



**SIAYA – BONDO WATER AND SANITATION COMPANY (SIBOWASCO) LTD.**

**ADDENDUM 1 OF NOVEMBER 2022: INVITATION OF BIDS FOR  
PROVISION OF MEDICAL INSURANCE COVER FOR BOARD MEMBERS  
AND STAFFS OF SIBOWASCO 2022/2023.**

1. Siaya - Bondo Water and Sanitation Company Limited issued notice/advert for invitation of bids for Provision of Medical Insurance Cover for Board Members and Staffs of SIBOWASCO. The Notice/Advert was published in the Standard Newspaper of **Monday November 21<sup>st</sup> 2022** and subsequently posted in the company website: [www.sibowasco.coke](http://www.sibowasco.coke) .

The following addendum is issued regarding National Open Tender for Provision of Medical Insurance Cover for Board Members and Staffs of SIBOWASCO as outlined below.

Addendum Number: **01 of November 2022.**

Initial Date of Issue: **21/11/2022**

Original Bid Submission Deadline: **6<sup>th</sup> December 2022.**

Reversed Bid Submission Deadline: **9<sup>th</sup> December 2022.**

**Amendments: Date of bids Submission & Financial Proposal & Price Schedule/ Proposed Cover Limits.**

**(A) SCHEDULE OF TENDERED ITEMS KES PRICES – Financial Proposal**

**Option 1 (Remains as per the original tender document).**

1	2	3	4	5	6
Category	Description	N0. Of Principal Members	No. of Dependents	Total	Premium
A (Board of Directors)	M +0	8	0	8	
B ( Managing Director)	M+4	1	4	5	
C ( Scale 6 - 5)	M+0	3	0	3	
	M+1	3	3	6	
	M+2	3	6	9	
	M+3	3	9	12	
	M+4	13	52	65	
D ( Scale 3-1)	M+0	18	0	18	
	M+1	23	23	46	
	M+2	11	22	33	
	M+3	23	69	92	

	M+4	25	100	125	
<b>Total</b>		<b>134</b>	<b>288</b>	<b>422</b>	

- 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 Insurance Services in conformity with the tendering document of the following: [insert the list of items tendered for and a brief description of the Insurance Services];
- 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].

**(B) SCHEDULE OF TENDERED ITEMS KES PRICES- Financial Proposal**

**Option 2**

1	2	3	4	5	6
Category	Description	N0. Of Principal Members	No. of Dependents	Total	Premium
A (Board of Directors)	M +0	8	0	8	
B ( Managing Director)	M+2	1	2	3	
C (Scale 6 - 5)	M+0	3	0	3	
	M+1	3	3	6	
	M+2	19	38	57	
D (Scale 3-1)	M+0	18	0	18	
	M+1	23	23	46	
	M+2	59	118	177	
<b>Total</b>		<b>134</b>	<b>288</b>	<b>422</b>	

- (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 Insurance Services in conformity with the tendering document of the following: [insert the list of items tendered for and a brief description of the Insurance Services];
- (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].

**(C) PROPOSED COVER LIMITS – Option 1 (Remains as per the original tender document).**

**CATEGORY A AND B**

Bidders must comply at minimum to all the proposed cover limits

ANNUAL INPATIENT LIMITS PER INDIVIDUAL MEMBER FOR (CATEGORY A) AND PER FAMILY FOR (CATEGORY B)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	750,000.00	

Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	Minimum of Ksh 300,000.00	
Ward	Standard Private ward	
1 <sup>st</sup> Emergency Caesarean (For Category B)	Minimum of Ksh 200,000.00	
In-patient non- accidental Dental section	Minimum of Ksh200,000.00	
In-patient non- accidental optical cover	Minimum of Ksh 200,000.00	
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh 150,000.00	
External aids on prescription (Wheel corsets/walking frames, crutches	Minimum of Ksh 75,000.00	
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh 15,000.00	
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh 60,000.00	

### CATEGORY C

ANNUAL INPATIENT LIMITS PER FAMILY		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	600,000.00	

Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	250,000.00 or above	
Ward	Standard Private ward	
1 <sup>st</sup> Emergency Caesarean	Minimum of Ksh 150,000.00	
In-patient non- accidental Dental section	Minimum of Ksh 150,000.00	
In-patient non- accidental optical cover	Minimum of Ksh 150,000.00	
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh 100,000.00	
External aids on prescription (Wheel corsets/walking frames, crutches	Minimum of Ksh 75,000.00	
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh 15,000.00	
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh 50,000.00	

#### **CATEGORY D**

ANNUAL INPATIENT LIMITS PER FAMILY		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	400,000.00	

Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	100,000.00 or above	
Ward	Standard ward Private	
1 <sup>st</sup> Emergency Caesarean	Minimum of Ksh 70,000.00	
In-patient non-accidental Dental section	Minimum of Ksh 50,000.00	
In-patient non-accidental optical cover	Minimum of Ksh 70,000.00	
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh 50,000.00	
External aids on prescription (Wheel corsets/walking frames, crutches)	Minimum of Ksh 35,000.00	
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh 10,000.00	
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh 20,000.00	

### **CATEGORY A AND B**

ANNUAL OUT-PATIENT LIMITS PER INDIVIDUAL MEMBER FOR (CATEGORY A)  
AND PER FAMILY FOR (CATEGORY B) (KSH)

Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	200,000	
Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above 20,000 require preauthorization)	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI	Full cover	
Pre-existing chronic conditions and cancer	Full cover	
Newly diagnosed chronic conditions after 4months of cover	Full cover	
HIV AIDS and related opportunistic conditions	Full cover	
Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	
Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	

Dental cover	Minimum of Ksh20,000 per family	
Optical cover	Minimum of Ksh20,000 per family	

### CATEGORY C

ANNUAL OUT-PATIENT LIMITS PER FAMILY (KSH)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	100,000.00	
Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above Ksh.15,000	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI	Full cover	
Pre-existing chronic conditions and cancer	Full cover	
Newly diagnosed chronic conditions after 4 months of cover	Full cover	
HIV AIDS and related opportunistic conditions		



Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	
Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	
Dental cover	10,000 per family	
Optical cover	10,000 per family	

#### CATEGORY D

ANNUAL OUT-PATIENT LIMITS PER FAMILY (KSH)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	75,000.00	
Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above Ksh.10,000)	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI require	Full cover	
Pre-existing chronic conditions and cancer	Full cover	

Newly diagnosed chronic conditions after 4 months of cover	Full cover	
HIV AIDS and related opportunistic conditions	Full Cover	
Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	
Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	
Dental cover	10,000 per family	
Optical cover	10,000 per family	

**(D) PROPOSED COVER LIMITS – Option 2**

**CATEGORY A AND B**

Bidders must comply at minimum to all the proposed cover limits

ANNUAL INPATIENT LIMITS PER INDIVIDUAL MEMBER FOR (CATEGORY A) AND PER FAMILY FOR (CATEGORY B)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	750,000.00	
Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	Minimum of Ksh 200,000.00	

Ward	Standard ward	Private	
1 <sup>st</sup> Emergency Caesarean (For Category B)	Minimum of Ksh 150,000.00		
In-patient non-accidental Dental section	Minimum of Ksh 150,000.00		
In-patient non-accidental optical cover	Minimum of Ksh 150,000.00		
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh 100,000.00		
External aids on prescription (Wheel corsets/walking frames, crutches)	Minimum of Ksh 75,000.00		
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh 15,000.00		
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh 60,000.00		

### CATEGORY C

ANNUAL INPATIENT LIMITS PER FAMILY		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	500,000.00	
Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	150,000.00 or above	

Ward	Standard Private ward	
1 <sup>st</sup> Emergency Caesarean	Minimum of Ksh 100,000.00	
In-patient non- accidental Dental section	Minimum of Ksh 100,000.00	
In-patient non- accidental optical cover	Minimum of Ksh 100,000.00	
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh 70,000.00	
External aids on prescription (Wheel corsets/walking frames, crutches	Minimum of Ksh 75,000.00	
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh 15,000.00	
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh 50,000.00	

#### **CATEGORY D**

ANNUAL INPATIENT LIMITS PER FAMILY		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	300,000.00	
Pre-existing chronic, congenital and HIV/AIDS at least quarter of the cover limit and above.	60,000.00 or above	

