



International Organization for Migration (IOM)
The UN Migration Agency

Worldwide Insurance Programme

Bidder Forms and Response Template for an
Expression of Interest (EOI)

Submitted by:

Company Name

Company Address

Point(s) of Contact and Contact Information

Table of Contents

1	INSTRUCTIONS	3
2	PROSPECTIVE BIDDER COVER LETTER AND INTENTION TO BID	4
3	INSURANCE PROVIDER CHARACTERISTICS	5
4	INSURANCE PROGRAMME SOLUTION	6

1 Instructions

This document provides a set of forms to be completed by prospective suppliers (or “insurance provider”) to indicate their interest in participating in IOM’s upcoming Worldwide Insurance Programme Request for Proposal (RFP) and their agreement to provide information to IOM for determination of prospective supplier’s eligibility to participate in the RFP process.

The eligibility criteria define the minimum requirements to the prospective supplier and the solution scope that IOM believes to define the best fit for its insurance coverage needs.

IOM requests that respondents complete this document template as follows:

- Cover page: please update the **yellow-highlighted text** with your company information and point(s) of contact information.
- Prospective Bidder Cover Letter and Intention to Bid: Please provide an introductory cover letter (at maximum one-page), that is signed by an authorized representative, and indicates your intention regarding participation in the RFP process. Areas to modify are highlighted in **yellow**.
- Insurance Provider Characteristics: Please answer all questions (A-1 through A-9) in this section in the column “Compliance Response”. Please do not modify any other parts of this table. The goal of these responses is to confirm that the prospective insurance provider has the resources and experience to provide and sustain a suitable insurance programme solution for IOM.
- Insurance Programme Solution: Please answer all questions (B-1 through B-9) in this section in the column “Compliance Response”. Please do not modify any other parts of this table. The goal of these responses is to confirm that the prospective solutions’ scope offered by the insurance provider covers the mandatory and potentially optional requirements identified, as indicated in the relevant table.

2 Prospective Bidder Cover Letter and Intention to Bid

Date, Place

Introductory Letter

We confirm that we **will / will not** participate in the IOM Worldwide Insurance Programme RFP process.

Signature

Name

Title

Contact

3 Insurance Provider Characteristics

Please note: The pre-qualification questions in this section apply to the insurance provider.

Please update only the column denoted by “Compliance Response” of the following table, responding with quantities where “(number)” has been indicated; or with alphanumeric characters where “(string)” has been indicated; or one of choices “Yes/No” where indicated. If for a quantitative response numbers are not readily available, please provide a conservative approximation.

Ref.	Requirement	Acceptable Characteristics	Compliance Response
A-1	Solvency ratio under the relevant solvency regime of the contracting entity over each of the last 3 years (2018, 2019 and 2020)	>150%	2018: (number) 2019: (number) 2020: (number)
A-2	Credit rating	>A (or equivalent rating by another recognized agency)	(string)
A-3	No (major) requirements exist by the corresponding supervisory authority (regulator) to further strengthen the financial resilience of the company (e.g. reserving)	Yes	Yes/No
A-4	No pending legal requirements regarding financial strength by the supervisory financial authority	Yes	Yes/No
A-5	At least 10 years of experience in offering comparable insurance covers	Yes	Yes/No
A-6	At least two other contracts in place during the last 3 to 5 years comparable to the IOM group health insurance, i.e. insurance benefits paid between CHF 35 and 50 million for approximately 20,000 insured members.	Yes	Yes/No
A-7	The company has a total (gross) premium volume of at least CHF 1'000 million.	Yes	Yes/No
A-8	US-based coverage for group health insurance (Lot 1 – USA).	Yes	Yes/No
A-9	The company is approved e.g. insurance licenses in all relevant insurance branches, e.g. health, accident, obtained by the supervisory financial authority domiciled in the United States by its national authority to perform insurance operations.	Yes	Yes/No

4 Insurance Programme Solution

This section describes some minimum requirements for the future insurance programme solution.

Please update only the column “Compliance Response” of the following table with “Yes” for fully compliant or “No” where not fully compliant with the Acceptable Characteristics. If “No”, please briefly explain any deviations in the column “Compliance Response”.

Ref.	Requirement	Compliance Response
B-1	No medical checks on existing employees shall be performed.	
B-2	The insurer is flexible to IOM’s requirements.	
B-3	A profit-sharing scheme shall exist and be explained. The profit sharing is settled at least after 3 years (profit sharing cycle) or at time of termination of the contract, if earlier.	
B-4	Provision of technical solution for interaction with IOM for case and claims management (no outsourcing to third parties) and responsiveness of the company within 24 hours in case of claims incurred.	
B-5	Able to provide internationally accepted insurance certificates to insureds when required in the IOM’s insured official languages.	
B-6	Flexibility to follow IOM’s reimbursement procedures and Service Level Agreement methodology.	
B-7	Handling of premium collection by the insurer and quarterly premium payment frequency.	
B-8	Insurance program awarded for a period of three years.	
B-9	Certification of quality management for claims handling process.	