

**KEY QUESTIONS****VENDOR INFORMATION FORM**

Please write your answers clearly and use additional paper if needed to provide as much detail as possible in your answers to these questions. More details and facts are always better than fewer details. We will attempt to verify the important facts you have listed below using our local personnel in and around the country. Where a question does not apply to your business context Indicate N/A)

Name of contact person

Title or position of contact

Phone Number(s) for contact

E-mail address for contact

Company name

Company address

*(Include physical location)***Business Information**

*(Bidder must have been in existence for the last 5 years).*

*Attach certificate of Incorporation, VAT & Tax compliance certificate and TIN certificate, Certificate from Insurance Regulatory Authority, Valid business permit, Membership with Association of Tanzania Insurers (ATI), List of Re-insurers*

***(Provide the following information here)***

Certificate of Incorporation number:

VAT number or equivalent:

Tax compliance certificate number:

TIN number:

IRA number:

Valid business permit number:

ATI membership number:

List of re-insurers

\*Include evidence/attachments in your proposal

**Bank Details*****(Provide the following information here)***

Account Name:

Account Number:

Currency:

Bank:

Branch &amp; Country:

	<i>Swift Code:</i>
<p><b>Core business</b></p> <p>Describe the Core business of your firm.</p>	<i>(Attach a short company profile (not more than 5 pages)</i>
<p><b>Financial Stability</b></p> <p>*Attach the latest audited financial statements for the last two years (2019 &amp; 2020)</p>	<p><i>(Provide a brief summary of the company's financial status here)</i></p> <p><i>include evidence/attachments in your proposal</i></p>
<p><b>Accreditations:</b></p> <p>Describe any quality /service accreditations that you have e.g. ISO.</p>	<i>(List them here &amp; include evidence/attachments in your proposal).</i>
<p><b>Past performance</b></p> <p>*List the names and current (2019-2021) contact information for five (5) references for us to contact about your performance.</p> <p>*Total client's premiums for the previous year (2019-2021)</p>	<p><i>(List them here &amp; include evidence/attachments in your proposal)</i></p> <p><i>(List premiums here &amp; include evidence/attachments in your proposal)</i></p>
<p><b>Capacity of the firm.</b></p> <p>Provide number of professional employees in the firm under the following categories at national, regional and international Managing Group Medical Insurance:</p> <p>* Benefits team</p> <p>*Wellness team</p> <p>* Claims &amp; Case management team</p> <p>* Leaders per team</p>	<p><b>Number of staff at Country Level in Tanzania</b></p> <p>* Benefits team:</p> <p>*Wellness team:</p> <p>* Claims &amp; Case management team:</p> <p>* Leaders per team:</p> <p><b>Number of staff at Regional Level(Africa)</b></p> <p>* Benefits team</p> <p>*Wellness team</p> <p>* Claims &amp; Case management team</p> <p>* Leaders per team</p> <p><b>Number of staff at International Level</b></p> <p>*Benefits team</p> <p>*Wellness team</p>

	<p>* Claims &amp; Case management team</p> <p>* Leaders per team</p>
<p><b>Availability of a medical help line and a dedicated account manager</b></p>	<p><i>(Indicate the medical help line here)</i></p> <p><i>Indicate here the name, title, qualifications, and years of experience of proposed account manager.</i></p>
<p><b>Geographical coverage by region</b></p>	<p><i>Provide the list of partners i.e.</i></p> <p><i>-Panel of hospitals (include a list of doctors, medical specialists etc per hospital per region/city/town</i></p> <p><i>. List of other partners. E.g clinics, laboratories, pharmacies, etc. per region/city/town</i></p>
<p><b>Case Management Strategy</b></p>	<p><i>Provide effective and efficient case management strategies that the company has adopted (attachment not more than 1 page)</i></p> <p><i>e.g availability of full time doctor, 24/7 Services etc.</i></p>
<p><b>Claim Settlement</b></p> <p>Turnaround Time- Provide details of the claim settlement as well as the turnaround time</p>	<p><i>Please attach a claim process flow chart and timelines. (not more than 2 pages)</i></p>
<p><b>Acceptance to Pro-rata Adjustments</b></p> <p>*Confirm acceptance to the pro-rata adjustment of premiums with change of insured staff or dependents</p>	<p><b>(Tick Yes or No) If No, provide a justification.</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Approved by:</b> (Bidder's representative)</p>	<p><b>Name</b> _____</p> <p><b>Title</b> _____</p> <p><b>Date &amp; Signature</b> _____</p>