REQUEST FOR PROPOSAL

PROVISION OF MEDICAL INSURANCE SERVICE PROVIDER

Reference No: CCTTFA/PRL/00014

Date:14th July 2026.

INVITATION TO TENDER TIMETABLE

S/n	Activity	Date
1	Advertisement	14th July 2026
2	Questions from Suppliers due date	29th July 2026
3	Last date on which clarifications are issued by CCTTFA	31st July 2026
4	Deadline for submission of Bids	4th August 2026 at 2.00Pm
5	Bid Opening date	4th August 2026 at 2:00Pm
6	Notification of award to the successful bidder	10th August 2026
7	Contract Signature	13th August 2026

SECTION I: LETTER OF INVITATION

TENDER NAME: Request for proposals for provision of comprehensive group medical Insurance Service cover to CCTTFA Staff and their eligible dependents.

Central Corridor Transit Transport Facilitation Agency (CCTTFA) is a Multilateral Organization established in 2006 by member countries of the Republic of Burundi, the Democratic Republic of Congo, the Republic of Malawi, the Republic of Rwanda, the United Republic of Tanzania, the Republic of Uganda, and the Republic Zambia.

As part of its commitment to staff welfare and organizational effectiveness, CCTTFA is looking for a group medical insurance service provider to its employees and their eligible dependents.

The Agency, therefore, invites qualified and licensed medical insurance service providers to submit their proposals.

Interested bidders may obtain further information from the Central Corridor Transit Transport Facilitation Agency website at https://centralcorridor-ttfa.org/tenders-2/

Proposals must be submitted physically to the address below on or before 4th August 2026 at 2.00Pm. Late proposals will be rejected.

Intending Insurance firms or companies are required to submit their applications to the following address:

The Executive Secretary,

Central Corridor Transit Transport Facilitation Agency (CCTTFA),

Plot 84 Kinondon Rd. Accacia Estate,2nd Floor-Office no.202,

P.o.box 2372, Dar es Salaam, Tanzania.

SECTION II: INSTRUCTIONS TO BIDDERS

1. General

1.1 The Procuring Entity is the Central Corridor Transit Transport Facilitation Agency (CCTTFA).

1.2 The source of funds for this procurement is CCTTFA's approved budget.

1.3 The services required under this procurement are described in Section IV (Terms of Reference).

2. Eligibility

2.1 This Tender is open to all eligible local firms registered and operating in Tanzania.

3. Bidding Costs and Payment terms

3.1 Bidders shall bear all costs associate with the preparation and submission of their proposals. CCTTFA shall not be responsible for or liable for any such costs regardless of the outcome of the procurement process.

3.2 All prices shall be quoted in Tanzanian Shillings (TZS).

4. Contract period

4.1 The Contract shall be awarded for an initial period of twelve (12) months.

4.2 The Contract may be renewed to two (2) years subject to satisfactory performance and mutual agreement between the Parties.

5. Submission of Bids

5.1 The 'Technical Bid' and 'Financial Bid' shall be submitted in two separate sealed envelopes in the following manner:

- Envelope – 1: Technical Bid (Superscribed as 'Technical Bid for provision of Medical Insurance to CCTTFA)
- Envelope – 2: Financial Bid (Superscribed as 'Financial Bid for provision of Medical Insurance to CCTTFA)

5.2 Both envelopes are submitted together in one sealed envelope (super scribed as 'Bid for Provision of medical insurance service provider to CCTTFA).

5.3 The technical bids shall be evaluated by the technical committee. Only those bids that meet the minimum threshold on technical scores shall be allowed to proceed to evaluation of the financial proposal.

5.4 CCTTFA May call a bidder for presentation as part of the evaluation process. Bidder should come to this presentation at their own cost.

6. Bid Opening and Evaluation

6.1 Bids will be opened publicly in the presence of bidders' representatives who choose to attend on the date and time stated in bid datasheet.

6.2 Only the technical bids will be opened publicly. The financial bid opening will take place following evaluation of the technical bids.

6.3 During the opening the Chairperson will open technical proposal and read the Name of the bidder and number of envelopes submitted.

6.4 Evaluation will be conducted based on the criteria stipulated in Section VI.

7. CCTTFA reserves the right to;

7.1 Reject any or all responses received in response to the RFP without assigning any reason whatsoever.

7.2 Cancel the RFP / Tender at any stage, without assigning any reason whatsoever.

7.3 Waive or change any formalities, irregularities, or inconsistencies in this proposal(format and delivery), such a change / waiver would be duly and publicly notified by issuing corrigendum against the tender on CCTTFA website.

7.4 Extend the time for submission of all proposals and such an extension would be duly notified on CCTTFA website.

7.5 Select the next most responsive bidder if the first most responsive bidder evaluated for selection fails to result in an agreement within specified time frame.

7.6 Select the bidder for provision of medical insurance even if a single bid is received as response.

7.7 Share the information / clarifications provided in response to RFP by any bidder, with all other bidder(s) / others, in the same form as clarified to the bidder raising the query.

SECTION III: BID DATA SHEET (BDS)

The following data for the goods to be procured shall complement, supplement, or amend the provisions in the Invitation to bid. In case of a conflict between the Instructions to Bidders, the Data Sheet, and other annexes or references attached to the Data Sheet, the provisions in the Data Sheet shall prevail.

