

OFFER FORM ACTED Tunisia/Libya

Date: 13/12/2021

Tender N°: T/14/18/FWA/Health Insurance/Libya-Tunisia/13/12/2021

To be Filled by Bidder (COMPULSORY)**Details of Bidding Company:**

1. Company Name: _____
2. Company Authorized Representative Name: _____
3. Company Registration No: _____
No/Country/ Ministry
4. Company Specialization: _____
5. Mailing Address: _____
Country/Governorate/City/St name/Shop-Office No
 - a. Contact Numbers: (Land Line: _____ / Mobile No: _____)
 - b. E-mail Address: _____

I undersigned _____, agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

SUPPLIER INITIALS:

LOT 1 – MEDICAL INSURANCE LIBYA

Please fill in the following tables:

[Health insurance for ACTED national employees and dependents in Libya \(Framework Agreement\)](#)

ACTED reserves the right not to select a service-provider if he didn't provide a price for each service in the table below.

No.	Item Specifications & product stage	Unit A	Quantity B	Unit Price USD month C	Total Price USD AxBxC
1	LIBYA - Health insurance for ACTED national employees and dependents	Month	12		
TOTAL					

Current number of ACTED staff can be found in Annex 1 but this number will increase and decrease during the framework period, thus, **quantities are subject to change**. Please indicate below the numbers of insured people who can be covered under the same contract (and the same price by month) by considering the population movement.

No.	Population movements	Percentage of additional cost on the present contract signed on January 1 st , 2022
1	If the number of insured has increased by 10%%
2	If the number of insured has decreased by 10%%

LOT 2 – MEDICAL INSURANCE TUNISIA

Please fill in the following tables:

[Health insurance for ACTED national employees and dependents in Tunisia \(Framework Agreement\)](#)

ACTED reserves the right not to select a service-provider if he didn't provide a price for each service in the table below.

No.	Item Specifications & product stage	Unit A	Quantity B	Unit Price USD month C	Total Price USD* AxBxC
1	TUNISIA - Health insurance for ACTED national employees and dependents	Month	12		
TOTAL					

* If the supplier cannot submit an offer in USD, then ACTED will do the currency exchange based on the info.euro exchange rate (https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-infoeuro_fr).

Current number of ACTED staff can be found in Annex 1 but this number will increase and decrease during the framework period, thus, **quantities are subject to change**. Please indicate below the numbers of insured people who can be covered under the same contract (and the same price by month) by considering the population movement.

No.	Population movements	Percentage of additional cost on the present contract signed on January 1 st , 2022
1	If the number of insured has increased by 10%%
2	If the number of insured has decreased by 10%%

LOT 3 – TRAVEL INSURANCE

Trip description	Cost for one day trip	Cost for one week trip (7 days)	Cost for one month trip	CURRENCY IF DIFFERENT THAN USD*
Tunisia to Libya				
Libya to Tunisia				

* If the supplier cannot submit an offer in USD, then ACTED will do the currency exchange based on the info.euro exchange rate (https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-infoeuro_fr).

If the supplier method of calculation cannot be reflected in the table above, please explain it below:



BIDDER'S COMMENTS/REMARKS:

1. _____
2. _____
3. _____

BIDDER'S TERMS AND CONDITIONS:

1. Valid of the offer: _____ (recommended: 2 months or more)
2. Starting date of the insurance contract: **January 1st 2022**
3. Terms of payment: _____

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____

SUPPLIER INITIALS: