Tirana, February 3rd, 2022

**INVITATION TO TENDER**

**“Framework agreement for Medical Insurance Services for Regional Youth Cooperation Office (RYCO) Head Office staff in Tirana, Albania”**

This is an invitation to tender for the above-mentioned service framework agreement. Please find enclosed the following documents, which constitute the **Tender Dossier**:

1. **Contract notice**
2. **Instructions to tenderers**
3. **Draft framework agreement**
4. **Terms of References**
5. **Service tender submission form** (*To be submitted by the tenderer as the standard application form using the template provided Annex I)*
6. **Technical Proposal Form** (*To be submitted by the tenderer using the Form provided Annex II*)
7. **Financial offer form** (*To be submitted by the tenderer as the financial offer using the template provided Annex III*)

Please note that, the minimum requirements and the selection criteria specified in the procurement documents are mandatory and not negotiable.

We look forward to receiving your proposal, which has to be sent no later than the submission deadline at the e mail address specified in the Tender Dossier.

By submitting your proposal, you accept to receive notification of the outcome of the procedure by electronic means. Such notification shall be deemed to have been received by you on the date upon which the Contracting Authority sends it to the electronic address you referred to in your proposal.

Head of Contracting Authority

Albert Hani

Secretary General

**A: CONTRACT NOTICE**

**1. Procedure:** Open procedure

**2. Title:** Framework agreement for Medical Insurance Services for Regional Youth Cooperation Office (RYCO) Head Office in Tirana, Albania.

**3. Financed by:** Regional Youth Cooperation Office (RYCO)

**4. Contracting Authority:** Regional Youth Cooperation Office (RYCO).

**CONTRACT SPECIFICATION**

**5. Description:** RYCO is seeking for a qualified service provider: Insurance Agency/Company (Contractor) to enter into a framework agreement that can provide a medical cover with the capacity to administer our in- and outpatient needs, in the most efficient manner in terms of responsive customer care and timely response to medical needs. A detailed description is provided in the Terms of Reference (Part D) of the Tender Dossier.

**6. Number and titles of lots:**  Sole Lot

**7**. **Maximum budget available:** 450 (four hundred fifty) Euro per insured person/yearly.

**CONDITIONS OF PARTICIPATION**

**8. Eligibility:** Participation is open on equal terms to duly registered legal Entities (Insurance Agencies/Companies), exercising this type of activity in Albania.

**9. Number of tenders**: No more than one proposal can be submitted by an Economic Operator.

In the event that an Economic Operator submits more than one proposal, all tenders in which that Economic Operator has participated will be excluded.

**10. Sub-contracting:** Subcontracting is not allowed.

**11. Grounds for exclusion**: As part of their tender, tenderers must submit a signed declaration, included in the tender form, to the effect that they are not in any of the listed exclusion situations.

**PROVISIONAL TIMETABLE**

**12. Provisional commencement of the framework agreement:** March 2022

**13. Duration:** 1 (one) year from framework agreement signature by both parties with the possibility of extension for one more year.

**SELECTION AND AWARD CRITERIA**

**14. Selection criteria**

The following selection criteria will be applied to all the tenderers.

**Exclusion criterion:**

*Tenderers must sign a declaration on honour on exclusion criteria together with their tender, certifying that they do not fall into any of the exclusion situations mentioned in the declaration.*

**Professional Suitability:**

* *Duly registered legal entities (Insurance Agencies/Companies), exercising this type of activity in Albania.*

**Documentary evidence required:**

* *Copy of legal registration/incorporation*

**Technical and professional capacity:**

1. *The Insurance Agency/Company should have demonstrated experience in the insurance market, not less than 3 (three) years;*
2. *The insurance Agency/Company must provide evidence that it has successfully completed contracts of similar nature in the last 3 (three) years;*
3. *The insurance Agency/Company should have demonstrated technical and human resources capacities for performing the type of services required;*
4. *The insurance Agency/Company should have satisfactory evidence for being financially stable.*

**Documentary evidence required:**

* + - 1. Company profile including: 1. A list of similar contracts (at least two contracts of similar nature under their portfolio) in the last 3 (three) years; 2. Number of employees, and any other information pertinent to the execution of this framework agreement:
      2. 2 (two) Reference Letters from their Top 2 (two) clients over the past 3 (three) years:
      3. List of the key personnel to be engaged in the execution of this framework agreement and their respective CVs;
      4. The annual turnover for the past 3 (three) years not less than twice the current estimated amount of the framework agreement specifically 22 500 (twenty-two thousand five hundred) Euro.

**15. Award criteria:**  The award criterion will be: Best price-quality ratio on an 80/20% basis: 80 % the technical proposal and 20 % the financial offer.

**TENDERING**

**16. Deadline for receipt of tenders: 25/02/2022, 17h00.**

**17. Tender format and details to be provided:**  Tenders must be submitted using the standard tender form provided in this tender dossier. To prepare their tender, Tenderers must strictly follow all the instructions indicated at “*Instructions to Tender*” and “Terms of References” including the annexes, part of this tender dossier.

**18. How tenders may be submitted:** Tenders must be submitted in English specifying the title in the email subject, exclusively to the contracting authority: **Regional Youth Cooperation Office (RYCO)** and be sent to the following email address: [procurement@rycowb.org](mailto:procurement@rycowb.org)

Tenders submitted by any other means will not be considered.

By submitting a tender tenderers accept to receive notification of the outcome of the procedure by electronic means.

**19. Operational language:** All written communications for this tender procedure and contract must be in English.

**20**. **Alteration or withdrawal of tenders:** Tenderers may alter or withdraw their tenders by electronic notification sent in the same email address mentioned in point 18 prior to the deadline for submission of tenders. No tender may be altered after this deadline.

**21. Legal basis:**

**-** RYCO’s Rules and Operational Guidelines on procurement procedures

- Statute of the Regional Youth Cooperation Office

**B: INSTRUCTIONS TO TENDERERS**

**When submitting their tenders, tenderers must follow all instructions, forms, terms of reference and relevant annexes, draft contract provisions and specifications contained in this tender dossier. Failure to submit a tender containing all the required information and documentation within the deadline specified may lead to the rejection of the tender.**

1. **Services to be provided**

The services required by the Contracting Authority are described in the Terms of References (part D of the tender dossier) and form an integral part of the framework agreement.

1. **Timetable**

|  |  |  |
| --- | --- | --- |
|  | **DEADLINE** | **TIME\*** |
| **Deadline for requesting clarification from the contracting authority** | **Up to 10 (ten) calendar days before the deadline for submission of tenders** |  |
| **Last date for the contracting authority to issue clarification** | **At the latest 2 (two) working days from the receipt date** |  |
| **Deadline for submitting tenders** | ***25/02/2022*** | ***17:00*** |

**\* All times are in the time zone of the country of the contracting authority**

1. **Participation, qualification and subcontracting**
2. **Participation:** Participation is open on equal terms to duly registered legal Entities (Insurance Agencies/Companies), exercising this type of activity in Albania.
3. **Qualification:** Upon meeting the selection criteria.
4. **Sub – contracting:** Subcontracting is not allowed.
5. **Content of tender**

**The tender must include a technical offer and a financial offer.**

**4.1. Technical offer**

The technical offer must include the following documents:

**1. Tender submission form according to the template given in the tender dossier (ANNEX I of the tender dossier), including:**

1. **“STATEMENT”,**
2. **“DECLARATION ON HONOUR ON EXCLUSION CRITERIA”,**
3. **“FINANCIAL IDENTIFICATION FORM”**

***\**** *The above mentioned form to be completed signed and stamped by the tenderers.*

***2. The completed* Technical Proposal Form (***To be filled in and submitted by the tenderer using the Form provided Annex II*)

**3**. **The required documentary proof/evidences to support the selection criteria as follows:**

**Copy of legal registration/incorporation;**

**Company profile including: 1. A list of similar contracts (at least two contracts of similar nature under their portfolio) in the last 3 (three) years; 2. Number of employees, and any other information pertinent to the execution of this framework agreement:**

**2 (two) Reference Letters from their Top 2 (two) clients over the past 3 (three) years:**

**List of the key personnel to be engaged in the execution of this framework agreement and their respective CVs;**

* + - 1. **The annual turnover for the past 3 (three) years not less than twice the current estimated amount of the framework agreement specifically 22 500 (twenty-two thousand five hundred) Euro.**

Tenderers are reminded that the provision of false information in this tender procedure may lead to the rejection of their tender.

**4.2 Financial offer**

The financial offer (ANNEX II: Financial offer form) must be presented as a Unit price (price per insured person per year), all applicable taxes included (if any).

Tenderers are reminded that:

* The financial offer cannot exceed *the maximum budget available at the amount of* **450 (four hundred fifty) Euro** per insured person/yearly.
* The Contractor is responsible for paying all the taxes related to this contract.

**Please note:** The number of staff set in the Terms of Reference corresponds to the current number of staff in RYCO. The number might be subject to changes (increasing or decreasing) during the implementation meanwhile the price per unit/insured person offered by the service providers will be fixed through out the duration of the framework agreement.

**Offers, all correspondence and documents related to the tender exchanged by the tenderer and the contracting authority must be in English.**

Supporting documents furnished by the tenderer may be in another language, provided they are accompanied by a translation into the language of the procedure. For the purposes of interpreting the tender, the language of the procedure has precedence.

Failure to fulfil the requirements of these clauses will constitute an irregularity and may result in rejection of the tender.

* + - 1. **Additional information before the deadline for submitting tenders**

Tenderers may submit questions to the following email address: [procurement@rycowb.org](mailto:procurement@rycowb.org) until **15/02/2022.**

The contracting authority has no obligation to provide clarification after this date.

The contracting authority must respond to request for clarifications **at the latest 2 (two) working days after receiving them.** Any clarification of the tender dossier will be notified simultaneously to all potential tenderers by being published as an “Additional Information” of the tender dossier.

Any tenderer seeking to arrange individual meetings with the contracting authority concerning this framework agreement during the tender period may be excluded from the tender procedure.

- Information meeting: No information meeting is foreseen

**6. Tender validity:**

Tenderers will be bound by their tenders for a period of 60 (sixty) days from the deadline for the submission of tenders.

1. **Submission of tenders**

Tenders must be sent to the contracting authority within the given deadline in point 2 “Timetable” of Instructions to tender. They must include the requested documents specified on clause 4 above and be sent to the following email address: [procurement@rycowb.org](mailto:procurement@rycowb.org) specifying the title in the email subject.

* Tenders submitted by any other means will not be considered.
* All tenders submitted after the above given deadline shall be rejected.

1. **Costs for preparing tenders**

No costs incurred by the tenderer in preparing and submitting the tender are reimbursable. All such costs must be borne by the tenderer.

1. **Ownership of tenders**

The contracting authority retains ownership of all tenders received under this tendering procedure.

1. **Evaluation of tenders**

10.1 Examination of the administrative conformity of tenders

The evaluation procedure includes several phases, first an evaluation of the administrative conformity of tenders, then an evaluation of the responsiveness of the tender and finally the technical evaluation of the tender.

As a preliminary measure, RYCO shall check that tenders comply with any formal requirements of the tender dossier, in other words responsiveness in a formal sense. A tender is deemed to be formally responsive, if it satisfies all the formal requirements in the tender dossier without substantially departing from or attaching restrictions to them. These formal requirements may concern properly filled in tender forms, duly signed and formulated forms etc.

Substantial departures or restrictions are those which affect the scope, quality or execution of the contract, differ widely from the terms of the tender dossier, limit the rights of the contracting authority or the tenderer’s obligations under the contract or distort competition for tenderers whose tenders do comply. Decisions to the effect that a tender is not administratively compliant must be duly justified in the evaluation minutes.

10.2 Technical evaluation:

For tenders that fulfil the requirements concerning formal responsiveness, RYCO shall then proceed to evaluate the eligibility and, the technical qualification of the tenderers. in accordance with the selection and award criteria as well as the weighting, and on the basis of the required documentary evidence.

Only technical proposals that achieve an average score of 70 will be considered substantially responsive.

* 1. Financial evaluation:

Upon completion of the technical evaluation the financial offers will be evaluated in accordance with the award criteria. Financial offers exceeding the maximum budget available for the contract are unacceptable and will be eliminated. Any arithmetical errors are corrected without penalty to the tenderer such that:

* If there is a discrepancy between amounts in figures and in words, the amount in words will be the amount taken into account;
* Amounts corrected in this way will be binding on the tenderer. If the tenderer does not accept them, its tender will be rejected.

1. **Ranking and negotiation process:**

After the final ranking of the responsive tenderers the Contracting Authority might decide to invite for further negotiation of the technical proposal the 1st ranked tenderer/s.

1. **Choice of selected tenderer / Award Criteria**

The award criterion will be:  **Best price quality – ratio on an 80/20 % basis.**

1. **Amending or withdrawing tenders**

Tenderers may amend or withdraw their tenders by e mail referring to the above given email address prior to the deadline for submitting tenders. The subject of the email must be ‘Amendment….’ or ‘Withdrawal…’ as appropriate followed by the contract title. Tenders may not be amended after this deadline.

1. **Confidentiality**

The entire evaluation procedure is confidential, subject to the contracting authority’s legislation on access to documents. The evaluation committee’s decisions are collective and its deliberations are held in closed session. The evaluation reports and written records are for official use only and may be not communicated to the tenderers.

1. **Ethics clauses / Corruptive practices**

a) Absence of conflict of interest

The tenderer must not be affected by any conflict of interest and must have no equivalent relation in that respect with other tenderers or parties involved in the project. Any attempt by a tenderer to obtain confidential information, enter into unlawful agreements with competitors or influence the evaluation committee or the contracting authority during the process of examining, clarifying, evaluating and comparing tenders will lead to the rejection of its tender.

b) Respect for human rights as well as environmental legislation and core labour standards

The tenderer and its staff must comply with human rights and applicable data protection rules. In particular, and in accordance with the applicable basic act, tenderers and applicants who have been awarded contracts must comply with the environmental legislation, and with the core labour standards as applicable and as defined in the relevant International Labour Organisation conventions (such as the conventions on freedom of association and collective bargaining; elimination of forced and compulsory labour; abolition of child labour).

c) Unusual commercial expenses

Tenders will be rejected, or contracts terminated if it emerges that the award or execution of a contract has given rise to unusual commercial expenses. Such unusual commercial expenses are commissions not mentioned in the main contract

d) Breach of obligations, irregularities or fraud

The contracting authority reserves the right to suspend or cancel the procedure, where the award procedure proves to have been subject to breach of obligations, irregularities or fraud. If breach of obligations, irregularities or fraud are discovered after the award of the contract, the contracting authority may refrain from concluding the contract.

e) Anti-corruption and anti-bribery

The tenderer shall comply with all applicable laws and regulations and codes relating to anti-bribery and anti-corruption. The Contractor Authority reserves the right to suspend or cancel project financing if corrupt practices of any kind are discovered at any stage of the award process or during the execution of a contract. For the purposes of this provision, ‘corrupt practices’ are the offer of a bribe, gift, gratuity or commission to any person as an inducement or reward for performing or refraining from any act relating to the award of a contract or execution of a contract already concluded with the contracting authority.