S/n	Item	Descriptions
1	Name of Procuring Entity	Central Corridor Transit Transport Facilitation Agency (CCTTFA)
2	Name of Assignment	RFP for Provision of Medical Insurance Cover
3	Source of Funds	CCTTFA
4	Contract Duration	12 Months.
5	Bid validity	60 days
6	Submission Deadline	4th August, 2026 at 2.00Pm
7	Opening of tender	4th August, 2026 at 2.15 Pm

8	Currency of Proposal	Tanzania Shillings
9	Evaluation of Bids.	The bids will be evaluated under quality and cost-based selection methods and will follow the following procedures. • **Preliminary evaluation**-under this bidder will be checked with commercial responsiveness. • **Technical evaluation-** The competency of the firm will be evaluated and those passed minimum threshold of 80% should be considered for financial evaluation
12	Request for clarifications	Inquiries concerning this RFP must be addressed latest by 29thJuly 2026, in order to permit timely response by CCTTFA. All inquiries shall be addressed to; procurement@centralcorridor-ttfa.org and copy ivanu@centralcorridor-ttfa.org response to inquiries will be shared with all bidders by upload it on CCTTFA website.

SECTION IV: TERMS OF REFERENCE (TOR)

1. Background

The Central Corridor Transit Transport Facilitation Agency (CCTTFA) is an intergovernmental regional organization established to facilitate efficient, reliable, safe and sustainable transit transport along the Central Corridor connecting the Republic of Burundi, Democratic Republic of Congo, Republic of Malawi, Republic of Rwanda, United Republic of Tanzania, Republic of Uganda and Republic of Zambia.

As part of its commitment to staff welfare and organizational effectiveness, CCTTFA intends to procure a comprehensive Medical Insurance Scheme for its employees and their eligible dependents. The Agency therefore invites qualified and licensed medical insurance service providers to submit proposals for the provision of comprehensive medical insurance services.

The successful Service Provider shall enter into a one-year contract, renewable subject to satisfactory performance, mutual agreement and availability of funds.

2. Objective of the Assignment

The objective of this assignment is to engage a qualified Medical Insurance Service Provider capable of delivering comprehensive, efficient and high-quality healthcare services to CCTTFA employees and their eligible dependents while ensuring value for money, excellent customer service and effective claims administration.

3. Beneficiary Population

The estimated beneficiaries are:

Category	Estimated Number
Staff & Cadet Students under CCTTFA	35
Adult Dependents	52
Child Dependents	45
Dependents Above 55 Years	8

The number of beneficiaries may increase or decrease during the contract period.

4. Scope of Work

The successful Service Provider shall provide comprehensive medical insurance services including, but not limited to, the following:

The Medical Insurance Service provider shall have at minimum the following.

i. At least Five (5) or more reputable hospitals and pharmacies per region within Tanzania and at least three (3) or more at CCTTFA Member state with inpatient and outpatient services.
ii. Have an established network of hospitals with qualified medical personnel and adequate facilities, including arrangements for emergency rescue and medical evacuation by road, air or other appropriate means of transport
iii. The Service Provider shall have road and air medical evacuation arrangements in place, including international emergency medical evacuation where medically necessary.
iv. Provide international medical referral services (including, but not limited to, India, Turkey, South Africa and Kenya) where specialized treatment is not available within CCTTFA Member States.
v. The capacity of the healthcare providers to manage a wide range of complex and specialized medical conditions shall be an essential requirement.
vi. Provide emergency and accident hospitalization cover while beneficiaries are travelling outside Tanzania.
vii. Provide transportation costs for beneficiaries referred from up-country locations for specialist treatment.
viii. Provide health education, wellness programmes and preventive health awareness for employees.
ix. Access to value-added wellness services such as gym membership or fitness programmes, where available.
x. The medical insurance cover shall be valid throughout all CCTTFA Member States (Burundi, Democratic Republic of Congo, Malawi, Rwanda, Tanzania, Uganda and Zambia)
xi. The Service Provider shall provide emergency medical insurance cover for CCTTFA staff while travelling outside their country of residence on official duty or approved travel. The cover shall include:

- Emergency outpatient and inpatient treatment abroad;
- Emergency medical evacuation to the nearest suitable medical facility;
- Repatriation following illness or injury;
- Repatriation of mortal remains where applicable;
- Emergency dental treatment arising from accidental injury;
- Twenty-four (24) hour worldwide medical assistance services;
- Direct settlement of medical bills where possible or prompt reimbursement where direct settlement is not available;
- Issuance of Travel Medical Insurance Certificates that satisfy visa application requirements for countries where proof of medical insurance is mandatory (including Schengen States and other countries with similar requirements).

Medical Benefits

The provider shall offer comprehensive medical cover comprising:

- Inpatient medical services.
- Outpatient medical services.
- Emergency treatment and ambulance services.
- Specialist consultations.
- Surgical procedures.
- Diagnostic and laboratory investigations.
- Prescription medicines.
- Maternity services.
- Dental care.
- Optical care.
- Mental health services.
- Preventive healthcare and annual medical check-ups.
- Chronic disease management.
- Medical evacuation and repatriation where applicable.
- International emergency medical assistance.
- International travel medical cover for official travel outside the beneficiary's country of residence.
- Travel medical insurance certificates for visa applications.
- Medical assistance hotline accessible worldwide.
- Telemedicine services.

