000** |  |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
|   |   | **Inpatient**  | **Outpatient**  | **Dental** | **Optical** | **Maternity** | **Total** |
|   | **Premium** |  |  |  |  |  |  |
|   | **Levies** |  |  |  |  |  |  |
|   | **Grand Total** |  |  |  |  |  |  |

We undertake, if our tender is accepted, to place/ provide medical insurance covers/ services in accordance with the schedule rates and delivery dates specified herein above.

Name …………………………………………………………………….

Name of signatory: ....................................................................................

In the capacity of:………………………………………………………..

Authorized Signature:...................................................................

Company Rubber Stamp/Seal……………………………………

The same rate will be used as a base rate to cover new employees and also for renewal subject to satisfactory performance.

|  |  |  |
| --- | --- | --- |
|  |  | **OPTION 2** |
| **Index** | **Gender** | **Inpatient**  | **Outpatient**  | **Dental** | **Optical** | **Maternity** | **Total** |
| **Cover Limit** |  | **3 Million** | **300,000** | **50,000** | **50,000** | **250,000** |  |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse |   |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee |   |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Spouse | Female |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Female |   |   |   |   |   |   |
| Spouse | Male |   |   |   |   |   |   |
| Unmarried Child | Male |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Unmarried Child | Female |   |   |   |   |   |   |
| Company Employee | Male |   |   |   |   |   |   |
|   |   | **Inpatient**  | **Outpatient**  | **Dental** | **Optical** | **Maternity** | **Total** |
|   | **Premium** |  |  |  |  |  |  |
|   | **Levies** |  |  |  |  |  |  |
|   | **Grand Total** |  |  |  |  |  |  |

We undertake, if our tender is accepted, to place/ provide medical insurance covers/ services in accordance with the schedule rates and delivery dates specified herein above.

Name …………………………………………………………………….

Name of signatory: ....................................................................................

In the capacity of:………………………………………………………..

Authorized Signature:...................................................................

Company Rubber Stamp/Seal……………………………………

The same rate will be used as a base rate to cover new employees and also for renewal subject to satisfactory performance.

While preparing your bid, kindly pay special attention to the following information under this section.

***OTHER SPECIAL/MANDATORY CLAUSES WHICH ARE REQUIRED i.e. MUST BE INCORPORATED IN THE PROVISION OF STAFF GROUP MEDICAL INSURANCE COVER***

All bidders are informed that the clauses below are mandatory requirements which MUST be incorporated in the Group Medical cover proposed by a bidder before that bidder is considered responsive.

1. ELIGIBILITY FOR SPOUSE AND DEPENDANTS

Spouses shall be covered up to the age of 60 years while dependent children (biological or legally adopted) will be covered up to the age of 22 years and up to 25 years where pursuing education and covered over 22 years if they are disabled.

1. In case of the removal of any service provider, Kimisitu Sacco Society Limited should be informed at the right time.
2. Notes on Dental & Optical Covers
3. Dental cover to include filling, extraction root canal and medically necessary scaling and polishing.
4. Optical cover to include treatment for deterioration/correction of sight, including Supply/fitting of spectacles.
5. Maternity cover of up to Kshs.200, 000 for delivery only (pre-natal and post-natal expenses should be borne from the out-patient benefits).
6. First Caesarian section to be covered up to Kshs. 250,000 per family
7. HIV/AIDS and treatment of opportunistic conditions including Anti-retroviral therapy should be included in the cover.
8. There shall be No waiting period for the medical cover to commence.
9. No co-pay.
10. Pre-existing conditions (known and unknown) to be covered.
11. Chronic illnesses (known and unknown) to be covered.
12. Hospitalization arising out of Dental & Optical illness covered up to KES. 200,000 within the Inpatient limit.
13. General Health Check-ups to be covered.
14. Provision of Monthly Statements both to HR Department and to the insured members as and when required.
15. Riot, strike, war and kindred risks to be covered.
16. Counseling services to be covered.
17. Treatment for Depression and mental illnesses to be covered.
18. Congenital, pre-maturity conditions and birth defects to be covered.
19. Cover for babies to start as from 34 weeks.
20. Declare all exclusions for the insurance covers.
21. KEPI, private and Baby Friendly Immunizations/ inoculations and vaccinations to be covered.
22. Funeral cover/ Last Expenses to be covered up to Kshs. 100,000 for the principal member.

