

Request for Quotation (RFQ)

Issued on 28 November 2019

Millennium Challenge Account Nepal
on behalf of
The Government of Nepal
funded by
The United States of America
Through
The Millennium Challenge Corporation

For

# Procurement of Health/Medical Insurance for MCA-Nepal Staff

\*\*\*\*

Ref No: MCA-N/PM/SH/027



## MILLENNIUM CHALLENGE ACCOUNT NEPAL (MCA-NEPAL)

## Letter of Invitation Requesting Quotations for Procurement of Health/Medical Insurance for MCA-Nepal Staff

Kathmandu, Nepal

28 November 2019

## Ref: MCA-N/PM/SH/027

- 1. The Millennium Challenge Corporation ("MCC") and the Government of Nepal ("Government" or "GoN") have entered into a Millennium Challenge Compact for Millennium Challenge Account assistance to help facilitate poverty reduction through economic growth in Nepal on 14 September 2017 ("The Compact") in the amount of approximately **USD 500 million** ("MCC Funding"). The Government intends to apply parts of the proceeds of the funds to payments for contracts for goods, works and services. MCC is a U.S. government agency focused on assisting countries dedicated to good governance, economic freedom, and investments in people.
- 2. The Compact includes additional investment from the Government of approximately USD 130 million for a total of approximately USD 630 million. It includes two projects: (i) construction of about 300 kilometers of 400kV electricity transmission lines, three substations, and technical assistance for the power sector; and (ii) technical assistance to improve the road maintenance regime and road maintenance works on about 300 kilometers of the strategic road network. The program would include the procurement of contractors and consultants for design, construction and supervision of electricity lines and substations, road maintenance works, including a variety of technical services, equipment and construction works in different geographic locations within Nepal. These contracts will be competed through open international procurement procedures.
- 3. This Request for Quotations, the RFQ, follows the General Procurement Notice that appeared in dgMarket on 18 September 2019, UNDB Online on 18 September 2019, the Kantipur National Daily newspaper on 19 September 2019, and MCA-Nepal website on 18 September 2019.
- 4. In issuing this RFQ, the Government of Nepal (GoN) is represented by the Millennium Challenge Account Nepal ("MCA-Nepal").
- 5. The Millennium Challenge Account Nepal (MCA-Nepal), an organization of the Government of Nepal that manages the Compact Agreement with funding from the Millennium Challenge

- Corporation, intends to procure the services of Health/Medical Insurance for MCA-Nepal Staff as described in the attached Terms of Reference/Services.
- 6. Interested Eligible Firms are required to submit a quotation for insurance services as stipulated in the annexes to this RFQ. **Prices shall be quoted in Nepalese Rupees (NPR)**. The offered price should include all costs of providing Health/Medical insurance services for one year (with option to five years) for all listed MCA-Nepal's Staff as per requirements stated under Terms of Reference/Services.
- 7. There will be no price negotiations. The quotation shall be valid for sixty (60) days from deadline for submission of quotations.
- 8. **Effective Date of Coverage**: **Immediately** after dual signature of the contract (Purchase Order) and payment of the contract amount.
- 9. **Payments for the Insurance:** will be made after delivery of insurance policy as per Terms of Reference and receipt of a valid insurance service provider's invoice.
- 10. Interested Eligible Firms are required to submit quotations for insurance **for all required coverages and services**, otherwise quotation will not be considered.
- 11. One firm shall submit only one quotation for this procurement. The submitted quotation must be typed or written in indelible ink and shall be signed by authorized representative.
- 12. Insurance Service provider shall submit with their Quotations copies of the following documents:
  - a. Firm/Company Registration Certificate
  - b. PAN/VAT/TAX Registration;
  - c. Tax clearance certificate
  - d. Firm/ Company Registration. It is required to have at least five (2) years of experience providing full Health/Medical insurance services in Nepal.
  - e. Experience Certificate/Letter from previous or current three (3) clients to whom you have provided insurance service of similar magnitude during last 5 years. This evidence may be provided in the form of copies of contracts, invoices, reference letters etc, which can demonstrate number of personnel and value of insurance. (as per the terms of reference)
  - f. Complete and signed Quotation Submission Form.
  - g. Power of Attorney in support of person signing the Quote.
- 13. In evaluating the quotations, the Purchaser will adjust for any arithmetical errors as follows:

- a. where there is a discrepancy between amounts in figures and in words, the amount in words will govern;
- b. where is a discrepancy between the unit rate and the line item total resulting from multiplying the unit rate by the quantity, the unit rate as quoted will govern; and
- c. If you refuse to accept the correction, your quotation will be rejected
- 14. **Evaluation of Quotation and Award of Purchase Order:** Insurance services providers are required to quote for all required coverages and services. Failure to quote for all items will render your quotation incomplete and thus non-responsive to the requirements. The evaluation will be undertaken as follows:
  - a) The submitted Quotation will be verified for administrative and eligibility compliance to the requirement of this Request for Quotation.
  - b) Insurance service providers quotations will be reviewed to determine its compliance with the requirements stated in the Terms of Reference. The Qualification Experience evaluation will be assessed on "pass and fail" basis)
  - c) The offers passing (a) and (b) above, will be evaluated for price reasonableness. The Contract shall be recommended for awarded to the lowest evaluated offer.
  - d) **Discount offered methodology is applicable**: As MCA-Nepal is simultaneously requesting quotations for "**Procurement of Assets Insurance for MCA-Nepal (including Options for Six years)**, the Insurance Services provider, at its own discretion, may offer a discount to get awarded both procurements. MCA-Nepal will choose the best lowest priced combination after including in the review the offered discount, if any.

The procurement process will be carried out in accordance with the provisions of MCC Procurement Guidelines which can be downloaded at: <a href="https://www.mcc.gov/resources/doc/program-procurement-guidelines">https://www.mcc.gov/resources/doc/program-procurement-guidelines</a>.

- 15. A quotation is not substantially responsive if it contains material deviations or reservations to the terms, conditions, and specifications in this Request for Quotation, and it will not be considered further. The Purchaser will evaluate and compare only the quotations determined to be substantially responsive.
- 16. Service Providers may challenge the results of a procurement only according to the rules established in the Bid Challenge System developed by the MCA-NEPAL and approved by MCC. The rules and provisions of the Bid Challenge System are as published on the MCA-NEPAL's website at <a href="https://mcanp.org/procurement">https://mcanp.org/procurement</a>.
- 17. **Contract term**: The insurance service will be valid for minimum five years from the date of the signing of this contract and issuance of the formal policy to MCA-Nepal. This contract will be implicitly extended throughout the life of the compact (minimum 5 years) with successful negotiation for rates.)
- 18. If MCA-Nepal does not require the offer for a full year, the fees will be calculated on a proportional basis for the duration of the service utilized or to be utilized.

- 19. The details of staffs and their family by age range is attached in Annex 1-A.
- 20. Evaluation and Comparison of bids shall be carried out excluding VAT.
- 21. Please submit your price quotation signed by an authorized representative via the Dropbox link provided below, with the name of the uploaded file as follows: "Name of Insurance Service Provider- Health/Medical Insurance for MCA-Nepal Staff".
- 22. The File request link (Dropbox link) for **submission of quotations**: <a href="https://www.dropbox.com/request/TfAD2NT4Pf1]nFXT0XRC">https://www.dropbox.com/request/TfAD2NT4Pf1]nFXT0XRC</a>
- 23. Please note that the provided **Dropbox link** will expire on the **deadline for submission** indicated in 24 below, consequently no late quotations will be received.
- 24. Deadline for submission of quotations is **12 December 2019**, at **15:00 hours local time** in Kathmandu, Nepal (GMT+5:45).
- 25. MCA-NEPAL reserves the right to reject any or all applications or offers, waive any defect or informality therein, and accept the offer which it deems most advantageous to the institution.

Yours sincerely,
For MCA-Nepal:
Khadga Bahadur Bisht
Executive Director

#### **Annexes:**

- 1. Terms of Reference / Terms of Services
- 2. Quotation Submission Form
- 3. Insurance service provider's offer and coverage
- 4. Sample Contract/Purchase Order

## Terms of Reference/ Terms of Services

### Procurement of Health/Medical Insurance for MCA-Nepal

#### Introduction

The United States of America, acting through the Millennium Challenge Corporation ("MCC"), has signed a Millennium Challenge Compact on September 17, 2017 (the "Compact") with the Government of Nepal (the "Government") to fund a five-year economic development program (the "Program") in Nepal. The Compact funds' investments in electricity transmission and road maintenance

Pursuant to the Compact and the pending Program Implementation Agreement between MCC and the Government (the "PIA"), Millennium Challenge Account-Nepal ("MCA-Nepal") is responsible for managing the implementation of the Compact program on behalf of the Government. MCA-Nepal is governed by its Board of Directors ("Board"). The management unit of MCA-Nepal (the "Management Unit"), which reports to the Board, manages the day-to-day operations of Board and will have responsibility to ensure that the Program is implemented in a timely, effective, efficient, and results-oriented manner in accordance with the terms of the Compact. The Management Unit is headed by the Executive Director.