Network of Healthcare Providers

The Service Provider shall:

- Maintain an extensive network of accredited hospitals, pharmacies and diagnostic centers throughout Tanzania.
- Provide access to healthcare facilities within all CCTTFA Member States (Burundi, Congo DRC, Malawi , Rwanda, Uganda, Zambia, Tanzania)

- Maintain international emergency assistance partnerships to facilitate treatment, evacuation and referrals outside CCTTFA Member States whenever medically necessary.
- Ensure continuity of medical services without unnecessary interruptions.

Claims Administration

The Service Provider shall:

- Operate an efficient cashless medical treatment system.
- Maintain electronic claims management.
- Process reimbursement claims within fourteen (14) working days after receipt of all required documentation.
- Provide transparent claims reporting.

Customer Support

The provider shall:

- Assign a dedicated Relationship Manager.
- Operate a 24-hour customer support service.
- Provide a dedicated emergency contact for international travellers requiring medical assistance
- Respond promptly to beneficiary enquiries and complaints.
- Conduct periodic awareness sessions for beneficiaries.

Reporting

The provider shall submit:

- Monthly utilization reports.
- Quarterly claims analysis reports.
- High-cost claims reports.
- Annual performance report.
- Recommendations for improving healthcare utilization and cost management.

The Service Provider shall include statistics on international travel medical cases, evacuations, overseas referrals, turnaround time for issuance of travel medical insurance certificates, and any major incidents requiring international medical assistance.

5. Expected Deliverables

The successful Service Provider shall deliver:

- Approved implementation and mobilisation plan.
- Registration of all eligible beneficiaries.

- Medical identification cards issued before commencement of services.
- Travel Medical Insurance Certificates for official international travel within one (1) working day after receiving the reque st
- Updated healthcare provider directory.
- Fully operational customer support services.
- Provide a mobile application or online portal enabling members to locate hospitals, monitor claims and access policy information
- Monthly utilisation and claims reports.
- Quarterly performance reports.
- Annual contract performance report.
- Timely settlement of eligible claims.
- Continuous advisory and relationship management services throughout the contract period.

6. Service Level Standards

The Service Provider shall ensure:

- Emergency treatment authorization within thirty (30) minutes.
- Routine outpatient treatment pre-authorizations shall be processed within fifteen (15) minutes of receipt of a complete request from an accredited healthcare provider.
- Inpatient admissions and elective procedures requiring pre-authorization shall be processed within one (1) hour of receipt of all required clinical information.
- Where additional clinical information is required, the Service Provider shall notify the healthcare provider within fifteen (15) minutes of receiving the request.
- Addition of new beneficiaries within two (2) working days.
- Removal of exited staff within two (2) working days.
- Reimbursement claims processed within fourteen (14) working days.
- Travel Medical Insurance Certificates issued within one (1) working day.
- Customer complaints acknowledged within twenty-four (24) hours and resolved within forty-eight (48) hours where practicable.

SECTION V: QUALIFICATION AND EXPERIENCE REQUIREMENTS

- Registered by the government authority in the field of insurance business.
- Minimum experience of 5 years in medical insurance business
- Submission of a company profile demonstrating clearly financial and Management strength of the organization.
- Should at least be serving more than 5 reputable organizations and value of contracts performed of USD 50,000 each for the past three years (2023, 2024 and 2025)
- List of key staff with their CVs and certified copies of academic certificates in health professional areas, at least five (5) for management decision.
- Submission of legal documents as taxpayer/ TIN registration.
- The firm should indicate the minimum period for payment of claim.
- Demonstrate experience in providing international travel medical insurance and emergency medical assistance services.

- The bidding firm should show the breakdown of the amount quoted basing on service to be provided as per their insurance policy.
- The bidding firm should clearly state all other areas which will be covered under the insurance policy to employees which will make difference from other insurance firms.

SECTION VI: EVALUATION CRITERIA

Proposals shall be evaluated in three (3) stages as follows:

a) Preliminary Evaluation;

b) Technical Evaluation; and

c) Financial Evaluation.

Only bidders who pass the Preliminary Evaluation shall proceed to the Technical Evaluation stage. Only bidders attaining the minimum qualifying Technical Score shall proceed to the Financial Evaluation stage.

1. PRELIMINARY EVALUATION

The Preliminary Evaluation shall be conducted on a pass/fail basis to determine compliance with the mandatory requirements.

The Bidder shall submit the following mandatory documents:

S/n	Criteria	Document required
1.	Proof of the Business registration	Certificate of Incorporation/Registration issued by BRELLA and Valid Business License.
2.	The firm / company should have been in existence in Tanzania for a period of at least five (5) years in Health Insurance Business as on December 31, 2025, and their licenses should be current and valid as on date.	Company Profile with the License Copies (including renewals)
3.	The Insurance companies must be registered / issued license by TIRA	Valid TIRA License
4.	The Insurance company should have serviced at least five (5) Group Health Insurance Policy, which covers a minimum of 50 lives.	Provide list and attachment of credit contract of Hospitals and at least 5 reference letters.
5.	The Insurance company should have no Tax or other statutory payment pending as on December 31, 2025	TIN/VAT Registration Certificate and Valid Tax Clearance Certificate
6.	The Insurance firm must have tie-ups with at least 50 reputed hospitals spread across Tanzania, Zambia, DRC, Malawi, Uganda, Rwanda and Burundi to provide health services to employees of CCTTFA and their dependents.	Attach List of Hospitals based on the main cities

7.	Litigation Declaration-No consistent history of court/arbitral award decisions against the Bidder for the last three years	Certificate or letter of No-Litigation signed and Signed by the Advocate of Court of Law.
8.	Evidence of at least three years' relevant experience and at least five (5) reference letters from organizations currently receiving medical insurance services.	Evidence Contracts/PO/Awards and Reference letters from organizations currently receiving medical insurance services
9.	Audited Financial Statements for the last two consecutive financial years.	Copy of Audited Financial Statements

Failure to meet any mandatory requirement shall render the proposal non-responsive.

