



Communications for all in East Africa

BIDDING DOCUMENT FOR GOODS & RELATED SERVICES

Title of the Tender	ANNUAL PROVISION OF MEDICAL INSURANCE FOR EACO STAFF (FRAMEWORK CONTRACT)
Tender reference number	N° 001/EACO/ES/2023/2024
Procurement Method	RESTRICTED TENDERING
Date of Issue:	JULY, 2023



RESTRICTED TENDERING

**TITLE: ANNUAL PROVISION OF MEDICAL INSURANCE FOR EACO STAFF
(FRAMEWORK CONTRACT)**

CLIENT: EAST AFRICAN COMMUNICATIONS ORGANIZATIONS (EACO)

The East African Communications Organization (EACO) wishes to invite you to submit your offer for a regional medical insurance cover for its staff.

Your technical and financial offers in plain sealed envelope shall be submitted to EACO Offices at Kiyovu ex Fair House 1st floor not later than 20th July 2023 at 10:00 am.

The tender document may be obtained from EACO website: www.eaco.int, at any day from 14th July, 2023. All interested bidders must pay non-refundable fee of ten thousand (10,000 RWF) Rwandan francs paid to the EACO bank account 4002200499033, opened in Equity Bank Rwanda.

The opening of the offers will take place at the EACO offices on the same day at 11:00 am.

The envelope should be addressed to EACO as follows:

The Liaison Manager/ Human Resource and Administration

P.O Box: 6309 Kigali

Quotation Title: Medical Insurance Cover for EACO Staff

Yours Sincerely,

**Dr Ally Simba
Executive Secretary**

Bidding Document for Procurement of Goods

Section I. Instructions to Service providers, Bid Data Sheet (BDS)

No	A. General
1	The Procuring Entity is: EAST AFRICAN COMMUNICATIONS ORGANISATION (EACO)
2	Tender title: ANNUAL PROVISION OF MEDICAL INSURANCE FOR EACO STAFF (FRAMEWORK CONTRACT) Number of the lots comprising this tender are: 1
3	The Source of funds: ORDINARY BUDGET
	B. Contents of Bidding Documents
4	For Clarification of bid purposes only: Use EACO email: info@eaco.int . Any clarification may be requested by writing not later than 5 days before the fixed deadline for the submission of bids, using the above email or EACO Secretariat address below: Attention: The Liaison Manager of Human Resource and Administration Ex-Fair House, 1 st Floor P.O Box 6309, Kigali- Rwanda KN6 AV 11ocurement system
	C. Preparation of Bids
5	The language of the bid is English.
6	The Bid shall comprise the following: a) Copy of Trading License b) Copy of the registration license with the National Bank of Rwanda “BNR” c) A valid Original or a notified copy of the Social Security Fund certificate d) A valid Original or a notified copy of the tax clearance certificate e) A Bid security issued by a bank or from any other reputable insurance company outside your company of three hundred ninety seven thousand seven hundred sixty four Rwandan francs (397,764) f) Proof of purchase of tender document.

	g) Two recommendation letters backed by their contracts. h) Bid submission form well printed and signed by the authorized person. j) Written confirmation authorizing the signatory of the Bid to commit the Bidder.
7	Alternative Bids shall not be considered.
8	The prices quoted by the Bidder shall not be adjustable .
9	Prices quoted shall correspond at least to 100 % of all items specified and shall include taxes .
10	The authority to establish the exchange rate shall be the “ National Bank of Rwanda ”
11	The bid validity period shall be 120 days .
12	Bid shall include a Bid Security <i>issued by bank or an insurance company</i> . The amount of the Bid Security shall be: Three hundred ninety seven thousand seven hundred sixty four Rwandan Francs (397,764 Rwf)
	D. Submission and Opening of Bids
13	The bids are submitted physically to EACO Secretariat to the following address: Attention: The Liaison Manager of Human Resource and Administration Ex-Fair House, 1 st Floor P.O Box 6309, Kigali- Rwanda KN6 AV 11
14	All bids will be submitted on the above address not later than 17/07/2023, at 10h00 am. Bids will be opened on the same day at 11h00 am.
15	The bid opening shall take place at: EACO Secretariat Headquarters
	E. Evaluation and Comparison of Bids
16	Bid prices expressed in different currencies shall be converted in Rwanda Francs (RWF) The source of exchange rate shall be the National Bank of Rwanda. The date for the exchange rate shall be the bids opening date

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If a Price Schedule shows items listed but not priced, their prices shall be assumed to be included in the prices of other items. An item not listed in the Price Schedule shall be assumed to be not included in the bid.

Section II. Evaluation and Qualification Criteria

This Section contains the criteria that the EACO Secretariat may use to evaluate a bid and determine whether a Bidder has the required qualifications. No other criteria shall be used.