## 1. Objective of the Assignment

In line with its mandate, MCA-Nepal would like to engage a third-party insurance service provider ("Insurance Provider") to provide adequate protection for staff members and their dependents in the event of illness, accident or maternity by granting benefits. The medical insurance should provide assistance in recovering medical expenses. The coverage for MCA-Nepal medical insurance as follows:

Total Number of Staff: 66

Category:-A

| ory:-A |  |               |
|--------|--|---------------|
| SN     | Coverage   | Minimum       |
|        |  | Reimbursement |
|        |  | Requirement   |
| 1      | Annual comprehensive medical checkup of employee   | 100%          |
| 2      | Hospitalization  |               |
|        | <ul> <li>Room/board for ward room or semi-</li> </ul>  | 100%          |
|        | private room   |               |
| •      | <ul> <li>Room/board for private room</li> </ul>  | 80%           |
| •      | <ul> <li>Hospital/medical expenses including nursing care, lab test,         x rays, operating room, intensive care, physical therapy,         prescription medicines, ambulance service.</li> </ul> | 100%          |
| 3      | Professional Service/Treatment   |               |
|        | <ul><li>Doctor's/Surgeon's Fee</li></ul>   | 80%           |

|    | _  |       |
|----|--|-------|
| •  | <ul> <li>Medical services/expenses when not<br/>hospitalized</li> <li>e.g. lab tests/x-rays, prescription</li> </ul> | 80%   |
|    | medicines,   |       |
|    | annual routine physical examination with   |       |
|    | doctor's advice, inoculation etc.  |       |
| 4  | Prescription Drugs/Medicines   |       |
| •  | <ul><li>When hospitalized</li></ul>  | 100%  |
| •  | <ul> <li>When not hospitalized</li> </ul>  | 80%   |
| 5  | <ul> <li>Obstetrical Care ( all stages of</li> </ul>   |       |
|    | Maturity including both pre and post   |       |
|    | –natal care)   |       |
| •  | <ul><li>When hospitalized</li></ul>  | 100%  |
| •  | <ul> <li>When not hospitalized</li> </ul>  | 80%   |
| 6  | Family Planning  |       |
| •  | <ul> <li>Prescribed contraceptive</li> </ul>   | 80%   |
|    | devices/drugs, voluntary Sterilization,  |       |
|    | diagnosis/treatment of infertility   | 000/  |
| 7  | Hearing Aid (limit 1 apparatus per year in 3 year period)  | 80%   |
| 8  | Optical Care (eye examination/treatment,   | 50%   |
|    | prescription eyeglass or contact lenses)-  |       |
|    | limiting 2 lenses in 2 years   |       |
| 9  | Dental Care ( Dentist Fee, x-rays,   | 50%   |
|    | examination, treatment, cleaning, filling,   |       |
|    | extraction, false teeth, crowns and bridges)   |       |
|    | Orthodontia is covered if treatment begins   |       |
|    | before age of 15, unless required as a result  |       |
| 10 | of an accident.  | 700   |
| 10 | Psychiatric Treatment  | 50%   |
| 11 | Homeopathy/Ayurvedic Treatment   | 50%   |
|    | -treatment should be provided by a licensed  |       |
| 12 | homeopathy/ayurvedic physician   | 1000/ |
| 12 | HIV/AIDS Medication (for Employee only)  | 100%  |
|    | For medications to suppress opportunistic  |       |
|    | infections such as TB and toxoplasmosis for employees who have HIV/AIDS as well as                                   |       |
|    | brief course of anti-retroviral drugs during   |       |
|    | child birth to prevent the transmission of   |       |
|    | HIV to the employee's child  |       |
| 13 | Out of Country Treatment   |       |
| 10 | Medical Expenses (reimbursement is subject   |       |
|    | to the same percentage and annual limit as   |       |
|    | for expenses incurred in country   |       |
|    | Transportation (80% of patient's   | 80%   |
|    | transportation expenses by the least   |       |
|    | expensive, appropriate means of  |       |
|    | transportation with adequate medical   |       |
| L  | 1  | 1     |

|    | facilities reimbursed for patients and one    |              |
|----|---|--------------|
|    | family member to make medical decision in     |              |
|    | case of a patient who is unconscious or child |              |
| 14 | Cashless Insurance service for                | 5            |
|    | hospitalization with minimum number of        |              |
|    | hospital                                      |              |
| 15 | The minimum reimbursable limit for this       | NPR 6,50,000 |
|    | medical insurance amount for per employee's   |              |
|    | family per year.*                             |              |

- The insurance company is requested to quote maximum insured amount.
- The maximum annual budget for medical insurance for per employee and her/his dependents is NPR 70,000 per year and Quotation of a Service provider quoting higher price than this threshold may be rejected
- The medical insurance should cover employee and her/his dependents: Legal spouse (Limit One) and eligible children. An eligible child is employee's natural/ adopted/step /foster child who is unmarried and a full time student.

The service provider will be expected to provide comprehensive medical insurance as mentioned on the table above.