2. TECHNICAL EVALUATION

Technical Proposals shall be evaluated out of a maximum score of seventy (80) points as follows:

Evaluation Criteria	Requirements		Points
Understanding of the TOR and proposed methodology	Clarity of Objectives & Context: Understanding of CCTTFA requirements and solution proposed (20 points).	a. 20 points-Excellent understanding b. 10 points-Basic understanding. c. 0 points-Not clear.	20
Relevant institutional experience in providing medical insurance services	Evidence of minimum 5 years in similar health insurance business. (6 points).	a. 6 points- >5 years with verifiable proof. b. 3 points- Exactly 5 years. c. 0 points- Less than 5 years or no proof.	20
	Proof of serving 10+ reputable organizations with 50+ lives per policy. (7 points)	a. 7 points Exceeds requirement with strong reference letters. b. 4 points-Meets exactly 10 orgs/50 lives. c. 0 points- Fails to meet the threshold.	
	Evidence of contract renewals indicating past client satisfaction.(7 points)	a. 7 points-Multiple renewals cited with proof. b. 4 points- Some renewals mentioned. c. 0 points- No evidence of renewals.	

Evaluation Criteria	Requirements		Points
Capacity and geographical coverage of healthcare provider network	Network across all CCTTFA Member States (TZ, ZM, DRC, MW, BI, RW, UG). (6 points)	a. 6points-Full coverage in all 7 states proven. b. 3points- Missing 1-2 states. c. 0 point-Missing 3 or more states	20
	Proof of at least 3 reputable hospitals/pharmacies *per region* in member states. (4 points)	a. 4 points- Meets/exceeds 3 per region with lists attached. b. 2 points-Partially meets requirement c. 0 points-Fails to provide lists or meet threshold.	
	Evidence of well-equipped facilities, competent personnel, and capacity to handle notable diseases.(5points)	a. 5 points-Detailed profiles of top-tier hospitals provided. b. 3 points- Generic list of hospitals with no details. c. 0 points- No evidence provided.	
	Road/Air evacuation setup and international referral pathways with specific zones/costs. (5 points)	a. 5points-Clear, costed matrix for air/road evacuation and international referrals. b. 3 points-Vague mention but no costs/zones. c. 0 points- Not addressed.	
Comprehensiveness of medical benefits and value-added services	Inclusion of all 15 mandated covers (Inpatient, outpatient, maternity, mental health, telemedicine, etc.). (5 points)	a. 5points- All 15 explicitly listed and covered. b. 3 points-Missing 1-2 minor items. c. 0 points-Missing major items (e.g., maternity, chronic).	15
	Value-Added Services: Health tips/education, Gym access (in operating locations).(3 points)	a. 3 points- Both clearly offered. b. 1 points- One offered. c. 0 point- None offered.	
	Extra benefits offered that give them an edge over competitors.(2 points)	a. 2 points- Highly innovative/valuable extras. b. 1points- Standard extras. c. 0 point- No differentiators.	
Qualifications and experience of key personnel and account management team	Team Composition: CVs and certified academic certs for the minimum five (5) key management staff. (4 points)	a. 4 points -All 5 provided with certified health-related credentials. b. 2 points-Provided but lacking certifications or health backgrounds. c. 0 points-Less than 5 provided.	10
	Relevant Background: Experience of key staff specifically in health insurance management. (3 points)	a. 3 points-Highly experienced (5+ years each). b. 1points-Moderate experience. c. 0 points-No relevant experience.	
	Dedicated Relationship Manager: Clear identification and experience of the specific account manager. (3 points)	a. 3 points-Named, CV attached, strong account management background. b. 1 point- Named but weak profile.	

Evaluation Criteria	Requirements		Points
		c. 0 points- Not designated.	
Claims administration system, reporting capability and customer support	% of Claims settled by number to claims lodged (under Group Health Policies only) (5 points)	a. 5 points for more than 95% b. 3 points more than 85% to 95% c. 2 points for more than 75% to 85% d. 1 points -up to 75%	15
	% of Claims settled by amount to claims lodged (under Group Health Policies only) (5 points)	a. 5 points for more than 95% b. 3 points more than 85% to 95% c. 2 points for more than 75% to 85% d. 1 points -up to 75%	
	Ability to deliver Monthly, Quarterly, High-cost, and Annual reports, plus cost-management advice (5 points)	a. 5 points- Detailed report templates provided and proactive advisory role defined. b. 3point Basic commitment to report. c. 0 point-No reporting framework	
Total			**100**

Minimum Technical Qualifying Score

Technical Proposals shall be evaluated out of a maximum score of one hundred (100) points as follows:

Technical Proposal	80
Financial Proposal	20
Total	**100**

Minimum Technical Qualifying Score Only bidders obtaining a minimum Technical Score of eighty (80) points out of one hundred (100) points, equivalent to eighty percent (80%), shall qualify for Financial Evaluation."

