**Stage 1**

**Please fill in and submit with your proposal**

General Information

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Parent Company – Re-insurer if Applicable) |  |

**Mandatory Technical Requirements:**

|  |  |  |
| --- | --- | --- |
| ‘’Mandatory Technical Requirements’’ will be considered on a Pass or Fail basis – i.e. failure to comply with any of these points will disqualify the bidder for Stage 2 evaluation. | YES | NO |
| 1. Worldwide coverage
 |  |  |
| 1. Comprehensive Management Information Reporting and SLA to be provided ( SLA definition under Section 2 item l).
 |  |  |
| 1. Recognized insurance certification for visa purposes, e.g. Europe
 |  |  |
| 1. Medical History Disregarded / No Individual Medical Underwriting
 |  |  |
| 1. Cover eligible family members \* who are not residing in the same location as the principal with no premium loading

 \*As per IRENA definition in the last page of the RFP |  |  |
| 1. Full Compliance with IRENA’s enclosed Schedule of Benefits with no deviation.
 |  |  |
| 1. Inclusion of individual option for separated staff of continuation of medical insurance up to 24 months under the group plan (not an extended benefit) at the same premium rates applicable while active. ( can be of any category ).
 |  |  |

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Contact Details:

Date