The insurance service provider should provide evidences of:

<u>Claims Support - Dedicated Claims support with claims settled within 30 calendar days turnaround time for outcome of claim from the date of submission of the claim.</u>

<u>Client service Support – Dedicated client service support</u>

## 2. Evaluation Criteria

### 2.1 Qualifications and Experience

These services should be provided by an insurance provider which has been in existence for at least 2 years in operation, with verifiable track record of providing similar services to at least 3 international non-profit organizations.

The ability and experience of the service provider to provide the required medical insurance and after sales service will be assessed on the "pass fail system" basis, as follows:

- 1. At least two (2) years of experience providing full Medical Insurance in Nepal. (Pass/Fail)
- 2. Demonstrated experience in last two (2) years of supplying similar insurance services to similar international non-profit organizations. Supplier shall provide **at least three (3) reference letters** from the clients. They also must provide information indicating key clients (and their reference details) for reference checks on quality of service and quality of claims processing. **(Pass/Fail)**.

### 2.2 Evaluation of proposal

Minimum weightage of Category A = 80%

Maximum Weightage of quoted annual premium =20%

The weightage of Catergory A and Category B will be added and the Service Provider receiving highest total weight shall be awarded the Contract.

Commitment for providing **maximum benefit** under category A will receive **higher score** and **lowest annual premium/quoted price** in price schedule will receive **highest score**.

## 2.3 Service and coverage offered by Insurance Company

## 3.2.1 <u>Service / Coverage Required:</u>

The Insurance service provider may offer any other additional services and coverage relevant to medical insurance without any additional cost. However, the contract will be awarded to the lowest evaluated quotation/lowest priced combination.

### **3.2.2** Duration of the insurance:

This contract will be implicitly extended throughout the life of the compact (minimum 5 years) with successful negotiation for rates.

**Discount offered methodology is applicable**: As MCA-Nepal is simultaneously requesting quotations for "Procurement of Assets Insurance for MCA-Nepal (including Options for **Six years**) (excluding Vehicles, the Insurance Service provider, at its own discretion, may offer a discount to get awarded both procurements. MCA-Nepal will choose the best lowest priced combination after including in the review the offered discount, if any.

#### **Annex 1-A**

## List of Staff by Age Range

| S.No. | Name | Date of Birth/Age | Age     | No. of<br>Dependents |
|-------|------|-------------------|---------|----------------------|
| 1     |      | 2-Apr-62          | 57.6537 | 3                    |
| 2     |      | 20-Nov-75         | 44.0192 | 3                    |
| 3     |      | 29-Aug-64         | 55.2444 | 2                    |
| 4     |      | 25-Feb-72         | 47.7536 | 2                    |
| 5     |      | 24-Jan-73         | 46.8392 | 2                    |
| 6     |      | 17-Aug-80         | 39.2772 | 2                    |
| 7     |      | 22-Jun-80         | 39.4305 | 2                    |
| 8     |      | 25-Mar-73         | 46.6749 | 2                    |

| S.No. | Name | Date of Birth/Age      | Age     | No. of<br>Dependents |
|-------|------|------------------------|---------|----------------------|
| 9     |      | 15-Oct-58              | 61.1170 | 3                    |
| 10    |      | 25-Jan-84              | 35.8385 | 3                    |
| 11    |      | 17-Jul-62              | 57.3634 | 3                    |
| 12    |      | 28-Apr-71              | 48.5832 | 3                    |
| 13    |      | 24-Oct-66              | 53.0924 | 3                    |
| 14    |      | 25-Oct-81              | 38.0890 | 2                    |
| 15    |      | 30-Dec-75              | 43.9097 | 3                    |
| 16    |      | 31-Aug-67              | 52.2409 | 3                    |
| 17    |      | 7-Jul-56               | 63.3895 |                      |
| 18    |      | 27-Aug-59              | 60.2519 | 3                    |
| 19    |      | 16-Nov-84              | 35.0281 | 2                    |
| 20    |      | 18-Feb-67              | 52.7721 | 2                    |
| 21    |      | 9-Sep-80               | 39.2142 | 3                    |
| 22    |      | 30-Sep-78              | 41.1581 | 3                    |
| 23    |      | 4-Sep-89               | 30.2286 | 1                    |
| 24    |      | 5-Sep-81               | 38.2259 | 3                    |
| 25    |      | 15-Aug-61              | 58.2834 | 2                    |
| 26    |      | 27-Jul-69              | 50.3354 | 3                    |
| 27    |      | 22-Jun-85              | 34.4312 | 2                    |
| 28    |      | 4-Oct-85               | 34.4312 | 1                    |
| 29    |      | 29-Mar-87              | 32.6653 | 2                    |
| 30    |      |                        | 33.4921 |                      |
| 31    |      | 31-May-86<br>3-Jan-86  | 33.8973 | 1                    |
| 32    |      |                        |         | 1                    |
| 33    |      | 14-May-85<br>14-Apr-79 | 34.5380 | 1                    |
| 34    |      |                        | 40.6215 | 4                    |
| 35    |      | 18-Nov-77              | 42.0233 | 3                    |
| 36    |      | 28-Dec-75              | 43.9151 | 2                    |
| 37    |      | 14-Jun-88              | 31.4524 | 2                    |
| 38    |      | 1-Mar-86               | 33.7413 | 2                    |
| 39    |      | 22-Jun-87              | 32.4326 | 2                    |
| 40    |      | 28-Feb-84              | 35.7454 |                      |
| 41    |      | 31-Dec-79              | 39.9069 | 3                    |
| 42    |      | 28-Aug-74              | 45.2485 | 2                    |
| 43    |      | 25-Dec-81              | 37.9220 | 2                    |
| +     |      | 31-Aug-86              | 33.2402 | 2                    |
| 44    |      | 18-Feb-83              | 36.7721 | 3                    |
| 45    |      | 10-Jan-77              | 42.8775 | 3                    |
| 46    |      | 27-Jan-86              | 33.8316 |                      |
| 47    |      | 30-Mar-89              | 30.6612 |                      |
| 48    |      | 19-Oct-92              | 27.1047 |                      |
| 49    |      | 21-Dec-84              | 34.9322 | 2                    |
| 50    |      | 1-Apr-79               | 40.6571 | 3                    |

