



Annex A

Table (1): Bidder Contact information

Bidder Name:	
Focal Points name:	
Email	
Phone:	
Address:	

Table (2): Mandatory questions

#	Question	Yes	No	Remarks
1	Is your company a registered Insurance Company in the Republic of Iraq, including the Kurdistan Region of Iraq (KR-I)?			
2	Does your company have the ability to provide Medical and Personal accident insurance within Iraq and the Kurdistan Region?			
3	Does your company have the ability to provide Group Personal Insurance and Life insurance within Iraq?			
4	Does your company have the ability to offer an Accident Death, Dismemberment, and Permanent Total Disablement policy, with coverage of no less than IQD 30,000,000, if (no) please explain the alternative you have in the remark section. You can			



	explain this point in a separate attachment to your offer			
5	Does your company have an agreement with hospitals and clinics in Iraq and KRII for direct billing settlement? If yes, please provide the names of hospitals/medical networks and the location by governorate. You can provide the list in a separate attachment to your offer.			
6	Does your company have an agreement with hospitals and clinics outside of Iraq and KRII for direct billing settlement? If yes, please provide the names of hospitals/medical networks and the location by country.			
7	Does your company cover 100% of the medical expenses? If (no) please explain the calculator for the percentage that is covered.			
8	Do you have a Pharmacy Prescription Program as part of your quoted policies for the coverage of generic and/or brand-named drugs? If yes, please provide a list of pharmaceuticals that are, or are not covered. You can provide the list in a separate attachment to your offer.			
9	Do you have Maternity cover as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			
10	Do you have a Personal Wellness or Preventative Care benefit as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			



11	Do you have a Dental Care benefit as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			
12	Do you have a Vision Care benefit as part of your quoted policies? If yes, please provide additional information.			
13	Can you provide policyholders with medical benefits cards for direct billing?			
14	What is the average process cycle time from receipt of a completed and vetted claim and final payment of settlement? Please provide additional information. You can explain this point in a separate attachment to your offer			
15	Are you willing to design an insurance package that will meet or exceed the project requirements?			
16	Do you provide coverage for Covid 19 expenses? If yes can you please explain in an attachment?			
	Do you have the annual general check up including the following test? <ul style="list-style-type: none">● Complete Blood Count● Renal Function Test● Liver Function Test● Lipid Profile (including Serum Cholesterol & LDL)● Stool Antigen For Helicobacter Pylori for employees has gastric issues.● Mammography for women above 40 years of age.● PSA for men above 40 years.			



	<ul style="list-style-type: none">• Pap Test for women above 40 years of age.			
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Table (3): Mandatory documents for submission (Administration)

#	Description	If you attached, please tick below by (✓)
1	Copy of a registration	
2	Tax clearance for 2023	
3	Bank account details	
4	Three similar experiences with INGOs (please submit a PO or contract)	
5	References according to Table (2)	

Table (4): References

#	Referee Name	Phone number	Email	Name of the client/company
1				
2				



seed foundation
Social Educational Economic Development

3				
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Note to Quote:

Please quote the rate applicable for:

- Short term Cover or pro rata premium calculation.
- Refund of premium when staff leave.
- The refund policy for medical expenses incurred when staff use other medical providers.
- Please quote any free rider or cover.
- Please provide a list of agreements with well-known hospitals and clinics in KRG and Iraq for direct billing settlement.