 ADDITIONAL INFORMATION TO BIDDERS

* 1. Bidders to indicate any other value adding services that your company may offer to the Board.
	2. Bidders are expected to provide proof of wide network of medical services covering hospitals, doctors/specialists, pharmacist’s etc financial soundness, integrity and quality of service delivery are important issue of concerns.
	3. It is emphasized that full disclosure be provided especially on the exclusion’s clauses.
	4. Bidders to include a draft Comprehensive Service Level agreement (SLA)

**CONTRACT FORM**

 THIS AGREEMENT made the day of 20 between

(hereinafter called ) of the one part and …………………………………….[name of tenderer] of ………………………………………..[city and country of tenderer]

(hereinafter called “the tenderer”) of the other part:

WHEREAS invited tenders for the medical cover and has accepted a tender by the tenderer for the supply of the services in the sum of ……………………………………………………….

(hereinafter called “the Contract Price”).

 NOW THIS AGREEMENT WITNESSTH AS FOLLOWS:-

 In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.

1. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:
	1. the Tender Form and the Price Schedule submitted by the tenderer;
	2. the Schedule of Requirements
	3. the Details of cover
	4. the General Conditions of Contract
	5. the Special Conditions of Contract; and
	6. ’s Notification of Award
2. In consideration of the payments to be made by to the tenderer as hereinafter mentioned, the tenderer hereby covenants with to provide the GPA cover and to remedy defects therein in conformity in all respects with the provisions of the Contract.
3. hereby covenants to pay the tenderer in consideration of the provision of the services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written

 Signed, sealed, delivered by the (for )

 Signed, sealed, delivered by the (for the tenderer) in the presence

 of

**PROFESSIONAL INSURANCE INDEMNITY FORM**

 To: …………………………….

 *[Name of procuring entity]*

WHEREAS ……………………………………………. [*name of tenderer*]

(Hereinafter called “the tenderer”) has undertaken, in pursuance of Contract No.

 [*reference number of the contract*] dated 2024

supply ……………………………………………….

[*description of insurance services*] (Hereinafter called “the Contract”)

 AND WHEREAS it has been stipulated by you in the said Contract that the tenderer shall furnish you with a bank guarantee by a reputable bank for a sum specified therein as security for compliance with the Tenderer’s performance obligations in accordance with the Contract AND WHEREAS we have agreed to give the tenderer a guarantee:

THERFEFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the tenderer, up to a total of ……………………………

[*amount of the guarantee in words and figures*], and we undertake to pay you, upon your first written demand declaring the tenderer to be in default under the Contract

and without cavil or argument, any sum of money within the limits of ………………………………………………… [*Amount of guarantee*] as

aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the ……………. day of …………….20……………..

Signature and seal of the Guarantors ……………………..*[Name of bank of financial institution]*

*[Address]*

…………………………………………………………………………………………*Date]*

*(Amend accordingly if provided by Insurance Company)*

 **Evaluation Criteria**

You will have your tender response evaluated as set out below:

**Stage 1:** Tender responses will be checked to ensure that they have been completed correctly and all necessary information has been provided. Tenders’ responses correctly completed with all relevant information being provided will proceed to Stage 2. Any tender responses not correctly completed in accordance with the requirements of this RFP and/or containing omissions may be rejected at this point. Where a tender response is rejected at this point it will automatically be disqualified and will not be further evaluated.