1. **Signature of the framework contract.**

**16.1. Notification of award**

The successful tenderer will be informed by electronic means that its tender has been accepted. The other tenderers will, at the same time as the notification of award is submitted, be informed that their tenders were not retained, by electronic means, including an indication of the reason. The second-best tenderer is informed of the notification of award to the successful tenderer with the reservation of the possibility to receive a notification of award in case of inability to sign the contract with the first ranked tenderer. The contracting authority will furthermore, at the same time, also inform the remaining unsuccessful tenderers.

**16.2. Signature and implementation**

After the expiry of the appeal period (in cases when no appeals have been submitted) or after the end of appeal process if the award decision has not been subject to changes deriving from appeal process the Contracting Authority will invite the successful tenderer to sign the framework agreement.

Failure of the selected tenderer to comply with this requirement and/or availability may constitute grounds for annulling the decision to award the contract. In this event, the contracting authority may decide to award the contract to the second best tenderer or cancel the tender procedure.

1. **Cancellation of the tender procedure**

In the event of cancellation of the tender procedure, the contracting authority will notify tenderers of the cancellation.

Cancellation may occur, for example, where:

* the tender procedure has been unsuccessful, i.e. no suitable, qualitatively or financially acceptable tender has been received or there is no valid response at all;
* there are fundamental changes to the economic or technical data of the project;
* exceptional circumstances or force majeure render normal performance of the contract impossible;
* all technically acceptable tenders exceed the financial resources available;
* there have been breach of obligations, irregularities or frauds in the procedure, in particular if they have prevented fair competition;
* RYCO finds that the Tender Dossier has major shortcomings or faults;
* the award is not in compliance with sound financial management, i.e. does not respect the principles of economy, efficiency and effectiveness (e.g. the price proposed by the tenderer to whom the contract is to be awarded is objectively disproportionate with regard to the price of the market).

In no event shall the contracting authority be liable for any damages whatsoever including, without limitation, damages for loss of profits, in any way connected with the cancellation of a tender procedure, even if the contracting authority has been advised of the possibility of damages. The publication of a contract notice does not commit the contracting authority to implement the programme or project announced.

1. **Appeals**

Tenderers believing that they have been harmed by an error or irregularity allegedly committed as part of a selection procedure or that the procedure was vitiated by any maladministration may file a complaint which should be sent electronically to the Contracting Authority in the same e mail address tenders were submitted ***up to 3 working days after receiving evaluation results.*** The Contractor Authority should respond to the tenderer by electronic means too at the latest 2 (two) days after receiving the compliant.

**C: DRAFT FRAMEWORK AGREEMENT**

**FOR**

**“THE PROVISON OF HEALTH AND TRAVEL INSURANCE FOR THE STAFF OF THE REGIONAL YOUTH COOPERATION OFFICE (RYCO)”**

This Health and travel insurance Framework Service contract, the “Contract”, is signed on Month/Day/ by and between:

1. **The Regional Youth Cooperation Office (RYCO),** duly established and organized under the laws of the Republic of Albanian, under registration number L71911452J having its registered address and Head Office at Rruga “Skenderbej”, 8/2/2 in Tirana, Albania, legally represented by Secretary General, Mr. Albert Hani, adult, with full legal capacity to act, hereinafter referred to as “*RYCO*” or the “*Policyholder*”;

*on the one hand,*

And



*a) --------------------------a company incorporated under the laws of the Republic of Albania, having its registered office in ---(insert address full address) --, registered with the unique registration number -----------------, legally represented for the purposes of the signature of this Contract by M/Mrs (name surname), (Administrator, CEO), with full legal capacity to act, referred to as the “Insurer” or the “Service provider”;*

*of the other hand,*

Hereinafter referred to individually as the “Party” and collectively the “Parties” to this Contract.

By signing this Agreement, the Insurer confirms that it has read, understood and accepted the Contract, accompanying documents and all its obligations and conditions.

**Article 1**

**Subject of the Contract**

The subject of the Contract is the provision of health and travel insurance services (the Services) for the staff members of RYCO.

**Article 2**

**Scope of Work**

1. The Insurer shall provide the Services for the staff members of RYCO according to the list that RYCO shall submit to the Insurer.

**Article 3**

**Term**

The present Contract shall enter into force on--------------------2022 until ------------------2022.

**Article 4**

**Rights and Obligations of the Insurer**

1. The Insurer shall offer in-patient and out-patient services to the staff members registered under the policy to an agreed financial limit, as further detailed in the Terms of reference attached to and part of this Contract.
2. The Insurer is liable for any damage that may be caused due to the quality of Services provided to RYCO during the term of the present Contract.
3. The Insurer shall be solely responsible for paying all tax and other obligations required under the laws and regulations in force at the place where the services are to be offered.
4. The Insurer shall have sole responsibility for the staff who execute the tasks under this Contract.
5. During the effective term as well as after the termination the present Contract, the Insurer shall not disclose before third persons and not use (except in connection with its obligations under this Contract) any of RYCO’s confidential and proprietary information, obtained from or relating to RYCO, that come into its possession or to its knowledge in the course of the work and not use them for other purposes than those connected with the present Contract.
6. In signing the present Contract, the Insurer agrees that it will not hold RYCO liable in any way for alterations in the scope of work that may be made by the above-mentioned parties.
7. Violation of the provisions set in this Article by the Insurer shall be deemed severe violation of the service commitment and might result in the immediate dissolution of the Contract and/or indemnification as designated by RYCO.

**Article 5**

**Obligations of RYCO**

RYCO shall:

1. provide the necessary support in order to achieve the services under this Contract,
2. monitor the performance and quality of work of the Insurer.

**Article 6**

**Price of Contract and Payments Modality**

1. The Insurance premium per employee for 1 (one) year is [*price in number and letters*] EUR, all applicable taxes included. The insurance premium for the staff that might leave RYCO before the term of this Contract or that might join RYCO after the entry into force of this Contract shall be calculated pro rata.
2. RYCO shall pay the Insurer 30 (thirty) days upon submission of the respective invoice.
3. RYCO shall execute the payment in EUR to the following bank account:
4. *Name of bank:*
5. *Account holder:*
6. *Account number:*
7. *IBAN:*
8. *SWIFT*

**Article 7**

**Performance of the Contract**

The Insurer must perform the Contract within the set deadlines and to the highest professional standards, in compliance with its provisions as well as in accordance to the Contracting authority’s internal rules, procedures and regulations and in close collaboration with RYCO’s staff.