3. FINANCIAL EVALUATION (WEIGHT 20%)

The Financial Proposal shall be evaluated only for bidders who attain the minimum qualifying Technical Score.

The evaluated price shall be the Total Amount Inclusive of Taxes as quoted in the Financial Proposal.

The bidder with the lowest evaluated financial proposal shall receive a Financial Score of one hundred (100) points.

The Financial Score (Sf) for all other bidders shall be calculated using the following formula:

$Sf = 100 \times (Fm / F)$

Where:

Sf = Financial Score of the proposal under consideration

Fm = Lowest evaluated financial proposal among technically qualified bidders

F = Evaluated price of the proposal under consideration

The weighted Financial Score shall be calculated as follows:

$Sfw = Sf \times 20\%$

Where:

Sfw = Weighted Financial Score

4. COMBINED TECHNICAL AND FINANCIAL EVALUATION

The final ranking of proposals shall be based on a combined Technical and Financial Score using the following weights:

- Technical Proposal: 80%
- Financial Proposal: 20%

The weighted Technical Score shall be calculated as follows:

$Stw = St \times 80\%$

Where:

Stw = Weighted Technical Score

St = Technical Score obtained by the bidder

The Final Combined Score shall be calculated as follows:

$S = Stw + Sfw$

Where:

S = Final Combined Score

Stw = Weighted Technical Score

Sfw = Weighted Financial Score

The bidder obtaining the highest Final Combined Score shall be ranked first and recommended for award of the Contract.

Tie-Breaking

In the event that two or more bidders obtain the same Final Combined Score, the bidder with the higher Technical Score shall be ranked higher.

Where both the Final Combined Score and Technical Score are equal, the bidder with the lower evaluated financial proposal shall be ranked higher.

SECTION VII: PROPOSAL SUBMISSION REQUIREMENTS

A. Technical Proposal

The Technical Proposal shall contain sufficient information to demonstrate the bidder's capability and experience in providing medical insurance services in accordance with the requirements of this Request for Proposal. The Technical Proposal shall include, but not be limited to, the following:

1. **Bid submission form** as per section IX .
2. **Company Profile**
3. **Legal and Statutory Documents**
    - Certificate of Incorporation/Registration.
    - Valid Business Licence.
    - Valid TIRA Licence.
    - TIN/VAT Registration Certificate.
    - Valid Tax Clearance Certificate.
    - Litigation Declaration.
4. **Technical Response**
    - Description of the proposed methodology and implementation approach.
    - Demonstration of compliance with all requirements contained in the TOR.
    - Filled and signed pre request questionnaire (PSQ) as per form 2 on Section IX.
5. **Relevant Experience**
    - List of similar assignments undertaken during the last five years.
    - Evidence of contracts.
    - Reference letters.
    - Evidence of contract renewals, where applicable.
6. **Healthcare Provider Network**
    - List of accredited hospitals, pharmacies, laboratories and diagnostic centres.
    - Proof of Coverage by region and CCTTFA Member State.(Burundi,Congo DRC,Malawi,Rwanda,Zambia and Tanzania)
    - International referral and emergency evacuation arrangements.
7. **Key Personnel**

- Organizational chart.
- CVs of key personnel.
- Certified academic and professional certificates.
- Details of the proposed Relationship Manager.

8. **Claims Administration and Customer Support**
   - Claims management procedures.
   - Customer service arrangements.
   - Reporting framework.
   - Service Level Agreement (SLA) compliance.
9. **Supporting Documents**
   - Audited financial statements for the last two financial years, refence letters, contracts etc.
   - Any additional other documents supporting the proposal.

B. Financial Proposal

The Financial Proposal shall be submitted separately and shall include only financial information.

The proposal shall contain:

1. A completed Price Schedule in the format provided in **Annex 1**.
2. Premium rates for:
   - Staff
   - Adult dependants
   - Child dependants
   - Dependants above 55 years (where applicable)
3. Total annual premium.
4. Applicable taxes (VAT and any other taxes).
5. Detailed cost breakdown for each benefit category.
6. Cost of any optional or value-added services.
7. Benefit limits corresponding to the proposed pricing.
8. Payment terms.
9. Validity period of the financial proposal (minimum of **60 days** from the submission deadline).
10. Any exclusions, limitations or conditions applicable to the proposed insurance cover.

SECTION VIII: SCHEDULE OF THE REQUIREMENTS

Price Schedule Format

- All prices/rates quoted must be in Tanzania Shillings.
- The Price Schedule must provide a detailed cost breakdown.
- The format shown on the following pages should be used in preparing the price schedule. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples.
- The service provider/vendor is required to provide only one best price option based on the list of the proposed services below but should not be limited to only those services listed. He/she is allowed to add any service thought to be vital and that will add a competitive advantage over competitors for the award.
- The service provider is also required to state clearly the value of each service which sum up to the total value quoted and is required to state any exclusion or limitation which will be applicable.