**Stage 2:** The completed Qualification Questionnaire *(if used)* will then be reviewed to confirm that the potential Vendor meets all of the qualification criteria set out in the questionnaire. Potential Vendors that meet the qualification criteria will proceed to Stage 3. Potential Vendors that do not meet the qualification criteria set out in the Qualification Questionnaire *(if used)* may be excluded from the Procurement Process at this point. Where a potential Vendor is excluded at this point, its tender response will be rejected in full and not evaluated further and the Vendor will automatically be disqualified from this Procurement Process.

**Stage 3:** If a bidder succeeds in passing Stages 1 and 2 of the evaluation, then it will have its detailed tender response to Kimisitu Sacco Society Ltd requirements evaluated in accordance with the evaluation methodology set out below. Information provided as part of Qualification Questionnaire *(if used)* responses may also be verified part of this stage.

14.2 Award Criteria – Responses from potential Vendors will be assessed to determine the most economically advantages tender using the following criteria and weightings and will be assessed entirely on your response submitted:

14.3 Scoring Model – Tender responses will be subject to an initial review at the start of Stage 3 of the evaluation process. Any tender responses not meeting mandatory requirements or constraints (if any) will be rejected in full at this point and will not be assessed or scored further.

Tender responses not so rejected will be scored by an evaluation panel appointed by Kimisitu Sacco Society Ltd for all criteria other than Commercial using the following scoring model:

|  |  |
| --- | --- |
| **Points**   | **Interpretation**   |
| **10**  | **Excellent** –Overall the response demonstrates that the bidder meets all areas of the requirement and provides all of the areas evidence requested in the level of detail requested. This, therefore, is a detailed excellent response that meets all aspects of the requirement leaving no ambiguity as to whether the bidder can meet the requirement.  |
| **7**   | **Good** –Overall the response demonstrates that the bidder meets all areas of the requirement and provides all of the areas of evidence requested but contains some trivial omissions in relation to the level of detail requested in terms of either the response or the evidence. This, therefore, is a good response that meets all aspects of the requirement with only a trivial level ambiguity due the bidder’s failure to provide all information at the level of detail requested.  |
| **5**  | **Adequate** –Overall the response demonstrates that the bidder meets all areas of the requirement, but not all the areas of evidence requested have been provided. This, therefore, is an adequate response, but with some limited ambiguity as to whether the bidder can meet the requirement due to the bidder’s failure to provide all the evidence requested.  |
| **3**  | **Poor** –The response does not demonstrate that the bidder meets the requirement in one or more areas. This, therefore, is a poor response with significant ambiguity as to whether the bidder can meet the requirement due to the failure by the bidder to show that it meets one or more areas of the requirement.  |
| **0**  | **Unacceptable** –The response is non-compliant with the requirements of the RFP and/or no response has been provided.  |

14.4 Financial Evaluation – Your “Overall Price” (as calculated in accordance with requirements of Annex (Pricing Approach) for the goods and/or services will be evaluated by the evaluation panel for the purposes of the commercial evaluation. Prices must not be subject to any pricing assumptions, qualifications or indexation not provided for explicitly by Kimisitu Sacco Society Ltd as part of the pricing approach. If any prices are expressed as being subject to any pricing assumptions, qualifications or indexation not provided for by Kimisitu Sacco Society Ltd as part of the pricing approach, Kimisitu Sacco Society Ltd may reject the full tender response at this point. Kimisitu Sacco Society Ltd may also reject any tender response where the Overall Price for the goods and/or services is considered by Kimisitu Sacco Society Ltd to be abnormally low following the relevant processes set out under the procurement rules. A maximum offer score of

20 will be awarded to the tender response offering the lowest “Overall Price”. Other tender responses will be awarded a mark by application of the following formula: (Lowest Overall Price/Overall Price being evaluated) x 20 (rounded to two decimal places) = commercial score.

14.5 Moderation and application of weightings – The evaluation panel appointed for this procurement will meet to agree and moderate scores for each award criteria. Final scores in terms of a percentage of the overall tender score will be obtained by applying the relevant weighting factors set out as part of the award criteria table above. The percentage scores for each award criteria will be amalgamated to give a percentage score out of 100.

