**Annex III: Price Offer Sheet**

* + 1. **Group Medical Cover**

**Name of Tenderer**

**Tender Number**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Premium Rate Structure** | | | |  |
| **Benefit** | **Family Sizes** | **Unit of Measure** | **Unit/Rack Rate Option 1** | **Unit/Rack Rate Option 2** |
| Inpatient | M | Per Family |  |  |
| M+1 | Per Family |  |  |
| M+2 | Per Family |  |  |
| M+3 | Per Family |  |  |
| M+4 | Per Family |  |  |
| M+5 | Per Family |  |  |
| Outpatient | M | Per Family |  |  |
| M+1 | Per Family |  |  |
| M+2 | Per Family |  |  |
| M+3 | Per Family |  |  |
| M+4 | Per Family |  |  |
| M+5 | Per Family |  |  |
| Maternity | - | Per Family (either employee or spouse) |  |  |
| Dental | - | Per Person |  |  |
| Optical | - | Per Person |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | CLASS OF INSURANCE | SUM INSURED (KSHS) | RATE | NET PREMIUM  (KSHS) | LEVIES (KSH) | GROSS PREMIUM  (KSH) |
| 1 | Medical Insurance cover |  |  |  |  |  |
| GRAND TOTALS | | |  |  |  |  |
| **AMOUNT IN WORDS.** | | | | | | |

**B) GLA/GPA/WIBA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | CLASS OF INSURANCE | SUM INSURED (KSHS) | RATE | NET PREMIUM  (KSHS) | LEVIES (KSH) | GROSS PREMIUM  (KSH) |
| 1 | WIBA/GPA |  |  |  |  |  |
| 2 | GPA |  |  |  |  |  |
| 3 | Group Life cover for 250 staff |  |  |  |  |  |
| GRAND TOTALS | | |  |  |  |  |
| **AMOUNT IN WORDS.** | | | | | | |

|  |
| --- |
| **Company Name:** |
| **Name of Representative:** |
| **Title:** |
| **Signature:** |
| **Date:** |
|  |
| **Tender #:** |

1. **Motor Vehicle Insurance.**

**Name of Tenderer**

**Tender Number**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | CLASS OF INSURANCE | SUM INSURED (KSHS) | RATE | NET  PREMIUM (KSHS) | LEVIES (KSH) | GROSS  PREMIUM (KSH) |
| 1 | Private Motor Cars  30 Units Comprehensive |  |  |  |  |  |
| 2 | Motorcycles 4 Units |  |  |  |  |  |
| GRAND TOTALS | | |  |  |  |  |
| **AMOUNT IN WORDS.** | | | | | | |

|  |
| --- |
| **Company Name:** |
| **Name of Representative:** |
| **Title:** |
| **Signature:** |
| **Date:** |
|  |
| **Tender #:** |