



# NHLANGANO TOWN COUNCIL

TENDER REFERENCE NO: EOI/09 of 2024/2025

## REQUEST FOR PROPOSALS FOR PROVISION OF MEDICAL AID SCHEME

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# TENDER NOTICE

## CALL FOR EXPRESSION OF INTEREST

<b>TENDER NO.</b>	<b>EOI/09 of 2024/2025</b>
<b>TENDER NAME</b>	<b>REQUEST FOR PROPOSAL FOR PROVISION OF MEDICAL AID SCHEME</b>
<b>CLOSING DATE</b>	<b>28<sup>th</sup> March 2025</b>

### 1. PREAMBLE

Nhlangano Town Council is seeking proposals from qualified vendors to provide a comprehensive medical aid scheme for its employees. This scheme aims to ensure that all beneficiaries receive the necessary healthcare benefits and support, covering both preventive and medical treatment needs.

### 2. OBJECTIVE

The primary objective of this RFP is to select a medical provider or insurance company that will deliver a comprehensive and sustainable medical aid program for employees, including medical insurance, health benefits, emergency services, and other healthcare services.

### 3. SCOPE OF WORK

The chosen provider will be responsible for the following:

- **Medical Insurance Coverage:** Including but not limited to hospital care, outpatient services, emergency care, surgeries, maternity care, and prescription drugs.
- **Preventive Health Services:** Including routine check-ups, health screenings, immunizations, wellness programs, and educational resources.
- **Emergency Medical Assistance:** Providing emergency medical support for beneficiaries, including ambulance services and emergency room visits.
- **Network of Healthcare Providers:** Establishing a network of hospitals, clinics, doctors, and pharmacies.
- **Claims and Administration:** Managing claims processing, customer service, and administering the medical aid scheme.

### 4. REQUIREMENTS FOR TENDERERS

To be considered, vendors must meet the following criteria:

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- **Experience:** At least five (5) years of experience in providing medical aid schemes or insurance coverage.
- **Accreditation:** Must be accredited by relevant regulatory body or authority.
- **Network of Providers:** Must offer a wide and accessible network of healthcare providers.
- **Customer Service:** Demonstrated ability to provide customer support and manage claims in a timely and efficient manner.
- **Flexibility and Scalability:** Ability to accommodate different levels of coverage and scale the program based on the needs of the organization.
- **Compliance and Legal Requirements:**

-Proof of compliance with relevant healthcare regulations and laws.

-Details of the service provider's regulatory framework, including data protection, privacy policies, and adherence to national healthcare standards.

- **Implementation Plan:**

-Timeline for the rollout of the medical aid scheme for employees.

-Details of how the onboarding of medical aid system will be handled, including employee onboarding and orientation.

## 5. PROPOSAL REQUIREMENTS

Interested vendors should submit a detailed proposal that includes:

- **Company Profile:** Background and history of the vendor, including key personnel involved.
- **Proposed Medical Aid Plan:** Detailed description of the medical services and insurance coverage being offered, including any additional services (e.g., wellness programs, telemedicine).
- **Implementation Timeline:** A timeline detailing the implementation of the medical aid scheme, including key milestones.
- **Performance Metrics:** Criteria for measuring the success of the scheme, including response times for claims and customer service.
- **Cost Breakdown:** Clear and transparent pricing structure, including premiums, administrative fees, and any additional costs. (Financial Proposal)
- **References:** At least three references from organizations that have previously used your services for similar schemes. (List and reference letters)
- Audited Annual Financial Statement for the past three years
- Valid certified Copy of Tax Compliance Certificate
- Valid certified Copy of Trading License
- Valid Certified Copy of Labour Compliance Certificate

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- Valid Certified Copy of ENPF Certificate
- Certified Copy of Form J & C
- Police Clearance Certificates for Company Directors

## 6. EVALUATION CRITERIA

Proposals will be evaluated based on the following factors:

- **Cost-effectiveness:** The value for money offered by the proposal, taking into account the scope of services and pricing structure.
- **Quality of Service:** Experience and reputation in delivering medical aid services.
- **Network Access:** Availability and quality of healthcare providers within the vendor's network.
- **Customer Support:** Availability and responsiveness of customer service teams.
- **Innovation:** Any innovative services or approaches that enhance employee healthcare and wellness.
- **Compliance and Risk Management:** Ability to comply with relevant legal and regulatory standards.
- **Coverage and Benefits:** The comprehensiveness of the medical aid coverage and the quality of the services provided.
- **Experience and Reputation:** Proven track record of successful implementation and administration of medical aid schemes.