Ward	Standard ward	Private	
1 <sup>st</sup> Emergency Caesarean	Minimum of Ksh		
	50,000.00		
In-patient non-accidental Dental section	Minimum of Ksh		
	50,000.00		
In-patient non-accidental optical cover	Minimum of Ksh		
	70,000.00		
Last expense or funeral cover for principal members and their dependents	Minimum of Ksh		
	50,000.00		
External aids on prescription (Wheel corsets/walking frames, crutches)	Minimum of Ksh		
	35,000.00		
Medical checkup for principal members only once a year in hospitals selected by Underwriter	Minimum of Ksh		
	10,000.00		
Post hospitalization visits/follow-ups within 30 days or limits whichever comes first.	Minimum of Ksh		
	20,000.00		

### CATEGORY A AND B

ANNUAL OUT-PATIENT LIMITS PER INDIVIDUAL MEMBER FOR (CATEGORY A) AND PER FAMILY FOR (CATEGORY B) (KSH)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	100,000	

Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above 20,000 require preauthorization)	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI	Full cover	
Pre-existing chronic conditions and cancer	Full cover	
Newly diagnosed chronic conditions after 4months of cover	Full cover	
HIV AIDS and related opportunistic conditions	Full cover	
Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	
Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	
Dental cover	Minimum of Ksh20,000 per family	
Optical cover	Minimum of Ksh20,000 per family	

## CATEGORY C

ANNUAL OUT-PATIENT LIMITS PER FAMILY (KSH)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	75,000.00	
Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above Ksh.15,000)	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI	Full cover	
Pre-existing chronic conditions and cancer	Full cover	
Newly diagnosed chronic conditions after 4 months of cover	Full cover	
HIV AIDS and related opportunistic conditions		
Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	

Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	
Dental cover	10,000 per family	
Optical cover	10,000 per family	

#### CATEGORY D

ANNUAL OUT-PATIENT LIMITS PER FAMILY (KSH)		
Benefit Cover	Cover	Bidder response (Compliant/Not compliant)
Overall limits	50,000.00	
Outpatient Consultation as per negotiated rates	Full cover	
Prescription drugs (Prescriptions above Ksh.10,000)	Full cover	
Prescribed routine laboratory tests	Full cover	
Radiology (X- ray and Ultrasound) – CT Scan and MRI require	Full cover	
Pre-existing chronic conditions and cancer	Full cover	
Newly diagnosed chronic conditions after 4 months of cover	Full cover	



HIV AIDS and related opportunistic conditions	Full Cover	
Maternity cover	Full cover	
Psychiatry and psychotherapy	Full cover	
Outpatient Oncology/Cancer diagnosed after 4 months of membership	Full cover	
Immunizations (KEPI)	Full cover	
Dental cover	10,000 per family	
Optical cover	10,000 per family	

**(E) SUMMARY OF PREMIUM TO BE CHARGED - Option 1 (Remains as per the original tender document)**

ANNUAL LIMITS PER FAMILY					
CATEGORY	LEVEL	INPATIENT LIMIT (Kshs)	OUTPATIENT LIMIT (Kshs)	MATERNITY	INSURANCE TO COVER
A	Board of Directors	750,000	200,000	0	Member only
B	Scale 7	750,000	200,000	100,000	Per Family
C	Scale 6 -4	600,000	100,000	50,000	Per family
D	Scale 3-1	400,000	75,000	50,000	Per family

## OTHER REQUIREMENTS

The following conditions shall also form part of the contract document for the provision of comprehensive medical insurance to the Board members and staff of Siaya Bondo Water and Sanitation Company.

- i. A joint Committee consisting of three (3) committee members from the Company and two (2) members from the Provider to appraise the scheme on monthly basis. The same shall evaluate the scheme on quarterly basis under the adequate facilitation by the Provider to sustain its effectiveness through monitoring of its performance.
- ii. The Provider to train, provide transport, accommodation and other related costs towards the orientation of the committee members one month after the commencement of the cover. All activities of the Committee must be funded at the expense of the Provider.
- iii. Facilitate training and sensitization of at least 40% of members by the Insurance provider. The training should take cognizance of all the categories of staff members i.e. middle level management and lower level /support staff members (at least 4 trainings i.e. 1per year)
- iv. Presentation of scheme performance reports to the Company's top management quarterly.
- v. The service provider must declare/ provide information on excess of use/loss on the cover and have flexible terms to be negotiated and agreed upon before contract signing.