14.6 The winning tender response – The winning tender response shall be the tender response scoring the highest percentage score out of 100 when applying the above evaluation methodology, which is also supported by any required verification evidence (to include, without limitation, any updated information or references relating to any Qualification Question responses) obtained by the Authority relating to any self-certification or other requirements referred to in the Qualification Questionnaire *(if used)*. If any verification evidence requested from a Vendor, or a relevant third party as may be referred to by the Vendor in the Qualification Questionnaire *(if used)* as a party prepared to provide such information, is not provided in accordance with any timescales specified by Kimisitu Sacco Society Ltd and/or any evidence reviewed by Kimisitu Sacco Society Ltd (whose decision shall be final) does not demonstrate compliance with any such requirement, Kimisitu Sacco Society Ltd may reject that tender response in full and disqualify the potential winning Vendor from the Procurement Process at that point.

**FORM TECH - 8: SELF-DECLARATIONFORMS**

**FORM SD1**

**SELF DECLARATION THAT THE PERSON/TENDERER IS NOT DEBARRED IN THE MATTER OF THE PUBLIC PROCUREMENT AND ASSET DISPOSAL ACT 2015.**

I, ……………………………………., of Post Office Box …….………………………. being a resident of ………………………………….. in the Republic of ……………………………. do hereby make a statement as follows: -

1. THAT I am the Company Secretary/Chief Executive/Managing Director/Principal Officer/Director of ………....……………………………….. (Insert name of the Company) who is a Bidder in respect of

**Tender No. ………………….** for……………………. (Insert tender title/description) for……………………. *(Insert name of the Procuring entity)* and duly authorized and competent to make this statement.

1. THAT the aforesaid Bidder, its directors and subcontractors have not been debarred from participating in procurement proceeding under Part IV of the Act.

1. THAT what is deponed to here in above is true to the best of my knowledge, information and belief.

…………………………………. ………………………………. ……………………… (Title) (Signature)

 (Date)

Bidder Official Stamp

**FORM SD2**

**SELF DECLARATION THAT THE PERSON/TENDERER WILL NOT ENGAGE IN ANY CORRUPT OR FRAUDULENT PRACTICE.**

I, .................................................................... of P. O. Box.....................................................being a resident of

………………………………….. in the Republic of ………………. do hereby make a statement as

follows: -

1. THAT I am the Chief Executive/Managing Director/Principal Officer/Director of……….... ………………………… *(insert name of the Company)* who is a Bidder in respect of **Tender No.**

……………….......................................................….. for ……………………. *(insert tender title/description)* for ……………......................................… *(insert name of the Procuring entity)* and duly authorized and competent to make this statement.

1. THAT the aforesaid Bidder, its servants and/or agents /subcontractors will not engage in any corrupt or fraudulent practice and has not been requested to pay any inducement to any member of the Board, Management, Staff and/or employees and/ or agents of……………………. *(insert name of the Procuring entity)* which is the procuring entity.

1. THAT the aforesaid Bidder, its servants and/or agents /subcontractors have not offered any inducement to any member of the Board, Management, Staff and/or employees and/or agents of……………………. *(name of the procuring entity).*

1. THAT the aforesaid Bidder will not engage /has not engaged in any corrosive practice with other bidders participating in the subject tender.

1. THAT what is deponed to herein above is true to the best of my knowledge information and belief.

…………………………………. (Title) …………………………………….(Signature)……………….(Date)

Bidder Official Stamp

**DECLARATION AND COMMITMENT TO THE CODE OF ETHICS**

I …………………………....................................................................................………. (person) on behalf of ***(Name***

***of the Business/ Company/Firm***) …………………………………………………. declare that I have read and fully understood the contents of the Public Procurement & Asset Disposal Act,2015, Regulations and the Code of Ethics for persons participating in Public Procurement and Asset Disposal Activities in Kenya and my responsibilities under the Code.

I do here by commit to abide by the provisions of the Code of Ethics for persons participating in Public Procurement and Asset Disposal.