**Article 8**

**Suspension of the Contract**

1. The Contracting authority may suspend implementation of the Contract or any part of it, if the Insurer is not able to fulfil its obligations or for any other reasons that it considers as necessary.
2. The Contracting authority must formally notify the Insurer of its intention, include the reasons why and invite it to submit any observations within 10 (ten) days of receiving notification. If the Contracting authority does not accept these observations, it will formally notify confirmation of the suspension.
3. The suspension will take effect on the date the notification is sent by the Contracting authority.
4. If the reasons for suspending implementation of the Contract are no longer valid, the suspension may be lifted and implementation may be resumed.

**Article 9**

**Termination of the Contract**

1. RYCO may at any moment terminate the Contract if the Insurer:
   1. is performing its tasks poorly,
   2. is not performing the tasks; or
   3. has committed substantial errors, irregularities or fraud.
2. RYCO shall notify the Insurer of its intention, include the reasons why and invite it to submit any observations within 10 (ten) days of receiving notification. If RYCO does not accept these observations, it will formally notify confirmation of the termination. The termination will take effect on the date the notification is sent by the Contracting authority.
3. Each Party may terminate this Contract at any moment by giving 30 (thirty) days’ notice to the other party.

**Article 10**

**Assignment of Contract**

The Insurer shall not assign or subcontract the Contract or any work under this Contract in part or all.

**Article 11**

**Applicable Law and Dispute settlement**

1. This Contract, its content and enforcement are governed and construed by the laws of the Republic of Albania.
2. Any dispute, controversy or claim arising out of or in connection to this Contract, or the breach, termination or invalidity thereof, shall be settled amicably by negotiation between the Parties.
3. If an amicable solution to a dispute arising from the application of this Contract with regard to its interpretation or application has not been reached within 30 (thirty) days from the commencement of such negotiations, the complaining party may appeal to the competent court in the Republic of Albania.

**Article 12**

**Amendments**

Amendments to this Service contract may be done only in written by consent from both Parties. The Party receiving the request must formally notify its agreement or disagreement, within 30 (thirty) days of receiving notification.

**Article 13**

**Entirety of the Contract**

1. The Contract shall be interpreted by considering its terms and conditions as an entirety. Any clause or wording that may create uncertainty must be viewed in the context of the entire Contract and in the view of the purposes that caused both Parties to enter into this Contract.
2. If any provision of this Contract shall become invalid, illegal or unenforceable, such provision shall be become null and void; nevertheless, all other provisions of this Contract shall remain in full force and effect.
3. This Contract covers all arrangement between the Parties, related to the object herein and substitutes all and any previous agreements and understandings between the Parties, whether written or verbal.

**Article 14**

**Notices**

1. All communication by and between the Insurer and RYCO concerning the execution of this Contract shall be directed to*----------------, -------------------* for RYCO, to the following e-mail address: *-----------------------* and to *---------------------,* on behalf of the Service provider, to the following email address*: ---------------------------.*
2. Both Parties undertake the obligation to notify immediately one another of any change in their registration such as residence or legal representation, which may have an impact on the execution of present Contract and on their professional relationship.
3. Any notice given pursuant to this Contract shall be in writing and delivered by hand, sent by prepaid post, facsimile or email to the other Party.

**Article 15**

**General Provisions**

1. The language of the written correspondence between the contracting Parties of this Contract shall be in English, unless otherwise agreed upon by the Parties.
2. None of the parties shall be responsible to the other for any delay in the fulfilment of its obligations herein, if this delay is caused by a *Force majeure*. However, this Force majeure clause applies only if the events take place after the signature of this Contract, so that it makes impossible or unduly burdensome for one of the parties to fulfil its obligations.
3. Any notice given pursuant to this Contract shall be in writing and delivered, or sent by prepaid post or facsimile to the other Party.
4. The entire Agreement between the parties is composed of the :
5. Contract
6. Terms of reference
7. Financial offer.
8. List of staff members.

Done in English in 3 (three) originals documents, 2 (two) originals being for the RYCO and 1 (one) original being for the Insurer.

IN WITNESS WHEREOF RYCO and the Insurer have caused the present Contract to be executed.

**For the Policyholder: For the Insurer**

**Mr. Albert Hani Mrs/Ms/M Name/ Surname**

**Secretary General Title/Representative**

**Regional Youth Cooperation Office Company**

**D. TERMS OF REFERENCE**

**Framework Agreement for Medical Insurance Services for RYCO Head Office Staff in Tirana Albania**

# Contracting Authority

Regional Youth cooperation Office in Tirana, Albania, RYCO is an intergovernmental organization that stewards and promotes regional, cross-border and intercultural cooperation within and among its six Western Balkan (WB) 6 Contracting Parties: Albania, Bosnia and Herzegovina, Kosovo[[1]](#footnote-1), Montenegro, North Macedonia and Serbia. RYCO contributes to mutual understanding of youth from various communities across the WB6 region, thus contributing to reconciliation and youth participation. For more information on RYCO and its work please refer [here](https://www.rycowb.org/).

# Purpose and background

RYCO Head Office in Tirana, Albania, wishes to enter into a contract agreement with an Insurance Agency Company (Contractor) that can provide a medical cover with the capacity to administer our in- and outpatient needs, in the most efficient manner in terms of responsive customer care and timely response to medical needs.

RYCO has a category of employees that are recruited locally in Albania, and from the region: Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia. The required medical cover will apply to the staff based in our Head Office in Tirana, Albania.

# Budget

Yearly budget allocated is maximum **EUR 450** per insured person (Four Hundred Fifty Euros)/yearly.

# Objectives

The major objectives of the health insurance services are:

* To provide the employees with a comprehensive and high-quality medical insurance
* Maintain a good level of healthcare of all employees
* Access to good quality healthcare service through an effective process and to an appropriate cost.
* The provision of good quality medical check-up
* The provision of additional health services as may be requested by RYCO (e.g.: optional add-ons to the general policy cover, health prevention workshop, first aid training, etc).

Specific requirements:

* RYCO invites the tenderers to present different health care plans to RYCO
* Options of self-funding, for instance maternity cover can preferably be included
* Areas that can be added for an additional cost can also be included

The medical services required are (but not limited to):

* Geographical coverage for the entire Western Balkan 6 region: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia, and European Union Member states
* Inpatient and outpatient cover
* Maternity cover Option including self-funded
* Pre-existing, congenital and chronic ailments
* Other emergency and ICU-care
* Oncology
* Dental care
* Doctor´s, anesthetist’s operating room’s, laboratories’ investigation´s and prescribed medicine fees
* General health check-ups
* External appliances knee braces, lumbar corset, wrist brace, and crutches
* Gynecologic care

The desirable medical services, but not mandatory are:

* Treatment for COVID-19
* Vaccinations relevant to travel including COVID-19

The provider must be:

* Able to respond immediately to all emergencies
* Able to provide rescue and evacuation/transport within the Western Balkan 6 region: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia and in EU Member states
* Having a well-worked up and functioning network with the top and medium ranked health providers in Albania
* Able to provide and dedicate personnel with relevant education and experience for this assignment
* Able to appoint a limited number of focal points for RYCO staff
* Able to handle patients traveling outside of the Western Balkan 6 region: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia
* Able to administer all medical documentations i.e.: bills and or claims in a well-functioning system
* Able to provide particular and general statistical reports of the services rendered periodically and as per request from RYCO
* The geographical distribution for the cover is within Albania and travel insurance shall cover for the entire Western Balkan 6 region: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia. It shall also cover EU Member states.

