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Our Ref: NuPEA/OT/DHRA/001/24-25

Date: 23rd October 2024

TO ALL BIDDERS

ADDENDUM NO. 1 TO THE TENDER NO. NuPEA/OT/DHRA/001/24-25 FOR PROVISION OF MEDICAL SCHEME FUND MANAGEMENT AND ADMINISTRATION SERVICES

Please refer to the above tender. We make the following clarification and amendment to the Principal Tender Document (hereafter abbreviated as PTD).

1. RELATIONSHIP WITH THE PRINCIPAL TENDER DOCUMENT

Save where expressly amended by the terms of this Addendum, the Principal Tender Document shall continue to be in full force and effect. The provisions of this Addendum shall be deemed to have been incorporated in and shall be read as part of the PTD.

2. SECTION III - EVALUATION AND QUALIFICATION CRITERIA

The clarification is hereby made as follows;

PART A: PRELIMINARY EVALUATION

Mandatory Requirements has been amended as follows;

- **MR.10: Identification Documents of Directors and all individuals listed on the CR12. (ID or Passport). For Corporate Directors, Certificate of Incorporation/Registration, of the bidder MUST be provided.**
- **MR. 11: Must Provide a valid and current membership certificate from the Association of Kenya Insurers or Association of Insurance Brokers of Kenya.**

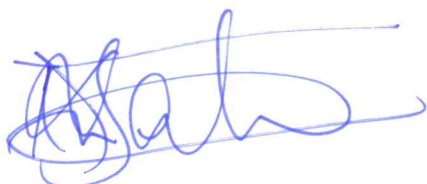
PART B: TECHNICAL EVALUATION

NO.	REQUIREMENT	CLARIFICATION
1	<p>The company must have successfully offered Medical Scheme Fund Management and Administration services (out-patient and in-patient) to at least four (4) large corporate clients with at least One Hundred and Fifty (150) employees each that can best demonstrate past experience in providing similar services:</p> <p>Attach four (4) Contracts / LPOs each with a minimum annual medical premium of Kshs. 30 million done in the last five (5) years- <i>(5 marks for each evidence)</i></p> <p><i>(Evidence in form of letters on clients letter head signed and stamped)</i></p>	<p>Attach four (4) Contracts/ LPOs demonstrating successful Medical Scheme Fund Management and Administration services for at least Kshs. 30 million done in the last five (5) years <i>(5 marks for each evidence)</i></p>

3. SECTION IV- TENDERING FORMS

Bidders are required to use the **attached** Form of Tender and Schedule of Prices in their bid preparation.

All other terms and conditions remain as per the Principal Tender Document (PTD).



Alexander Kyalo
Ag. Head of Supply Chain

FORM OF TENDER

(Amended and issued pursuant to PPRA CIRCULAR No. 02/2022)

INSTRUCTIONS TO TENDERERS

i) All italicized text is to help the Tenderer in preparing this form.

ii) The Tenderer must prepare this Form of Tender on stationery with its letterhead clearly showing the Tenderer's complete name and business address. Tenderers are reminded that this is a mandatory requirement.

iii) Tenderer must complete and sign CERTIFICATE OF INDEPENDENT TENDER DETERMINATION and the SELF DECLARATION FORMS OF THE TENDERER as listed under (s) below.

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

submission] **Tender Name and Identification:**.....

[insert identification] **Alternative No.:**..... *[insert*

identification No if this is a Tender for an alternative]

To: *[Insert complete name of Procuring Entity]*

- a) **No reservations:** We have examined and have no reservations to the tendering document, including Addenda issued in accordance with ITT 9;
- b) **Eligibility:** We meet the eligibility requirements and have no conflict of interest in accordance with ITT 4;
- c) **Tender-Securing Declaration:** We have not been suspended nor declared ineligible by the Procuring Entity based on execution of a Tender-Securing Declaration or Proposal-Securing Declaration in Kenya in accordance with ITT 21;
- d) **Conformity:** We offer to provide the Medical Scheme Fund Management and Administration Services in conformity with the tendering document of the following:

(A) PROVISION OF FUND MANAGEMENT SERVICES FOR SELF FUNDED IN-PATIENT AND OUT- PATIENT STAFF MEDICAL SCHEME

No	Description	Provide your administration fees as a percentage of the Estimated Claims Paid. Current Estimated Claims is in the schedule of requirements
1	Provision of Fund Management Services for Self - Funded in- Patient and Out- Patient Staff Medical Scheme	

Kshs (Amount in Words) _____

(B) BIOMETRIC IDENTIFICATION TECHNOLOGY

No	Description	Annual access fee per card, exclusive applicable taxes (per card / identification document) <i>Kshs.</i>	Cost of New Card-printed on one side / (New Member Identification Document) , exclusive applicable taxes (per card / identification document) <i>Kshs.</i>	Cost of Replacing Lost Card/ Identification Document, exclusive applicable taxes (per card / identification document) <i>Kshs.</i>
1	Biometric Identification Technology			

- i) *Annual access fee per card, exclusive applicable taxes KES _____ per card / identification document (Amount in words)*
- ii) *Cost of New Card- printed on one side /(New Member Identification Document) exclusive of applicable taxes KES _____ per card / identification document (Amount in words)*
- iii) *Cost of Replacing Lost Card / Identification Document /(New Member Identification Document) exclusive of applicable taxes KES _____ per card / identification document (Amount in words)*