1. Evaluation Criteria

The EACO Secretariat's evaluation of a bid may take into account, in addition to the Bid Price quoted, one or more of the following factors:

- (a) Administrative documents
- (b) Addition proposed Services;
- (c) List of service providers
- (d) National, regional and international coverage
- (e) Amount limits per person & family

Section III. Bidding Forms

1. Identification Form

[The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: [insert date (as day, month and year) of Bid Submission]

Tender No.: [insert number of tender notice]

Page _____ of _____ pages

1. Bidder's Legal Name *[insert Bidder's legal name]*

2. Bidder's actual or intended Country of Registration: *[insert actual or intended Country of Registration]*

3. Bidder's Year of Registration: *[insert Bidder's year of registration]*

4. Bidder's Legal Address in Country of Registration: *[insert Bidder's legal address in country of registration]*

5. Bidder's Authorized Representative Information

Name: *[insert Authorized Representative's name]*

Address: *[insert Authorized Representative's Address]*

Telephone/Fax numbers: *[insert Authorized Representative's telephone/fax numbers]*

Email Address: *[insert Authorized Representative's email address]*

Bid Submission Form

[The Bidder shall fill in this Form in accordance with the instructions indicated No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: *[insert date (as day, month and year) of Bid Submission]*

Invitation for Bid No.: *[insert No of IFB]*

To: *[insert complete name of Purchaser]*

We, the undersigned, declare that:

- (a) We have examined and have no reservations to the Bidding Documents,
- (b) We offer to perform the required service and supply in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements the following Goods and Related Services _____
[insert a brief description of the Goods and Related Services];
- (c) The total price of our Bid, excluding any discounts offered in item (d) below, is: _____
[insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
- (d) The discounts offered and the methodology for their application are:

Discounts: If our bid is accepted, the following discounts shall apply. _____ *[Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies.]*
- (e) Our bid shall be valid for the period of time specified in the bidding document, from the date fixed for the bid submission deadline and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- (f) We have no conflict of interest in accordance with the bidding requirements;
- (g) Our company, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by the RPPA, under Rwanda laws or official regulations, ;
- (i) We understand that this bid, together with your written acceptance thereof included in your notification of award, shall constitute a binding contract between us, until a formal contract is prepared and executed.

(1) We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

Signed: _____ *[insert signature and stamp of person whose name and capacity are shown]*

In the capacity of _____ *[insert legal capacity of person signing the Bid Submission Form]*

Name: _____ *[insert complete name of person signing the Bid Submission Form]*

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

Dated on _____ day of _____, _____ *[insert date of signing]*

TOR FOR MEDICAL INSURANCE

SUMMARY OF COVER: To provide extensive medical protection (Consultation, Analysis and lab tests, Medico surgical treatment, Drugs and Hospitalization) for EACO employees and their legal dependants by offering quality medical services, in all East African Countries.

List of staff with names will be provided on conclusion of contract.

Benefits	Limit per year in Rwf	
Inpatient	Per person/family
Outpatient	Per person/family
Dental	Per person/family
Optical	Per person/family
Maternity	Per family/family
Pre - existing conditions , chronic diseases & HIV /AIDS	Per person/family
Last expense / Funeral	Per person

Bid prices must be expressed in **Rwanda Francs (RWF)**

Note: Bidders are required to provide the list and addresses of their partners.

CLAUSES/ WARRANTIES:

- Indirect payment: The beneficiary pays the bill while getting medical service and the provider claims payment to the insurer.
- Any medical treatment and drug prescribed by a graduated or registered Doctor and which has been authorized by the Ministry of Health.
- Pregnancy and childbirth comprising pre-natal treatments and examinations, post-natal treatments and examination, new-born accommodation,
- Maternity cover
- Abnormality, constitutional disability and malformation treatment for new-born
- Reconstructive surgery following an accident or following surgery for an eligible medical condition
- Pre-existing, chronic conditions and HIV opportunistic clause,
- Dental treatment extension
- Optical treatment including frames extension,
- Automatic addition/ deletion for new or departure staff on prorated-premium,
- Choosing Doctor, on reimbursement basis if no partnership in place yet,
- Inpatient Standard private room,
- Fraud management in liaison with the employer,
- Contract cancellation notice – 90 days

- MRI and other special test extension
- Vaccination for all members
- Road ambulance for emergency cases within the country of treatment
- Overall limit of cover for in and outpatient benefit to be advised,

Note: Bidders may propose any other extension (Clause) that is deemed advantageous.

1. DURATION OF THE ASSIGNMENT

The duration of the assignment is 1 year, which may be renewable upon satisfaction of the delivery of services by the client.

2. PAYMENT MODALITIES

The payment will be done as per the invoices submitted by the client.