The areas that are NOT being required to be covered and shall NOT be included in this offer, are:

* Family planning and fertility treatment i.e.: costs of treatment related to infertility and impotence.
* Accidents caused by own intoxication or drunkenness
* Nutritional Supplements unless prescribed as part of treatment
* Cosmetic surgery unless caused by accident.
* Chiropractors, Acupuncturist, Herbalist
* Massage or beauty treatment

Option of voluntary adds-on by individual scheme members:

Areas where scheme members can individually or as a group come together and decide on their own to add some certain services to the cover without involving RYCO or affecting the premium paid by RYCO. This can for example include adding their dependents at their own cost or increasing premiums etc.

# Framework agreement information

A framework agreement will be put in place with one Economic operator with the following structure:

* Provision of routine health care scheme at the rates regulated in the framework agreement
* Provision of additional/ad-hoc health care scheme at the rates/prices regulated in the Framework agreement

The agreement period will be for one year with a possibility to be extended with unaltered conditions for a period of plus twelve months.

It should be noted that the Framework Agreement will not include any guarantees of volume of services to be required/provided.

# Scope of Work

Tasks and responsibilities to consider in the tender proposal include;

1. Provider Network

The provider network should be licensed in Albania and provide for a wide network of facilities within the Western Balkans 6 including: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia, and in EU Member states

1. Accessibility

The provider should have consistent procedures that ensure smooth access to facilities

1. Reimbursement of costs within Albania

The tenderer should outline the time taken and procedures for reimbursement of eligible costs

1. Reimbursement of costs outside of Albania

The tenderer should outline the time taken and procedures for reimbursement regarding eligible claims incurred in locations outside of Albania but within the geographical coverage, shall be reimbursable

1. Scheme Management

The tenderer should be well established and should possess a reliable provider network that is able to meet emergencies and other routine medical needs for its members. This should be achieved through an integrated IT System and/or branches network.

The proposed scheme should outline the most efficient ways of managing inpatient, emergency admissions, outpatient management.

1. Quality Control

The Insurance should have an updated and efficient infrastructure that ensures delivery of services in line with world recommended standards.

1. Relationship manager

A relationship manager should co-ordinate all administrative matters to ensure smooth running of the scheme and should have all the contacts at hand of main hospitals, admitting facility and out-patient provider outlets.

1. Additional services

The provision of additional services as may be requested by RYCO

# Limitations to be listed

The offer shall include the limits for:

1. For the Insured Persons, benefits in case of death, resulting from an accident.
2. For the Insured Persons, benefits in case of permanent disability, resulting from an accident
3. For the Insured Persons, reimbursement of reasonable and customary expenses resulting from medical attention necessitated through illness, injury, maternity and preventive care;

# Insurance Scheme Population.

Below finds the estimated population list of the local staff to be covered (the numbers may change):

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographics:** | | | |
| **Origin / Gender** | **Female** | **Male** | **Total** |
| Albania | 12 | 3 | 15 |
| Foreigner | 3 | 7 | 10 |
| **Total:** | **15** | **10** | **25** |

**E: ANNEX I**

**SERVICE TENDER SUBMISSION FORM**

*Title:**“***Framework agreement for Medical Insurance Services for Regional Youth Cooperation Office (RYCO) Head Office staff in Tirana, Albania”**

*Financed by****: Regional Youth Cooperation Office (RYCO)***

*Please supply one signed and stamped* ***tender including completed signed and stamped statement, declaration on honour on exclusion criteria, and financial identification form.*** *All data included in this application must concern only the legal entity making the tender.*

**1 SUBMITTED by (i.e. the identity of the tenderer)**

|  |  |
| --- | --- |
| **Insert: Full official name of legal entity** |  |
| **State the official legal form of entity** |  |
| **Insert: Name of the representative of Entity** |  |
| **Insert: Full official name of members (In case of consortium)** |  |
| **Insert: Name of the representatives of the Members (In cases of consortium)** |  |
| **Insert: Full official address of Entity** |  |
| **Insert: Full official address of Members (in cases of consortium)** |  |

*In case of a consortium (If applicable)*

*[We are making this application, for this tender as* ***partner in the consortium*** *led by [insert name of the leader]. We confirm that we are not tendering for the same contract in any other form. We confirm, as a partner in the consortium, that all partners are jointly and severally liable by law for the performance of the contract, that the lead partner is authorized to bind, and receive instructions for and on behalf of, each member, that the performance of the contract, including payments, is the responsibility of the lead partner, and that all partners in the joint venture/consortium are bound to remain in the joint venture/consortium for the entire period of the contract's performance].*

* 1. **CONTACT PERSON/s (for this tender)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **e-mail** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature & Stamp** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Name of the members (in case of consortium)** |  |
| **Signature & Stamp** |  |
| **Date** |  |

**2. TENDERER’S STATEMENT**

**As part of their tender, each Legal Person/Company identified under point 1 of this form, must submit a signed statement form using the following format.**

**STATEMENT**

I, the undersigned, hereby declare that I have examined and accept without reserve or restriction the entire contents of the tender dossier for the tender procedure referred to above.

1. I offer to provide the services requested in the tender dossier in accordance with Terms of References and other conditions and requirements stated in the tender dossier without reserve or restriction.
2. I present this tender on the basis of the following documents, submitted attached to this form, in response to your requirements stated in “Instructions to Tenderers” and “Terms of References”, which comprise my technical offer, and financial offer,

List the documents submitted attached:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- The Unit price (price per insured person) of my offer is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert price in numbers and words) EUR, yearly.

- In my offer all applicable taxes (if any) are included.

1. I am making this tender in my own right. I confirm, as capacity-providing entity to be jointly and severally bound in respect of the obligations under the contract.
2. I state that I have the technical, financial and professional capacity referring to this call of tender for performing the contract according to the Terms of Reference and other conditions set for this tender by the Contractor Authority.
3. I understand that if I fail to comply with contract obligations the award may be considered null and void.
4. I agree to abide accordingly to the the terms of the tender dossier, the conditions and time limits laid down, without reserve or restriction.
5. In particular, I fully agree to abide to the stipulations settled in point 12: Ethic Clauses/Corruptive practises and I have no conflict of interests or any equivalent relation which may distort competition with other tenderers or other parties in the tender procedure at the time of the submission of this tender. Furthermore, I have not been involved in the preparation of the project which is the subject of this tender procedure.
6. I will inform the contracting authority immediately if there is any change in the above circumstances at any stage during the implementation of the tasks. I also fully recognise and accept that any inaccurate or incomplete information deliberately provided in this application may result in our exclusion from this and other potential contracts.
7. I note that the contracting authority is not bound to proceed with this invitation to tender and that it reserves the right to award only part of the contract. It will incur no liability towards us should it do so.
8. I declare that I am not in a situation of unavailability and I am able and willing to work for the whole period scheduled to implement the tasks set out in the Terms of Reference. if this tender is successful.
9. I acknowledge that I have no contractual relations with the Contracting Authority and in case of dispute concerning my contract with the Contractor I shall address myself to the latter and/or to the competent jurisdictions.
10. I confirm that I am not tendering for the same contract in any other form.
11. I confirm that this tender is valid for a period of 60 (sixty) days from the final date for submission of tenders.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature and stamp** |  |
| **Date** |  |