BENEFITS PRICE SCHEDULE

Description	Medical Benefits Limits
Geographical Location	East Africa includes DRC, Burundi,Malawi,Zambia,Uganda,Rwanda and Tanzania Plus India,Turkey on referral
BENEFITS	
IN-PATIENT & DAYCARE TREATMENT	**(Minimum of TZS 150,000,000)**
In-hospital accommodation, specialists, theatre, ward and medicines	
Bed limit	TZS 600,000
Overseas referral treatment not available locally, where a member is referred for further medical attention, all medical costs including transport and living expenses of beneficiaries and assistant shall be met	East Africa ,India ,Turkey
Elective Foreign Inpatient Treatment	
Accidents & Emergency, Intensive Care & Theatre Costs	
Nursing Fees, medical expenses & charges	
Surgeons, Anesthetists, Physicians fees	
Prescribed medicines and drugs	
X-rays	
MRI and CT scans	
Home nursing up to 30 days from discharge	

Pathology, diagnostic tests & procedures	
External medical appliance;including but not limited to hering aids,nubulizers,crutches & wheelchairs	TZS 2,000,000
Radiology, radiotherapy & chemotherapy	
Cancer Treatment (Oncology tests, drugs & consultation fees)	
Organ transplant	
Kidney Dialysis	

Description	Medical Benefits Limits
Pre-existing and chronic illness	**(Minimum of TZS 40,000,000)**
ICU and Critical Care Wards within (OAL)	
Day surgical operations	
Neonatal Care (Incubator, phototherapy, congenital conditions, pre-maturity) after 1-year continuous cover (within OAL)	
Physiotherapy	
Care for accompanying admitted dependent/principal/spouse	
Psychiatric treatment (within OAL)	
External Medical Appliances	
OUT-PATIENT (OP) TREATMENT	**Minimum of TZS 3,000,000**
Primary consultations and treatment to include medical practioners' fees, prescribed medicines, drugs and dressings.	
Chronic Medication	**Minimum of 3,000,000**
Radiology, MRI and CT scans	
Pathology, X Rays Diagnostic tests and procedures	
Specialist consultations and treatment to include medical practioners' fees, prescribed medicines, drugs and dressings.	
Medication for Outpatient chronic illness	
Physiotherapy	
INTERNATIONAL REFERRAL BENEFITS	
Overseas referral (treatment not available locally)	Covered East Africa, India and Turkey

Where a member is referred for further medical attention all medical cost including transport and living expenses of beneficiaries and assistant shall be met by the insurance company	
Elective foreign in-patient treatment	
Repatriation of remains following an international referral	Minimum of 5,000,000
MATERNITY COVER	
Normal and Caesarean Section delivery including Newborn Care (within OAL)	**Minimum of TZS 8,000,000**
OPTOMETRY: OUTPATIENT	
Overall Annual Limit	**(Minimum of TZS 1,000,000)**
Optical services and ophthalmological services	
DENTAL TREATMENT: OUTPATIENT	
Overall Annual Limit	**(Minimum of TZS 1,000,000)**
Consultation, simple extractions, difficult extractions, fillings (temporary, permanent, amalgam, composite GIC). Scaling and polishing, gum surgery, root canal treatment, pulpotomy & minor oral surgery	
RESCUE AND EVACUATION	
Emergency Rescue Services	
Medical Evacuation	
Description	**Medical Benefits Limits**
Local Emergency Road ambulance: Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate medical facility.	
Local Emergency Evacuation: The transportation costs of a member from a medical facility where it is considered the care is inadequate to another medical facility.	
OTHER BENEFITS	
Funeral expenses cover (Staff and dependents)	**Minimum of TZS 1,000,000**

Annual Medical Check up	**TZS 300,000**
Health Education	
Lifestyle cover (circumcision ,Family planning, contraceptives)	**TZS 300,000**
Hepatitis B vaccination	
Telephone wellness program	
Covid 19	
Chronic medication delivery programme	

Price Schedule Summary

Member Type	Number of Member	Cost per Member	Total Premium
Staff			
Spouse			
Children			
Sub-total (VAT exclusive)			
VAT (18%)			
Grand Total			

SECTION IX: FORMS

FORM 1: Bid submission form

Date: _____

To:

The Executive Secretary

Central Corridor Transit Transport Facilitation Agency (CCTTFA)

P.O. Box 2372

Dar es Salaam, Tanzania

Subject: Bid for Provision of medical insurance to CCTTFA

We, the undersigned, hereby submit our Bid for the Provision of medical insurance covers to the Central Corridor Transit Transport Facilitation Agency (CCTTFA) in accordance with the requirements specified in this Request for Proposal (RFP).

Having examined the RFP documents and fully understood the scope of services, we offer to provide the required services in conformity with the Terms of Reference, Conditions of Contract, and all requirements of the RFP for the following prices:

Total Bid Price (Exclusive of Taxes):

TZS _____

(Amount in words: _____)

Total Bid Price (Inclusive of Taxes):

TZS _____

(Amount in words: _____)

We undertake to commence and complete the services within the timelines specified in our proposal and to maintain the validity of this Bid for a period of sixty (60) days from the deadline for submission of bids.

We hereby confirm that:

a) We have carefully examined and understood all the requirements of the RFP;

b) We accept all terms and conditions contained in the RFP ,

c) Our Bid is genuine and has been prepared independently without collusion, consultation, communication, or agreement with any other bidder;

d) We are not participating in this procurement process under any other bid, whether directly or through a related entity;

e) All information and supporting documents submitted as part of our proposal are true and correct;

f) We agree that this Bid, together with your written acceptance thereof, shall constitute a binding Contract between us.

We understand that CCTTFA is not bound to accept the lowest-priced proposal or any proposal received.