Name of Authorized signatory......................................................................................................................

Sign……………......................................................................................................................................

Position…………….................................................................................................................................

Office address………………………………………………. Telephone…………………....…………….

E-mail……………………………………………….........................................................................

Name of the Firm/Company……………………………..............................................................................

Date………………………………………………………............................................................................

***(Company Seal/ Rubber Stamp where applicable)***

Witness

Name ………………………………………………………........................................................................

Sign………………………………………………………...........................................................................

Date……………………………………………………

**FORM TECH - 9: TENDER-SECURING DECLARATION FORM {r 46 and 155(2)}**

[The Bidder shall complete this Form in accordance with the instructions indicated]

Date:...................................................................................*[insert date (as day, month and year)* of Tender

Submission]

Tender No.:...................................................................................*[insert number of tendering process]* To:...................................................................................[insert complete name of Purchaser]

I/We, the undersigned, declare that:

1. I / We understand that, according to your conditions, bids must be supported by a Tender-Securing Declaration.

1. I /We accept that I/we will automatically be suspended from being eligible for tendering in any contract with the Purchaser or the period of time of[insert number of months or years] starting on[insert date],if we are in breach of our obligation (s)under the bid conditions, because we–(a) have withdrawn our tender during the period of tender validity specified by us in the Tendering Data Sheet; or (b) having been notified of the acceptance of our Bid by the Purchaser during the period of bid validity,(i) fail or refuse to execute the Contract, if required, or (ii) fail or refuse to furnish the Performance Security, in accordance with the instructions to tenders.
2. I / We understand that this Tender Securing Declaration shall expire if we are not the successful Tenderer (s), upon the earlier of:
	1. Our receipt of a copy of your notification of the name of the successful Tenderer; or
	2. Thirty days after the expiration of our Tender.

Signed: ………………………………………………………………….……….

Capacity / title (director or partner or sole proprietor, etc.) Name:

………………………………………………………………………………….

Duly authorized to sign the bid for and on behalf of: ..................................*[insert complete name of*

*Tenderer]* Dated on …………………. day of …………….……. *[Insert date of signing]*

Seal or stamp

**1: FINANCIAL PROPOSAL SUBMISSION FORM**

............................................................... Date}To: ........................................................ [Name and address of Procuring Entity]

Dear Sirs:

We, the undersigned, offer to provide the consulting services for.......................................... [*Insert title of assignment*] in accordance with your Request for Proposal dated................................ *[Insert Date]* and our Technical Proposal. Our attached Financial Proposal is for the amount of............................................. {*Indicate the corresponding to the amount currency*} {*Insert amounts in words and figures*}, including of all taxes in accordance to the Data Sheet. The estimated amount of local taxes is..........................

{*Insert currency*} {*Insert amount in words and figures*}.

{*Please note that all amounts shall be the same as in Form FIN-2}*.

Our Financial Proposal shall be valid and remain binding upon us, subject to the modifications resulting from Contract negotiations, for the period of time specified in the Datasheet.

Commissions and gratuities paid or to be paid by us to an agent or any third party relating to preparation or submission of this Proposal and Contract execution, paid if we are awarded the Contract, are listed below: Name and Address, Amount and Purpose of Commission of Agents, Currency or Gratuity {If no payments are made or promised, add the following statement: “No commissions or gratuities have been or are to be paid by us to agents or any third party relating to this Proposal and Contract execution.”} We understand you are not bound to accept any, Proposal you receive. We remain, Yours sincerely,

Signature................... *(of the underwriter) {In full and initials}*: Full name: .................. *{insert full name of authorized representative}* Title: .................. *{insert title/ position of authorized representative}*

Name of Consultant.................. *(company's name or JV's name):* Capacity: .................. *{insert the person's capacity to sign for the underwriter}* Physical Address: .................. *{insert the authorized representative's address}*

Phone: .................. *{insert the authorized representative's phone and fax number, if applicable}* Email: .................. *{insert the authorized representative's email address}*