**3. TENDERER DECLARATION ON HONOUR ON EXCLUSION CRITERIA**

**As part of their tender, each Legal Person/ Company identified under point 1 of this form (each consortium member if applicable), must submit a signed declaration on honour on exclusion criteria stating that they are not in any of the exclusion situations using the following format:**

**DECLARATION ON HONOUR ON EXCLUSION CRITERIA**

I, the undersigned, hereby declare that I am are not in any of the exclusion situations listed below:

**Situation of exclusion**

1. it is bankrupt, subject to insolvency or winding-up procedures, where its assets are being administered by a liquidator or by a court, where it is in an arrangement with creditors, where its business activities are suspended, or where it is in any analogous situation arising from a similar procedure provided for under national laws or regulations;
2. it has been established by a final judgment or a final administrative decision that the economic operator is in breach of its obligations relating to the payment of taxes or social security contributions in accordance with the applicable law;
3. it has been established by a final judgment or a final administrative decision that the economic operator is guilty of grave professional misconduct by having violated applicable laws or regulations or ethical standards of the profession to which the economic operator belongs, or by having engaged in any wrongful conduct which has an impact on its professional credibility where such conduct denotes a wrongful intent or gross negligence, including, in particular, any of the following:
4. fraudulently or negligently misrepresenting information required for the verification of the absence of grounds for exclusion or the fulfilment of selection criteria or in the performance of a contract;
5. entering into agreement with other economic operators with the aim of distorting competition;
6. violating intellectual property rights;
7. attempting to influence the decision-making process of the contracting authority during the procurement procedure;
8. attempting to obtain confidential information that may confer upon it undue advantages in the procurement procedure;
9. it has been established by a final judgment that the economic operator is guilty of any of the following: i) fraud; ii) corruption; iii) conduct related to a criminal organization; iv) money laundering or terrorist financing; v) terrorist-related offences or offences linked to terrorist activities; vi) child labour or other forms of trafficking in human beings;
10. the economic operator has shown significant deficiencies in complying with main obligations in the performance of a contract;
11. it has been established by a final judgment or final administrative decision that the person or entity has created an entity under a different jurisdiction with the intent to circumvent fiscal, social or any other legal obligations of mandatory application in the jurisdiction of its registered office, central administration or principal place of business
12. has misrepresented the information required by RYCO as a condition for participating in the procedure or has failed to supply that information;
13. was previously involved in the preparation of procurement documents used in the award procedure where this entails a breach of the principle of equality of treatment, including distortion of competition that cannot be remedied otherwise.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature and stamp** |  |
| **Date** |  |

**Note:**  *In any case The Contractor Authority has the right to further investigate and request evidences to support the declarations if it has reasonable ground to doubt the content of such information.*

**4. TENDERER FINANCIAL IDENTIFICATION FORM**

**As part of their tender, each Legal Entity identified under point 1 of this form, must submit a signed form to indicate the bank account into which payments should be made if the tender is successful using the following format.**

**BANKING DETAILS**

|  |  |
| --- | --- |
| ACCOUNT NAME |  |
| IBAN/ACCOUNT NUMBER |  |
| CURRENCY |  |
| SWIFT CODE |  |
| BANK NAME |  |
| BRANCH CODE |  |
| FULL OFFICIAL ADREESS OF BANK BRANCH |  |

**ACCOUNT HOLDER’S DATA**

|  |  |
| --- | --- |
| ACCOUNT HOLDER’S NAME |  |
| ACCOUNT HOLDER’S ADRESS |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature and Stamp** |  |
| **Date** |  |

**F: ANNEX II**

**TECHNICAL PROPOSAL FORM**

(To be filled in by the Economic Operators accordingly)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Geographical coverage** | **Your Offer** | **Remarks on your offer** |
| 1.01 | Western Balkan (WB) 6 Contracting Parties: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia | Write here yes or no | List here also any exclusions related to item 1.01 |
| 1.02 | European Union Member states | Write here yes or no | List here also any exclusions related to item 1.02 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2** | **Coverage Description** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| 2.01 | Incurable mental alienation | 100% | Write Yes or No? |  |
| 2.02 | Total organic paralysis | 100% | Write Yes or No? |  |
| 2.03 | Total blindness | 100% | Write Yes or No? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3** | **Amputation or the permanent loss of the use of:** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| 3.01 | a) Both arms or both hands | 100% | Write Yes or No? |  |
| 3.02 | b) Both legs or both feet | 100% | Write Yes or No? |  |
| 3.03 | c) One arm or hand and one leg or foot | 100% | Write Yes or No? |  |
| 3.04 | Total loss of sight of one eye with ablation | 50% | Write here the %age |  |
| 3.05 | Total loss of one eye without ablation | 45% | Write here the %age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **Loss of whole thickness of substance of the skull over:** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| 4.01 | a) An area of at least 6 cm² | 40% | Write here the %age |  |
| 4.02 | b) An area of from 3 to 6 cm² | 20% | Write here the %age |  |
| 4.03 | c) An area of less than 3 cm² | 10% | Write here the %age |  |
| 4.04 | Incurable total deafness of both ears | 100% | Write Yes or No? |  |
| 4.05 | Incurable total deafness in one ear | 50% | Write here the %age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **Ablation of the lower jaw:** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| 5.01 | a) Total | 70% | Write here the %age |  |
| 5.02 | b) Partial (upright branch plus the whole or half of the maxillary bone) | 40% | Write here the %age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | **Loss of top and bottom teeth and their sockets** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| 6.01 | (Impossibility of fitting dental prosthesis) | 30% | Write here the %age |  |
| 6.02 | In the case of possible prosthesis with established functional improvement | 10% | Write here the %age |  |