Authorized Representative

Name: _____

Position/Title: _____

Signature: _____

Date: _____

For and on behalf of:

Name of Firm: _____

Physical Address: _____

Postal Address: _____

Telephone: _____

Email: _____

Company Stamp:

FORM 2: BIDDER'S INFORMATION SHEET

A. BIDDER'S UNDERTAKINGS

We hereby undertake:

a) To keep this Bid valid for a period of sixty (60) days from the submission deadline;

b) To provide the services in accordance with the requirements of RFP No. CCTTFA/2026-2027/PRF/00014

c) To comply with all applicable laws and regulations of the United Republic of Tanzania;

d) To provide all services in accordance with the Service Level Agreement (SLA) submitted as part of our proposal.

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

Company Stamp:

FORM 3. Pre-Selection Questionnaire (PSQ) Forms

Pre-Selection Questionnaire (PSQ)

1. Supplier information

1.1 Supplier details	Answer
Business category	

Full name of the Supplier completing the PSQ, as per registration documents			
Registered company physical address			
Registered company number			
Please mark 'X' in the relevant box to indicate your trading status	i) a public limited company	☐ Yes	☐ No ☐ N/A
	ii) a limited company	☐ Yes	☐ No ☐ N/A
	iii) a limited liability partnership	☐ Yes	☐ No ☐ N/A
	iv) other partnership	☐ Yes	☐ No ☐ N/A
	v) sole trader	☐ Yes	☐ No ☐ N/A
	vi) other (please specify)	☐ Yes	☐ No ☐ N/A

1.2 Contact details	
Supplier contact details for enquiries about this PSQ	
Name	
Title	
Physical address	
District	
Office Phone	
Mobile Phone	
E-mail Address	
1.3 Licensing and registration (please mark 'X' in the relevant box)	

1.3.1	Registration with a professional body If applicable, is your business registered with the appropriate trade or professional register(s) in the respective line ministry.	☐ Yes ☐ No ☐ N/A If Yes, please select institution(s) that you have registered …… …….

Mandatory documents to be submitted:

1. Company profile illustrating structure and history of the company.
2. Proof of the Business registration
3. The firm / company should have been in existence in Tanzania for a period of at least five (5) years in Health Insurance Business as on December 31, 2025, and their licenses should be current and valid as on date.
4. The Insurance companies must be registered / issued license by TIRA
5. The Insurance company should have serviced at least five (5) Group Health Insurance Policy, which covers a minimum of 50 lives.
6. The Insurance company should have no Tax or other statutory payment pending as on December 31, 2025
7. The Insurance firm must have tie-ups with at least 50 reputed hospitals in Tanzania, Zambia, DRC, Malawi, Uganda, Rwanda and Burundi to provide health services to employees of CCTTFA and their dependents.
8. Litigation Declaration-No consistent history of court/arbitral award decisions against the Bidder for the last three years
9. Evidence of at least three years' relevant experience and at least five (5) reference letters from organizations currently receiving medical insurance services.
10. Audited Financial Statements for the last two consecutive financial years.

3. Grounds for discretionary exclusion

3.1 Within the past three years, please indicate if any of the following situations have applied, or currently apply, to your organization.	**Please indicate your answer by marking 'X' in the relevant box.**	
	Yes	**No**
(a) your organization is bankrupt or is the subject of insolvency or winding-up proceedings, where your assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State;		

(b) your organization is guilty of grave professional misconduct, which renders its integrity questionable;		
(c) your organization has entered into agreements with other economic operators aimed at distorting competition;		
(d) your organization has shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions;		
(e) your organization— (i) has been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria; or		
(ii)has withheld such information or is not able to submit supporting documents required		
(iii) your organization has undertaken to		
(aa)unduly influence the decision-making process of the contracting authority, or		
(bb)obtain confidential information that may confer upon your organization undue advantages in the procurement procedure; or		
(g)your organization has negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award.		

Taking Account of Bidders' Past Performance

The authority may assess the past performance of a Supplier (through a Confirmation provided by other companies, customer or other means of evidence). CCTTFA may consider any failure to discharge obligations under the previous principal relevant contracts of the Supplier completing this PSQ. CCTTFA may also assess whether specified minimum standards for reliability for such contracts are met.

In addition, CCTTFA may re-assess reliability based on past performance at key stages in the procurement process (i.e. supplier selection, tender evaluation, contract award stage etc.). Suppliers may also be asked to update the evidence they provide in this section to reflect more recent performance on new or existing contracts (or to confirm that nothing has changed).

4. Economic and Financial Standing

<table>
<tr><td></td><td colspan="2">FINANCIAL INFORMATION</td></tr>
<tr><td>4.1</td><td colspan="2">The Procurement Evaluation committee will carry out an independent financial check on all suppliers as deemed necessary. Please check off which of the following you have provided to evidence your organization having the required financial strength by ticking the appropriate box(es). Please attach to the application submission.</td></tr>
<tr><td></td><td>(a) A copy of the audited accounts for the most recent two years (if available)</td><td>☐ Yes
☐ No
☐ N/A</td></tr>
<tr><td></td><td>(b) A copy of bank statement for the last six months</td><td>☐ Yes
☐ No
☐ N/A</td></tr>
<tr><td></td><td>(c) Alternative means of demonstrating financial status if any of the above are not available (e.g. Forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).