| S.No. | Name | Date of Birth/Age | Age     | No. of<br>Dependents |
|-------|------|-------------------|---------|----------------------|
| 51    |      | 18-Sep-81         | 38.1903 | 2                    |
| 52    |      | 1-Mar-67          | 52.7420 | 4                    |
| 53    |      | 28-Mar-94         | 25.6674 |                      |
| 54    |      | 17-May-76         | 43.5291 | 3                    |
| 55    |      | 11-Nov-87         | 32.0438 | 2                    |
| 56    |      | 29-Aug-84         | 35.2444 | 2                    |
| 57    |      | 21-Aug-82         | 37.2676 | 2                    |
| 58    |      | 19-Jan-79         | 40.8542 | 3                    |
| 59    |      | 1-Oct-71          | 48.1561 | 3                    |
| 60    |      | 28-Apr-79         | 40.5832 | 2                    |
| 61    |      | 26-Apr-86         | 33.5880 | 3                    |
| 62    |      | 17-Oct-89         | 30.1109 | 1                    |
| 63    |      | 19-Jan-83         | 36.8542 | 3                    |
| 64    |      | 29-Jun-88         | 31.4114 | 1                    |

## **Quotation Submission Form**

## Procurement of Health/Medical Insurance for MCA-Nepal Asset

| Bidder/Insurance Provider: <sub>-</sub> |  | Date: |
|---|--|-------|
|---|--|-------|

## Category:-A

| S. N.      | Coverage (2)   | Minimum         | Offered by Insurance |
|------------|--|-----------------|----------------------|
|            |  | Reimbursement   | company*(4)          |
|            |  | Requirement (3) | The Jacobs           |
| 1          | Annual comprehensive medical checkup of employee                                   | 100%            |                      |
| 2          | Hospitalization  |                 |                      |
|            | Room/board for ward room or semi-private room                                      | 100%            |                      |
|            | <ul> <li>Room/board for private room</li> </ul>                                    | 80%             |                      |
|            | <ul> <li>Hospital/medical expenses including nursing care, lab test,</li> </ul>    | 100%            |                      |
|            | x rays, operating room, intensive care, physical therapy,                          |                 |                      |
|            | prescription medicines, ambulance service.   |                 |                      |
| 3          | Professional Service/Treatment   |                 |                      |
| •          | <ul><li>Doctor's/Surgeon's Fee</li></ul>   | 80%             |                      |
| •          | <ul> <li>Medical services/expenses when not hospitalized</li> </ul>                | 80%             |                      |
|            | e.g. lab tests/x-rays, prescription medicines,                                     |                 |                      |
|            | annual routine physical examination with   |                 |                      |
|            | doctor's advice, inoculation etc.  |                 |                      |
| 4          | Prescription Drugs/Medicines   |                 |                      |
|            | <ul><li>When hospitalized</li></ul>  | 100%            |                      |
| •          | <ul> <li>When not hospitalized</li> </ul>  | 80%             |                      |
| <b>•</b> 5 | Obstetrical Care ( all stages of Maturity including both pre and post –natal care) |                 |                      |
| •          | <ul> <li>When hospitalized</li> </ul>  | 100%            |                      |
|            | <ul><li>When not hospitalized</li></ul>  | 80%             |                      |
| 6          | Family Planning  |                 |                      |