| **7** | **Description** | **Right** | | **Left** | | **Remarks on your offer** |
| --- | --- | --- | --- | --- | --- | --- |
| **Minimum Required** | **Your Offer** | **Minimum Required** | **Your Offer** |
| 7.01 | Loss of arm or hand | 75% | Write here the percentage | 60% | Write here the %age |  |
| 7.02 | Total paralysis of an upper limb | 65% | Write here the percentage | 55% | Write here the %age |  |
| 7.03 | Total paralysis of the circumflex nerve | 20% | Write here the percentage | 15% | Write here the %age |  |
| 7.04 | Total paralysis of the median nerve | 45% | Write here the percentage | 35% | Write here the %age |  |
| 7.05 | Total paralysis of the cubital nerve at the elbow | 30% | Write here the percentage | 25% | Write here the %age |  |
| 7.06 | Total paralysis of the nerve of the hand | 20% | Write here the percentage | 15% | Write here the %age |  |
| 7.07 | Total paralysis of the radial nerve above the triceps | 40% | Write here the percentage | 30% | Write here the %age |  |
| 7.08 | Complete anchylosis of the scapulohumeral articulation: | | | | | |
| 7.08.01 | a) With immobilization of the shoulder-blade | 65% | Write here the percentage | 55% | Write here the %age |  |
| 7.08.02 | b) With mobility of the shoulder-blade | 35% | Write here the percentage | 25% | Write here the %age |  |
| 7.09 | Non-consolidated fracture of the arm: (Constitution of pseudo-arthrosis) | 30% | Write here the percentage | 25% | Write here the %age |  |
| 7.10. | Total loss of movement of the elbow: | | | | | |
| 7.10.01 | a) In an unfavorable position | 40% | Write here the percentage | 35% | Write here the %age |  |
| 7.10.02 | b) In a favorable position | 25% | Write here the percentage | 20% | Write here the %age |  |
| 7.11 | Non-consolidated fracture of the fore-arm, (Constitution of pseudo-arthrosis) | | | | | |
| 7.11.01 | a) Both bones | 25% | Write here the percentage | 20% | Write here the %age |  |
| 7.11.02 | b) A single bone | 10% | Write here the percentage | 8% | Write here the %age |  |
| 7.12 | Total loss of movement of the wrist | | | | | |
| 7.12.01 | a) In an unfavorable position (Flexion, forced extensions or supination) | 40% | Write here the percentage | 30% | Write here the %age |  |
| 7.12.02 | b) In a favorable position (straight or prone) | 20% | Write here the percentage | 15% | Write here the %age |  |
| 7.13 | Amputation of a thumb | | | | | |
| 7.13.01 | a) Total | 20% | Write here the percentage | 18% | Write here the %age |  |
| 7.13.02 | b) Artial (ungual phalanx) | 10% | Write here the percentage | 8% | Write here the %age |  |
| 7.14 | Anchylosis of a thumb | | | | | |
| 7.14.01 | a) Total | 15% | Write here the percentage | 12% | Write here the %age |  |
| 7.14.02 | b) Artial (ungual phalanx) | 10% | Write here the percentage | 8% | Write here the %age |  |
| 7.15 | Amputation of index-finger | | | | | |
| 7.15.01 | a) Total | 16% | Write here the percentage | 14% | Write here the %age |  |
| 7.15.02 | b) Two phalanxes | 12% | Write here the percentage | 10% | Write here the %age |  |
| 7.15.03 | c) One phalanx | 6% | Write here the percentage | 5% | Write here the %age |  |
| 7.16 | Amputation of second finger | 12% | Write here the percentage | 10% | Write here the %age |  |
| 7.17 | Amputation of third finger | 10% | Write here the percentage | 8% | Write here the %age |  |
| 7.18 | Amputation of fourth finger | 8% | Write here the percentage | 6% | Write here the %age |  |

| **8** | **Paralysis treatment** | **Minimum Required** | **Your Offer** | **Remarks on your offer** |
| --- | --- | --- | --- | --- |
| 8.01 | Total paralysis of a lower limb | 60% | Write here the %age |  |
| 8.02 | Complete paralysis of the internal popliteal sciatic nerve | 30% | Write here the %age |  |
| 8.03 | Complete paralysis of the external popliteal sciatic nerve | 30% | Write here the %age |  |
| 8.04 | Complete paralysis of both popliteal sciatic nerves | 40% | Write here the %age |  |
| 8.05 | Shortening of a lower limb | | | |
| 8.05.01 | a) At least 5 cm | 30% | Write here the %age |  |
| 8.05.02 | b) From 3 to 5 cm | 20% | Write here the %age |  |
| 8.05.03 | c) From 1 to 3 cm | 10% | Write here the %age |  |
| 8.06 | Complete anchylosis of the hip: | | | |
| 8.06.01 | a) In bad position (flexion, adduction or abduction) | 60% | Write here the %age |  |
| 8.06.02 | b) In straight position | 40% | Write here the %age |  |
| 8.07 | Amputation of the thigh: | | | |
| 8.07.01 | a) Upper half | 60% | Write here the %age |  |
| 8.07.02 | b) Lower half | 50% | Write here the %age |  |
| 8.08 | Non-consolidated fracture of the thigh or both bones of the leg (Constitution of pseudo-arthrosis) | 50% | Write here the %age |  |
| 8.09 | Complete anchylosis of the knee: | | | |
| 8.09.01 | a) In flexion (from 130 degrees) | 50% | Write here the %age |  |
| 8.09.02 | b) Straight or almost straight | 25% | Write here the %age |  |
| 8.10. | Chronic hydrarthrosis according to the degree of muscular atrophy | 3 to 20% | Write here the %age |  |
| 8.11 | Non-consolidated fracture of the knee-cap with wide separation of the fragments and considerable difficulty in extension of the leg from the thigh | 40% | Write here the %age |  |
| 8.12 | Amputation of a leg | 50% | Write here the %age |  |
| 8.13 | Tibio-tarsian anchylosis | 15% | Write here the %age |  |
| 8.14 | Amputation of a foot: | | | |
| 8.14.01 | a) Total (tibio-tarsian disarticulation) | 50% | Write here the %age |  |
| 8.14.02 | b) Sub-astragalian | 40% | Write here the %age |  |
| 8.14.03 | c) Media-tarsian | 35% | Write here the %age |  |
| 8.14.04 | d) Tarso-metatarsian | 30% | Write here the %age |  |
| 8.15 | Amputation of all toes | 20% | Write here the %age |  |
| 8.16 | Amputation of big toe | 10% | Write here the %age |  |
| 8.17 | Amputation of a toe other than big toe | 5% | Write here the %age |  |
| 8.18 | Anchylosis of the big toe | 3,5% | Write here the %age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9** | **Additional requirements** | | **Offered?** | **Remarks on your offer** |
| 9.01 | Unlisted events shall be compensated by a percentage of the capital sum set forth in the preceding paragraph equivalent to the percentage degree of disability: the scale of benefits may be used as a guide to the degree of disability for eventualities that reasonably can be analogized to listed events. The amount payable shall in no case be less than that for any reasonably analogous event listed in the schedule | | Write here Yes or No? |  |
| 9.02 | Loss of use of a limb will be considered like the loss of the limb itself. | | Write here Yes or No? |  |
| 9.03 | Left-handed persons, upon declaration of left-handedness on the medical certificate, shall receive scaled benefits related to the upper right limb in place of upper left limb, and vice-versa. | | Write here Yes or No? |  |
| 9.04 | Multiple listed events deriving from the same accident shall be compensated at an amount no greater than the capital sum for 100% permanent disability. | | Write here Yes or No? |  |
| 9.05 | The Insurers will pay the capital sum to the Policyholder within a month of receiving a medical certificate stating the cause of the disability, the exact nature of the disability and the degree of the disability. The capital sum shall then be paid by the Policyholder to the Insured Person. | | Write here Yes or No? |  |
| 9.06 | Does your offer include respective coverage for COVID-19 related health issues? | | Write here Yes or No? |  |
| 9.06.01 | If yes, please briefly describe what is included: |  | | |
| 9.06.02 | If not in this offer, then please briefly explain here the options you may have available up to what costs and conditions applicable |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | **Aggregate amount** | **Minimum Requirement** | **Your Offer** | **Remarks on your offer** |
| 10 | The aggregate reimbursement the Insurers shall be obliged to pay in respect of the total medical expenses which are covered by this contract and are incurred by an Insured Person in any policy year shall not be lower than 30,000 EUR. The Insurers undertake to reimburse 100% of the expenses involved in respect of medical treatment prescribed by doctors qualified to treat patients. | 30,000.00 EUR | Write here the maximum amount |  |