<u>Please specify:</u> _____</td><td>☐ Yes
☐ No
☐ N/A</td></tr>
<tr><td>4.2</td><td>(a) Are you part of a wider group (e.g. a subsidiary of a holding/parent company)?
If yes, please provide the name below:
<table><tr><td>Name of the organization</td><td></td></tr><tr><td>Legal relationship to the Supplier completing the PSQ</td><td></td></tr></table>If yes, please provide ultimate / parent company accounts if available.</td><td>☐ Yes
☐ No
☐ N/A</td></tr>
</table>

	If yes, would the ultimate / parent company be willing to provide a guarantee if necessary? If no, would you be able to obtain a guarantee elsewhere (e.g from a bank?	☐ Yes ☐ No ☐ N/A

5. Technical and Professional Ability

5.1		**Relevant experience and contract reference**				
		Please provide details of up to <u>five</u> contracts, in any combination from either the public or private sector (esp. International NGO's, Reginal organization) that are relevant to the authority's requirement. Contracts for suppliers or services should have been performed during the past <u>five</u> years, ***<u>and be attached to the application submission</u>***. The named customer contact provided should be prepared to provide written evidence to the procurement committee to confirm the accuracy of the information provided below.				
		Contract 1	Contract 2	Contract 3	Contract 4	Contract 5
5.1.1	Name of organization					
5.1.2	Point of contact Position E-mail address					

	Telephone number					
5.1.3	Contract start date Contract completion date Contract value					
5.1.4	Demonstrate your experience and institutional capacity in providing comprehensive group medical insurance services similar to those required by CCTTFA. *The response should include:* • Experience in providing group medical insurance. • List of current and previous corporate clients. • Number of lives covered under each scheme. • At least 5 Reference letters from reputable Organisation • Evidence of contract renewals. • Experience in serving regional and international organizations. • Experience in international travel medical insurance and emergency assistance. • Organizational structure. • Qualifications and experience of key personnel, including the proposed Relationship Manager.					Attached evidence and mention page no and name of evidence here
5.1.5	Describe your healthcare delivery network and explain how you will ensure uninterrupted access to quality medical services for CCTTFA beneficiaries within all Member States and internationally. *The response should include:* • List of accredited hospitals, pharmacies and diagnostic centres by country and region. (Within Burundi,Congo DRC,Malawi,Rwanda,Uganda,Zambia and Tanzania) • Compliance with the minimum network requirements specified in the TOR. • Emergence and International referral arrangements. • Travel medical insurance arrangements. • Capacity of healthcare providers to manage specialized and complex medical conditions. • Continuity of care arrangements.					Attached evidence and mention page no and name of evidence here

5.1.6	**Explain your proposed medical insurance benefits package and demonstrate how it meets or exceeds the requirements specified in the Terms of Reference.** *The response should include:* • Detailed schedule of benefits and benefit limits. • Inpatient services. • Outpatient services. • Maternity. • Dental. • Optical. • Mental health. • Chronic disease management. • Oncology. • Organ transplant. • Dialysis. • Medical evacuation. • International travel cover. • Preventive healthcare. • Telemedicine. • Wellness programmes. • Annual medical check-ups. • Health education programmes. • Any additional value-added services. Such gymetc • Exclusions and limitations.	Attached evidence and mention page no and name of evidence here

<table>
<tr>
<td>5.1.7</td>
<td>Describe your claims administration system, customer support arrangements, reporting capability, and your approach to meeting the required service levels under this contract.

The response should include:

• Claims management process

<table>
<tr><td>Total number of claims lodged during FY 2025 under Group Health Policies handled by you</td></tr>
<tr><td>Total Amount of claims lodged during FY 2025 under Group Health Policies handled by you.</td></tr>
<tr><td>Total number of claims settled during FY 2025 under Group Health Policies handled by you.</td></tr>
<tr><td>Total amount of claims settled during FY 2025 under Group Health Policies handled by you.</td></tr>
<tr><td>Percentage of claims settled to claims lodged (number wise as well as amount wise) during FY 2025 under Group Health Polices handled by you.</td></tr>
</table>
</td>
<td>Attach evidence and mention page no and name of evidence here</td>
</tr>
<tr>
<td>5.1.10</td>
<td>Submit at least five (5) recommendation letters from organizations for work done of a similar size and scope. These should be on company letterhead and signed and/or stamped by authorized employee.</td>
<td>Attached evidence and mention page no and name of evidence here</td>
</tr>
<tr>
<td>5.1.11</td>
<td>Does your company Insurance cover operate to hospital or have a contract with hospital, dispensaries Pharmacies etc to CCTTFA member in Burundi, Rwanda, Uganda, Congo DRC, Malawi, Zambia and Tanzania? If YES, please provide list with proof contract of at least 3 contract of hospitals in major cities. If NO how can you arrange and insure CCTTFA Member being covered in area you do not operate.</td>
<td>Attached evidence and mention page no and name of evidence here</td>
</tr>
</table>

6. Declaration

I declare that to the best of my knowledge the answers submitted to these questions are correct.

I understand that the information will be used in the selection process to assess my organization's suitability to be invited to participate further in this procurement, and I am signing on behalf of.....

(**Insert name of supplier**)

I understand that the authority may reject my submission if there is a failure to answer all relevant questions fully or if I provide false/misleading information. I have provided a full list of any Appendices used to provide additional information in response to questions.

I also declare that there is no conflict of interest in relation to the authority's requirement.

PSQ COMPLETED BY	
Name	
Role/Title in organization	
Date	
Signature	

End of Tender Document