Name of Tenderer..... (Insert complete name of tenderer)

Signature of Tenderer..... (Signature of person signing the Tender)

Date..... (Insert date)

## (F) SUMMARY OF PREMIUM TO BE CHARGED – Option 2

ANNUAL LIMITS PER FAMILY					
CATEGORY	LEVEL	INPATIENT LIMIT (Kshs)	OUTPATIENT LIMIT (Kshs)	MATERNITY	INSURANCE TO COVER
A	Board of Directors	750,000	100,000	0	Member only
B	Scale 7	750,000	100,000	75,000	Per Family
C	Scale 6 -4	500,000	75,000	50,000	Per family
D	Scale 3-1	300,000	50,000	50,000	Per family

### OTHER REQUIREMENTS

The following conditions shall also form part of the contract document for the provision of comprehensive medical insurance to the Board members and staff of Siaya Bondo Water and Sanitation Company.

- vi. A joint Committee consisting of three (3) committee members from the Company and two (2) members from the Provider to appraise the scheme on monthly basis. The same shall evaluate the scheme on quarterly basis under the adequate facilitation by the Provider to sustain its effectiveness through monitoring of its performance.
- vii. The Provider to train, provide transport, accommodation and other related costs towards the orientation of the committee members one month after the commencement of the cover. All activities of the Committee must be funded at the expense of the Provider.
- viii. Facilitate training and sensitization of at least 40% of members by the Insurance provider. The training should take cognizance of all the categories of staff members

- i.e. middle level management and lower level /support staff members (at least 4 trainings i.e. 1per year)
- ix. Presentation of scheme performance reports to the Company’s top management quarterly.
- x. The service provider must declare/ provide information on excess of use/loss on the cover and have flexible terms to be negotiated and agreed upon before contract signing.

Name of Tenderer..... (Insert complete name of tenderer)

Signature of Tenderer..... (Signature of person signing the Tender)

Date..... (Insert date)

**Note :**

1. Qualified and interested tenderers may obtain further information and inspect the Tender Documents during office hours **0800 to 1700 hours** at the address given below.
2. A complete set of Tender Documents shall be purchased or obtained by interested tenderers upon payment of a non-refundable fee of **Kenya Shillings One Thousand Only (Kshs 1,000.00 )** in cash or Banker’s Cheque and payable to the address given below. Tender documents obtained electronically will be **free of charge**.
3. Tender documents detailing the mandatory and Technical requirements /Specifications may be viewed and downloaded for free from the website address [www.sibowasco.co.ke](http://www.sibowasco.co.ke) or at the Procurement office located within the HQs Offices, Opposite Siaya Police Station, along Siaya- Boro Road.
4. Tenderers who download the tender document(s) as **part of a mandatory requirement must forward their particulars immediately to**

[info@sibowasco.co.ke](mailto:info@sibowasco.co.ke) or / and [sibowasco@gmail.com](mailto:sibowasco@gmail.com) and then Copy to: [procurement@sibowasco.co.ke](mailto:procurement@sibowasco.co.ke) to facilitate any further clarification or addendum.

5. Any further clarification or addendum shall be posted in the company website; [www.sibowasco.co.ke](http://www.sibowasco.co.ke).
6. Tenders will be opened immediately after the deadline date and time specified above or any dead line date and time specified later. Tenders will be publicly opened in the presence of the Tenderers' designated representatives and anyone who chooses to attend at the address below.
7. Existing Mandatory & technical Evaluation criteria / specification shall remain as outlined in the tender document.
8. Bidders are free to provide other Financial Options/Benefits available.
9. Late tenders will be rejected.

**The addresses referred to above is:**

- a) Name of Procuring Entity: Siaya Bondo Water and Sanitation Company Ltd, (SIBOWASCO) P.O. Box 214-40600, Siaya, Kenya.
- b) Physical address for hand Courier Delivery to an office : SIBOWASCO HQS offices, Opposite Police Station, Off Siaya – Boro Road.

***Note: Canvassing during tendering Process shall lead to automatic disqualification!***

**MANAGING DIRECTOR**