| **11** | **Inpatient Treatment Coverage** | **Requirement** | **Offered?** | **Remarks on your offer** |
| --- | --- | --- | --- | --- |
| 11 | At the rate of 100% are reimbursed the costs of hospital services requiring at least an overnight stay such as: | | | |
| 11.01 | bed and board | 100% | Write here Yes or No? |  |
| 11.02 | general nursing service | 100% | Write here Yes or No? |  |
| 11.03 | use of operating rooms and equipment | 100% | Write here Yes or No? |  |
| 11.04 | use of recovery rooms and equipment | 100% | Write here Yes or No? |  |
| 11.05 | laboratory examinations | 100% | Write here Yes or No? |  |
| 11.06 | X-ray examinations | 100% | Write here Yes or No? |  |
| 11.07 | radiotherapy and chemotherapy | 100% | Write here Yes or No? |  |
| 11.08 | emergency room treatment | 100% | Write here Yes or No? |  |
| 11.09 | intensive care | 100% | Write here Yes or No? |  |
| 11.10. | transport by ambulance to and from the hospital | 100% | Write here Yes or No? |  |
| 11.11 | drugs and medicine for use in the hospital. | 100% | Write here Yes or No? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **12** | **Outpatient Treatment Coverage** | **Requirement** | **Offered?** | **Remarks on your offer** |
| 12 | The costs of outpatient treatment including: | | | |
| 12.01 | doctor consultations | 100% | Write here Yes or No? |  |
| 12.02 | doctor’s visits | 100% | Write here Yes or No? |  |
| 12.03 | prescribed drugs | 100% | Write here Yes or No? |  |
| 12.04 | laboratory tests | 100% | Write here Yes or No? |  |
| 12.05 | X-rays | 100% | Write here Yes or No? |  |

| **13** | **Treatments subject to limitations:** | **Requirement** | **Offer** | **Remarks on your offer** |
| --- | --- | --- | --- | --- |
| 13.01 | Maternity care | | | |
| 13.01.01 | The costs of maternity care, including prenatal care, delivery and post-natal care are reimbursable 100% up to a maximum of 2.500.00 EUR | 2,500.00 EUR | Write here the maximum amount |  |
| 13.02 | Dental treatment | | | |
| 13.02.01 | The costs of dental treatment, including fees of a dental practitioner carrying out treatment in dental surgery, examinations, tooth cleaning, individual preventive treatment, dentures, filling, root treatment, tooth extraction, bridgework, crowns, X-rays, local anesthesia are reimbursable at the rate of 100% up to a maximum per policy year per Insured Person at 350.00 EUR | 350.00 EUR | Write here the maximum amount |  |
| 13.02.02 | The cost of dentofacial orthopedics is covered only if the treatment is started before the patient has completed his fifteenth year. This restriction does not apply to orthodontic treatment resulting from an accident. |  | Write here Yes or No? |  |
| 13.03 | Special examinations and treatments | | | |
| 13.04 | The costs of psychiatric treatment including psychoanalysis are reimbursable only if a psychiatrist treats the patient. The costs of psychiatric treatment in respect of Insured Persons are reimbursable only at the rate of 100% and to a maximum reimbursement of per Insured Person per policy year. | 400.00 EUR | Write here the maximum amount |  |
| 13.05 | The costs of radiological treatment are reimbursable only if the patient has been referred to the specialists by the doctor in attendance. |  | Write here Yes or No? |  |
| 13.06 | Hearing aids - The costs of hearing aids shall be reimbursable at the rate of 100% with a maximum of 350.00 EUR per apparatus, including the related examination, and a maximum of one apparatus per ear, in any period of three years. |  | Write here Yes or No? |  |
| 13.07 | Optical lenses - The costs of optical lenses are reimbursable at the rate of 100% with a maximum of, 150.00 EUR for per two lenses or glasses during one year policy. |  | Write here Yes or No? |  |
| 13.08 | Preventive care | | | |
| 13.08.01 | One routine (bilateral) mammogram and/or one PAP-smear test or one prostate exam (PSA-Prostate Specific Antigen) per policy year will be reimbursed at 100% to an insured person as of age 40 without specific diagnosis. |  | Write here Yes or No? |  |
| 13.08.02 | Costs for professional ambulance service used to transport the Insured Person between the place where he/she is injured by an accident or stricken by disease and the first hospital where treatment is given are reimbursable at a rate of 100% up to 350 EUR. |  | Write here Yes or No? |  |

| **14** | **Reimbursement procedure requirements** | **Required** | **Offer** | **Remarks on your offer** |
| --- | --- | --- | --- | --- |
| 14.01 | Insurers will provide dedicated claim forms |  | Write here Yes or No? |  |
| 14.02 | Insurers will provide detailed information on requirements for documenting each type of coverage and shall not deviate from these requirements during the contracted period, unless specifically agreed with the Insured Person in writing |  | Write here Yes or No? |  |
| 14.03 | Insurers shall provide the information of their medical adviser where the Insured Persons can send their confidential information |  | Write here Yes or No? |  |
| 14.04 | All documentary evidence is issued - or accompanied by a translation - in English or Albanian language |  | Write here Yes or No? |  |
| 14.05 | Insurers shall make it possible for the Insured Persons to be reimbursed by direct payment to their bank account or the medical facility directly |  | Write here Yes or No? |  |
| 14.06 | Reimbursement timeline | 30 calendar days | Write here the max. calendar days |  |
| 14.07 | The Insurers recognize that the Policyholder accepts no financial or other responsibility regarding the accuracy of the claims for reimbursement that the Insured Persons transmit. |  | Write here Yes or No? |  |
| 14.08 | When the Insured Person is entitled to reimbursement by another Insurer, the Insurer shall make a reimbursement as appropriate, on the basis of the difference between the costs actually incurred and the reimbursement obtained from other source. |  | Write here Yes or No? |  |
| 14.09 | The Insurers may suspend coverage after giving the Policyholder 30 days’ formal notice by registered letter, which letter should indicate explicitly that it is intended to serve as formal notice, indicate the amount of unpaid premiums and the date on which they became due, and draw the attention of the Policyholder to the consequences of failure to pay. | 30 calendar days | Write here the max. calendar days |  |
| 14.10. | The Insurers have the right, 15 days after expiration of the period of 30 days referred to above, to terminate the contract or insist on its fulfilment. | 15 calendar days | Write here the max. calendar days |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **15** | **Currency and exchange rate** | **Required** | **Offer** | **Remarks on your offer** |
| 15.01 | The premium as well as the reimbursement or indemnities due by the Insurers shall be paid in EUR. | EUR | Write here Yes or No? |  |
| 15.02 | Exchange rate between EUR and the local currency used shall be that of InforEuro which provides the European Commission’s official monthly accounting rates for the euro: <https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en> | InforEuro of EC | Write here Yes or No? |  |

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| --- | --- |
| **16** | **Item 16.01 below should be used to prove a description on how the service will be administered and the responsiveness** |
| 16.01 |  |

**G: ANNEX III**

**FINANCIAL OFFER FORM**

*Title:**“***Framework agreement for Medical Insurance Services for Regional Youth Cooperation Office (RYCO) Head Office staff in Tirana, Albania”**

*Financed by****: Regional Youth Cooperation Office (RYCO)***

|  |  |
| --- | --- |
| **Coverage** | **Annual premium cost in EUR per Employee** |
| Health Insurance Cost |  |
| Any other charges describe here: |  |
| **Total EUR Yearly:** |  |

**- In my offer all applicable taxes (if any} are included.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature and stamp** |  |
| **Date** |  |

1. This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence [↑](#footnote-ref-1)