(C) OTHER APPLICABLE COSTS (IF ANY)

Please state

Description	Amount (KES)

- e) **Discounts:** The discounts offered and the methodology for their application are:
- i) The discounts offered are: [*Specify in detail each discount offered.*]
 - ii) The exact method of calculations to determine the net price after application of discounts is shown below: [*Specify in detail the method that shall be used to apply the discounts*];
- f) **Tender Validity Period:** Our Tender shall be valid for the period specified in TDS 19.1(as amended if applicable) from the date fixed for the Tender submission deadline (specified in TDS 23.1(as amended if applicable), and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- g) **Performance Security:** If our Tender is accepted, we commit to obtain a Performance Security in accordance with the tendering document;
- h) **One Tender Per Tenderer:** We are not submitting any other Tender (s) as an individual Tenderer, and we are not participating in any other Tender (s) as a Joint Venture member or as a subcontractor, and meet the requirements of ITT 4.3, other than alternative Tenders submitted in accordance with ITT 14;
- i) **Suspension and Debarment:** We, along with any of our subcontractors, suppliers, consultants, manufacturers, or insurance Providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the PPRA. Further, we are not in eligible under Kenya's official regulations or pursuant to a decision of the United Nations Security Council;
- j) **State-owned enterprise or institution:** [*select the appropriate option and delete the other*] [*We are not a state- owned enterprise or institution*]/ [*We are a state-owned enterprise or institution but meet the requirements of ITT 4.6*];
- k) **Commissions, gratuities and fees:** We have paid, or will pay the following commissions, gratuities, or fees with respect to the Tendering process or execution of the Contract: [*insert complete name of each Recipient, including Insurance Brokers, its full address, the reason for which each commission or gratuity was paid and the amount and currency of each such*

commission or gratuity,]

Name of Recipient	Address	Reason	Amount

(If none has been paid or is to be paid, indicate “none.”)

[Delete if not appropriate, or amend to suit] We confirm that we understand the provisions relating to Standstill Period as described in this tendering document and the Procurement Regulations.

- (m) **Binding Contract:** We understand that this Tender, together with your written acceptance thereof included in your Form of Acceptance, shall constitute a binding contract between us, until a formal contract is prepared and executed;
- (n) **Not Bound to Accept:** We understand that you are not bound to accept the lowest evaluated cost Tender, the Best Evaluated Tender or any other Tender that you may receive;
- (o) **Fraud and Corruption:** We here by certify that we have taken steps to ensure that no person acting for us or on our behalf engages in any type of Fraud and Corruption.
- (p) **Collusive practices:** We here by certify and confirm that the tender is genuine, non-collusive and made with the intention of accepting the contract if awarded. To this effect we have signed the “Certificate of Independent tender Determination” attached below; and
- (q) **Code of Ethical Conduct:** We under take to adhere by the Code of Ethics for Persons Participating in Public Procurement and Asset Disposal, copy available from (specify website) during the procurement process and the execution of any resulting contract.
- (r) **Beneficial Ownership Information:** We commit to provide to the procuring entity the Beneficial Ownership Information in conformity with the Beneficial Ownership Disclosure Form upon receipt of notification of intention to enter into a contract in the event we are the successful tenderer in this subject procurement proceeding.
- (s) We, the Tenderer, have duly completed, signed and stamped the following Forms as part of our Tender:
 - (i) Tenderer's Eligibility; Confidential Business Questionnaire – to establish we are not in any conflict to interest.
 - (ii) Certificate of Independent Tender Determination – to declare that we completed the tender without colluding with other tenderers.
 - (iii) Self-Declaration of the Tenderer–to declare that we will, if awarded a contract, not engage in any form of fraud and corruption.
 - (iv) Declaration and commitment to the Code of Ethics for Persons Participating in Public Procurement and Asset Disposal.

Further, we confirm that we have read and understood the full content and scope of fraud and corruption as informed in “Appendix 1-Fraud and Corruption” attached to the Form of Tender.

Name of the Tenderer: *[insert complete name of person signing the Tender]

Name of the person duly authorized to sign the Tender on behalf of the Tenderer: **:..... [insert complete name of person duly authorized to sign the Tender]

Title of the person signing the Tender:..... [insert complete title of the person signing the Tender] Signature of the person named above :..... [insert signature of person whose name and capacity are shown above]

Date signed:..... [insert date of signing] day of [insert month], [insert year].

SCHEDULE OF PRICES FORM

(A) PROVISION OF FUND MANAGEMENT SERVICES FOR SELF FUNDED IN-PATIENT AND OUT- PATIENT STAFF MEDICAL SCHEME

No	Description	Provide your administration fees as a percentage of the Estimated Claims Paid. Current Estimated Claims is in the schedule of requirements
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i) *Annual access fee per card, exclusive applicable taxes KES _____ per card / identification document (Amount in words)*

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iii) *Cost of Replacing Lost Card / Identification Document / (New Member Identification Document) exclusive of applicable taxes KES _____ per card / identification document (Amount in words)*

(C) OTHER APPLICABLE COSTS (IF ANY)

Please state

Description	Amount (KES)

Name of Tenderer[insert complete name of Tenderer]

Signature of Tenderer..... [signature of person signing the Tender]

Date..... [insert date]

NOTE: INFORMATION REGARDING MEMBERSHIP AND ENTITLEMENTS IS AS INDICATED IN SCHEDULE OF REQUIREMENTS