| S. N. | Coverage (2)   | Minimum<br>Reimbursement<br>Requirement (3) | Offered by Insurance company*(4) |
|-------|--|---|----------------------------------|
| •     | <ul> <li>Prescribed contraceptive devices/drugs, voluntary Sterilization,<br/>diagnosis/treatment of infertility</li> </ul>  | 80%   |                                  |
| 7     | Hearing Aid (limit 1 apparatus per year in 3 year period)  | 80%   |                                  |
| 8     | Optical Care (eye examination/treatment, prescription eyeglass or contact lenses)-<br>limiting 2 lenses in 2 years   | 50%   |                                  |
| 9     | Dental Care (Dentist Fee, x-rays, examination, treatment, cleaning, filling, extraction, false teeth, crowns and bridges) Orthodontia is covered if treatment begins before age of 15, unless required as a result of an accident.   | 50%   |                                  |
| 10    | Psychiatric Treatment  | 50%   |                                  |
| 11    | Homeopathy/Ayurvedic Treatment -treatment should be provided by a licensed homeopathy/ayurvedic physician  | 50%   |                                  |
| 12    | HIV/AIDS Medication (for Employee only) For medications to suppress opportunistic infections such as TB and toxoplasmosis for employees who have HIV/AIDS as well as brief course of anti-retroviral drugs during child birth to prevent the transmission of HIV to the employee's child | 100%  |                                  |
| 13    | Out of Country Treatment  Medical Expenses( reimbursement is subject to the same percentage and annual limit as for expenses incurred in country   |   |                                  |
|       | Transportation (80% of patient's transportation expenses by the least expensive, appropriate means of transportation with adequate medical facilities reimbursed for patients and one family member to make medical decision in case of a patient who is unconscious or child            | 80%   |                                  |
| 14    | Cashless Insurance service for hospitalization with minimum number of hospital   | 5   |                                  |
| 15    | The minimum reimbursable limit for this medical insurance amount for per employee's family per year.   | NPRs 6,50,000                               |                                  |

## Note:

<sup>\*</sup>Offer of insurance company in column (4) should be equal or more than the minimum Reimbursement Requirement as mentioned in column (3), offering lower percentage or amount may lead to non-responsive bidders.

<sup>\*\*</sup> The weightage of each line item shall be decided before start of evaluation and it will be minimum 80% for Category A. and Offer for providing more benefit under category A will receive higher score.

Category: B

|            | Service Provider's Quotation Price for One year   |                      |                    |              |                      | Amount in | Basis for Rate:         |
|------------|---|----------------------|--------------------|--------------|----------------------|-----------|-------------------------|
| Item       |   | <b>Quantity</b> Unit |                    | Cos          | st of Premium in NPR | NPR***    | (Use extra sheet        |
| #          | Description of Goods  |                      | Onit               | In<br>Figure | In words             | In Figure | to describe, if needed) |
| (1)        | (2)   |                      | (3)                | (4)          | (5)                  |           | (8)                     |
| Item<br>B: | Service required  |                      |                    |              |                      |           |                         |
| 1          | Health/Medical Insurance coverage for Minimum Reimbursement Requirement as per the list below for all MCA-Nepal Staff and Family as per Terms of Reference and Conditions of Contract. <b>provide the breakdown of the price as necessary</b> ) |                      |                    |              |                      |           |                         |
| 1(a)       | Year 1  | 66                   |                    |              |                      |           |                         |
| 1(b)       | Year 2  | 66                   | No. of             |              |                      |           |                         |
| 1(c)       | Year 3  | 66                   | Employee and their |              |                      |           |                         |
| 1(d)       | Year 4  | 66                   | family             |              |                      |           |                         |
| 1(e)       | Year 5  | 66                   |                    |              |                      |           |                         |
|            | Total Excluding VAT   |                      |                    |              |                      |           |                         |
|            | Value of VAT  |                      |                    |              |                      |           |                         |
|            | Grand Total   |                      |                    |              |                      |           |                         |

## Note:

<sup>\*\*\*</sup> Minimum annual premium in price schedule (Category-B) will receive higher score.

\*\*\* The maximum annual budget for medical insurance for per employee and her/his family is NRs 70,000 per year and Quotation of a Service provider quoting higher price than this threshold may be rejected

<sup>\*\*\*\*\*</sup> The lowest quoted price will be getting maximum 20% weightage for Category B.

| Our Quotation is valid for 60 days from the date of Submission.   |
|---|
| <b>Discounts</b> : If our Quotation is accepted, % discount on the above-mentioned price shall apply in case awarded both contracts, Assets Insurance for MCA-Nepal Asset and Health/Medical Insurance for MCA-Nepal Staff. |
| We are attaching herewith the documentary proof in support as authorization for the person signing the quotation (Attach Letter of Authorization Accordingly).  |
| Name of the Person Authorized to Sign the Quotation:  |
| Position of the signatory in Organization:  |
| Signature of the Authorized Person:   |
| Date:   |
| Physical Address:   |
| Email id:   |

