| Welthungerhilfe WELT | | | | | | | | | |
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| I | GPS Points | 10-160-23 | | - | | | | de | |
| 1 | GF5 Follis | | | L -mail: | procurement | .iiberia@ | welthungerhilfe | .de | |
| | To: | All Elig | ible Suppliers | /Vendors | | | | | |
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| Email: | | | | | | | | | |
| | Eillail. | | | | | | | | |
| PLEASE | C QUOTE FOR THE | SUPPLY OF THE FOLLOWING, (Reques | t to Tender for t all projects | | TA for Staffs' Gi | roup Life & | Medical Insuranc | e coverage for | |
| | Tubm | an Boulevard, Fish market, Sinkor, | Montserrado | County, Mon | ovia, Liberia | | | | |
| (Enter delivery address if delivery is required) On or before Monday, March 31, 2025 | | | | | | | | | |
| | (Enter a date if you i | need the goods to be ready for collection or de | elivered in a given | timeframe) | | | | | |
| | | IN ACCORDANCE WITH | - | | FED HEREU | NDER | | | |
| | | | | | | | nrovia, 10th Fe | bruarv 2025 | |
| T T | Welthungerhilfe wa | s established in 1962. It is today one of th | ne largest private | e organizations w | orking in the are | | | | |
| | Welthungerhilfe was established in 1962. It is today one of the largest private organizations working in the area of development cooperation and humanitarian aid in Germany. Non-profit-seeking, non-partisan and non-denominational. Donations from the population at large fund our work in Africa, | | | | | | | | |
| | | In addition, Welthungerhilfe receives gr | | | | | 0 | | |
| | | United Nations and | | | | I | , , | , | |
| | | Today Welthungerh | • | | | | | | |
| N0. | QUANTITY | DESCRIPTION | | SPECIFICAT | ΓIONS | | Bid or offer received without | | |
| 1 | 10 Martha | Group-Term Medical Insurance | LTA for Group-Term Medical Insurance Coverage | | | valid tax clearance and | | | |
| 1. | 12 Months | Coverage | for all project staffs' for a minimum period of 1-year. | | | | | | |
| | | | LTA for Group-Life Assurance Coverage for a | | | considered non-responsive | | | |
| 2. 12 Months | | Group-Life Assurance Coverage | project staffs' for a mimimum period of 1-ye | | | | | - | |
| | | Selection Criteria: | | | | | | | |
| | | Submit technical and financial offer each staff + 2-Dependents (Spouse & Child or 2-Children) | | | | | | | |
| | | Submit Article of Incorporation and past performance records | | | | | | | |
| | | Submit detail profile and prove from a recognized Re-Insurer entity | | | | | | | |
| | | | 1/(* * 1 1 * | | Submit timeline for settlement of medical/inancial claims Submit detail list of prefered health facility for the 15 counties | | | | |
| | | Submit timeline for settlement of medic | 1 | | | | | | |
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