## 7. TERMS AND CONDITIONS

- **Contract Duration:** The contract is expected to be for an initial period of three years, with options for renewal.
- **Confidentiality:** Vendors must agree to maintain confidentiality regarding the organization's healthcare data.
- **Termination:** The organization reserves the right to terminate the agreement in the event of non-performance or breach of contract.
- **Insurance and Liability:** Vendors must provide proof of appropriate liability insurance.

Evaluation Criteria will be on a pass or fail basis, to determine whether the tender is substantially responsive and, if not, the significance of any variation from that specification.

The Council reserves the right to reject any or all proposals and is not obligated to award the contract to the lowest bidder but will select the proposal that best meets its requirements.

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## 8. SUBMISSION INSTRUCTIONS

All proposals must be submitted in a sealed envelope and deposited into the Tender Box located in the Boardroom at the following address:

Nhlangano Town Council  
P.O. Box 888  
Civic Offices,  
**Cnr. King George Str. & Ndwandwe Ave**

Nhlangano

**Not later than 12:00hrs on the 28<sup>th</sup> March, 2025** at which time the proposals will be opened in public. On the outside of the envelope shall be clearly marked:

**“Confidential”  
Tender no 09 of 2024/2025  
Proposal for Medical Aid Scheme.**

**(Not to be opened until 12:00hrs on the 28<sup>th</sup> March, 2025)**

Late submissions will not be considered. All proposals must include a signed declaration of compliance with the terms and conditions of the RFP.

### Clarification and Amendment of RFP Documents

All questions regarding this RFP must be submitted to [procurement@ntc.co.sz](mailto:procurement@ntc.co.sz). The Council will respond to clarification requests of the Tender Documents which it receives no later than 7 days prior to the deadline for submission of tenders and will send written copies of the response (including an explanation of the query but without identifying the source of inquiry to all suppliers who intend to submit proposals

At any time before the submission of proposals, the Council may, for any reason, whether at its own initiative or in response to a clarification requested by a potential Tenderer, amend the RFP. Any amendment shall be issued in writing through an addendum. Council may at its discretion extend the deadline for the submission of proposals.

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## FORM TECH: 1

### DECLARATION OF COMPLIANCE

The Medical Aid Scheme must provide a signed declaration on its company letterhead in the following format. If the Proposal is being presented by a joint venture or consortium all members must each sign their own declaration.

[»>Name of the Medical Aid Scheme, Address, and Date»>]

To: The Chief Executive Officer

Nhlangano Town Council

P.O. Box 888, Nhlangano

Dear Sirs,

**Re: Declaration of Compliance with Terms and Conditions of the Request for Proposal (RFP) for [Medical Aid Scheme Name]**

### 1. Introduction

We, [Insert Company Name], hereby submit our declaration of compliance with the terms and conditions outlined in the Request for Proposal (RFP) for the provision of Medical Aid Scheme services. By signing this declaration, we confirm our understanding and agreement to fully adhere to the specifications, requirements, and deadlines set forth in the RFP document.

### 2. Compliance with Terms and Conditions

We confirm the following:

- We have thoroughly reviewed the RFP document, including all annexes, specifications, and requirements related to the provision of medical aid services.
- We agree to provide the medical aid services as per the terms and conditions set forth in the RFP and in accordance with all applicable laws and regulations.
- We are capable of meeting all the technical, operational, and financial requirements outlined in the RFP.

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- We have submitted all requested documentation, including [insert specific documents such as proof of licensing, compliance with insurance requirements, etc.].
- We acknowledge and agree to abide by the deadline for proposal submission and all subsequent timelines, should we be selected.

### 3. Scope of Services

We confirm that our proposal aligns with the specific scope of services requested in the RFP, including but not limited to:

- [List of services, e.g., comprehensive healthcare coverage, emergency medical services, outpatient care, etc.]
- [Details on plan options, member support services, etc.]
- [Any specific customizations, if applicable]

### 4. Legal and Regulatory Compliance

We confirm that we comply with all relevant local and national regulations governing medical aid schemes, and we possess the necessary certifications, licenses, and approvals to provide these services.

### 5. Liability and Responsibilities

We understand our obligations under the RFP and agree to assume full responsibility for the provision of the medical aid services as described in our proposal. We also acknowledge that failure to comply with the terms outlined in the RFP may result in disqualification from the bidding process or termination of a contract if awarded.

### 6. Non-Compliance or Exceptions

In the event of any exceptions or inability to fully comply with any specific requirement set forth in the RFP, we have clearly outlined such exceptions in our proposal and will provide a detailed explanation for the deviations.

### 7. Conclusion

By signing below, we confirm our full commitment to comply with the terms and conditions of the RFP for the provision of the medical aid scheme services.

We trust that our submission meets your requirements and look forward to the opportunity to work with your esteemed organization.

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**Authorized Signatory**  
**[Name of Signatory]**  
**[Designation]**  
**[Signature]**  
**[Date]**

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