## Insurance service provider's offer and coverage (To be Completed by the Supplier Accordingly)

| Service Providers Name:   | Date:                               |
|---|-------------------------------------|
| Note: Insurance Service Provider should provid<br>terms in this annex. The minimum required cov<br>reference. |                                     |
| This offer and coverage will be a part of evaluat   | cion as per 14 (b) of Instructions. |

## **Sample Contract**

## **Contract Agreement**

This CONTRACT AGREEMENT (this "Contract") is made as of the **[day]** of **[month]**, **[year]**, between **Millennium Challenge Account Nepal** (the "Purchaser"), on the one part, and **[full legal name of Service Provider]** (the "Insurance Service Provider"), on the other part.

[Note: If the Service Provider consists of more than one entity, the following should be used]

This CONTRACT AGREEMENT (this "Contract") made as of the [day] of [month], [year], between Millennium Challenge Account Nepal (the "Purchaser"), on the one part, and [full legal name of lead Service Provider] (the "Consultant") in [joint venture / consortium / association] with [list names of each joint venture entity], on the other part, each of which will be jointly and severally liable to the Purchaser for all of the Service Provider's obligations under this Contract and is deemed to be included in any reference to the term "Service Provider."

#### **RECITALS**

#### WHEREAS.

- (a) The Millennium Challenge Corporation ("MCC") and the Government of **Nepal** (the "Government") have entered into a Millennium Challenge Compact for Millennium Challenge Account assistance to help facilitate poverty reduction through economic growth in Nepal on 14 September 2017 (the "Compact") in the amount of approximately US\$500 million ("MCC Funding"). The Government, acting through the Purchaser, intends to apply a portion of the proceeds of MCC Funding to eligible payments under this Contract. Payments made under this Contract will be subject, in all respects, to the terms and conditions of the Compact and related documents, including restrictions on the use, and conditions to disbursement, of MCC Funding. No party other than the Government and the Purchaser shall derive any rights from the Compact or have any claim to the proceeds of MCC Funding; and
- (b) The Purchaser invited bids for the provision of certain non-consulting services identified in this Contract and has accepted a bid by the Service Provider for the supply of those services on the terms and conditions set forth in this Contract.

NOW THEREFORE, the parties hereto agree as follows:

- (a) In consideration of the payments to be made by the Purchaser to the Service Provider as set forth in this Contract, the Service Provider hereby covenants with the Purchaser to provide the Services and to remedy defects therein in conformity in all respects with the provisions of this Contract.
- (b) Subject to the terms of this Contract, the Purchaser hereby covenants to pay the Service Provider in consideration of the provision of the Services and the remedying of defects therein, the Contract Price (as defined below) or such other sum as may become payable under the provisions of this Contract at the times and in the manner prescribed by this Contract.

IN WITNESS whereof the parties hereto have caused this Contract to be executed in accordance with the laws of **Nepal** on the day, month and year first indicated above.

| For [full legal name of the Purchaser]: | Provider]: |
|---|------------|
| Signature                               | Signature  |
| Name                                    | Name       |
|   |            |

[Note: If the Insurance Service Provider consists of more than one entity, all these entities should appear as signatories, e.g., in the following manner:]

For and on behalf of each of the Members of the Service Provider

| [Name of Member]            |  |
|-----------------------------|--|
| [Authorized Representative] |  |
| [Name of Member]            |  |
| Authorized Representativel  |  |

The following annexes will the part of Contract:

Annex A: General terms and Conditions of this Request for Quotation Document.

Annex B: Terms of Reference/ Terms of Services

Annex C: Services and Coverage offered by the Insurance Service Provider

Annex D: Quotation submitted by [Service Provider Name] on [date of submission]

## Annex A: General terms and Conditions of this Request for Quotation Document.

**1) Detail of Insurance Service:** You are required to provide Full Coverage (Comprehensive) Insurance Service as detailed below:

|                                    | MCA-N/PM/SH/ <mark>027</mark> Date:  |   |                   |  |                     |                      |  |
|------------------------------------|--|---|-------------------|--|---------------------|----------------------|--|
|                                    | aser: Millennium Challenge<br>nt Nepal (MCA-Nepal)   | Procurement of Health/Medical Insurance for MCA-Nepal Sta |                   |  | al Staff            |                      |  |
| Service Provider/Service Provider: |  |   |                   |  |                     |                      |  |
| Addre                              |  | Tel:  |                   |  |                     |                      |  |
|                                    | Address:   | Cell No:  | o. F              |  | Fax:                | VAT No:              |  |
|                                    | ct Name:   | Cell No.  |                   |  |                     |                      |  |
| ORDE                               | R  |   |                   |  | T                   |                      |  |
| Item<br>#                          | Description  |   | Quantity/<br>Unit | Quantity/Amount                          | Unit price<br>(NPR) | Total price<br>(NPR) |  |
|                                    | Service required   |   |                   |  |                     |                      |  |
| 1                                  | Health/Medical Insurance coverage for<br>all MCA-Nepal Staff and Family as per<br>Terms of Reference and Conditions of<br>Contract |   | Lump<br>Sum       | As per ToR and<br>Quotation<br>submitted |                     |                      |  |
| 1(a)                               | Year 1   |   |                   |  |                     |                      |  |
| 1(b)                               | Year 2   |   | 66 No. of         |  |                     |                      |  |
| 1(c)                               | Year 3   | Employee and their  |                   |  |                     |                      |  |
| 1(d)                               | Year 4   |   | family            |  |                     |                      |  |
| 1(e)                               | Year 5   |   |                   |  |                     |                      |  |
| TOTAL AMOUNT EXCLUDING VAT         |  |   |                   |  |                     |                      |  |
| VAT                                |  |   |                   |  |                     |                      |  |
| TOTAL AMOUNT WITH VAT              |  |   |                   |  |                     |                      |  |
| STAMP PRICE                        |  |   |                   |  |                     |                      |  |
| GRAND TOTAL                        |  |   |                   |  |                     |                      |  |

- **3) Tax:** Except as may be exempt pursuant to the Compact, MCA-Nepal and all Providers, Covered Providers, Project Partners, contractors (prime contractors and subcontractors), consultants, and other entities and individuals that receive MCC funding directly or indirectly in furtherance of the Compact are exempt from Taxes or will be refunded equal amount of Taxes paid in respect of the MCC funding in

accordance with Section 2.8 of the Compact available at: <a href="https://assets.mcc.gov/content/uploads/compact-nepal.pdf">https://assets.mcc.gov/content/uploads/compact-nepal.pdf</a>.

- **4) Effective Date of Coverage**: Immediately after dual signature of the contract (Purchase Order)
- **5) Contract term**: The insurance service will be valid for initially one year which can be renewed annually for next 5 years (or more at description of MCA-Nepal) from the date of the signing of this contract and issuance of the formal policy to MCA-Nepal until it matures. The insurance premium shall be paid annually if MCA-Nepal finds the service acceptable,
- 6) Level of Service for Claims: The Insurance Provider is committed to settle any claim in no more than ten (10) working days from the date of submission of all required documents with survey report (if any).
- **7)** <u>Contract Manager</u>: For the purpose of management of the contract/purchase order from the purchaser's side, the Contract Manager is:

## **Human Resources Specialist**

Millennium Challenge Account Nepal (MCA-Nepal)

Yak and Yeti Hotel Convention Center,

Durbar Marg,

Kathmandu, Nepal.

Email: xxx

MCA-Nepal may delegate any of the duties of Contract Manager and responsibilities to other people, after notifying the Contractor, and may cancel any delegation after notifying the Contractor. Also, MCA-Nepal may, by written notice to the Consultant and without amending this contract, replace the MCA-Nepal Contract Manager. After signing this Purchase Order, the Service Provider shall have all communications related to contract implementation through the Contract Manager.

Contact person of Insurance Company:

Name:

Designation:

Email:

Contact (mobile):

Phone:

### 8) Payment Conditions:

Upon submission of a valid invoice and receipt of the corresponding Coverage Policy, payment will be made in full.

The following documentation must be supplied for payments to be made:

- i). Original Proforma Invoice and Specimen of the Policy, acceptable to MCA-Nepal (Submitted invoice should include PAN number of MCA-Nepal);
- ii). After the payment is done, the Insurance company will provide Original VAT invoice and Original Comprehensive Insurance Policy for each staff.
- iii). The consultant shall comply with any other payment instructions as may be reasonably given by MCA-Nepal.

The invoice should include the VAT registration number and the name of the account holder, the account number (IBAN), bank name, bank branch and SWIFT code. The Invoice (s) must be submitted to the following address:

Millennium Challenge Account Nepal (MCA-Nepal) Yak and Yeti Hotel Convention Center, Durbar Marg Kathmandu, Nepal.

Attn: Executive Director

Email: XXXX

## 9) Bank Details of Insurance Service Provider:

Name of the Bank: Branch Address: Name of the Account: Account No: SWIFT Code:

IBAN: (if applicable)

**10)** Failure to Perform: The Purchaser may cancel, at any time, this Purchase Order if the Service Provider fails to deliver the Services in strict accordance with the above terms and conditions. Failure to perform in this contract may be the reason for rejection of the quotation/bids in future bidding process and service provider will return the premium paid for the duration no service has been provided.

## **Annex B: Terms of Reference/ Terms of Services**

## Annex C: Services and Coverage offered by the Insurance Service Provider

Annex D: Quotation submitted by [Service Provider Name] on [date of submission]