|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part 1 | Representative Identification | | |  |
|  | Representative Name | | |  |
|  | Last Name | Given Name | Middle Name |  |
|  |  |  |  |  |
|  | Identification Number (Federal Id with Photo) | E-mail Address | |  |
|  |  |  | |  |
|  | Phone Number | Fax Number | |  |
|  |  |  | |  |
|  | Company's Name |  | |  |
|  |  | | |  |
|  | | | | |

The company mentioned above, makes a proposal to be judged based on the **LOWEST GLOBAL PRICE**, for the services of Health Insurance coverage, with a Preferred Provider Organization (PPO), in a co-pay basis, providing medical, vision and dental coverages, for a contractual period of 12 months, with the possibility of extensions up to an aggregate 60 months, in accordance with the terms, quantities, price limits and other applicable requirements established in the BASIC PROJECT No. 003/ADM/2021.

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| Part 2 | Statements | Initial of the representative |  |
| 1- | The amount presented as an ESTIMATED AMOUNT does not indicate any future commitment by BACW and was obtained from estimated values.  The service quoted shall include all costs arising from the performance of the services, whether direct or indirect, including but not limited to what is described below: all inputs such as fees and/or taxes, social contributions, duties and taxes, and all other fees necessary for full compliance with the object of the INVITATION, in accordance with the Basic Project. | (place initial) |  |
| 2- | We hereby acknowledge the content of INVITATION TO BID and its Annexes, fully and irrevocably accepting its terms and requirements, as well as all relevant legislation.  This price proposal shall be valid for **60 (sixty) days** starting on the date on which proposals are opened, after which time it shall be subject to confirmation by our Company. | (place initial) |  |
| 3- | The company declares that it will meet all of the requirements listed in the Bid Announcement and Basic Project, Annex I of the Republishing of the Invitation for Bid **211258/CABW/2021.** | (place initial) |  |
| 4- | Due to the nature of the military and the mobility of its employees, it may occur inclusions/exclusions of beneficiaries during the period of the policy, which will result in quantities changes and will be promptly reported to the CONTRACTED PARTY, in order to make it possible to update the coverages and the resulting Invoice | (place initial) |  |
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| Part 3 | Price Proposal | | | | | | | |
|  | UNIT PRICES | **Type** | | **Employee Tier** | | | |  |
|  | Medical | Vision | Dental | Total |  |
|  | A2/A1 Visa Holders | | $ | $ | $ | $ |  |
|  | U.S. Citizens / Green-Card Holders | | $ | $ | $ | $ |  |
|  |  | | | | | |  |
|  | **Type** | | **Employee & Spouse Tier** | | | |  |
|  | Medical | Vision | Dental | Total |  |
|  | A2/A1 Visa Holders | | $ | $ | $ | $ |  |
|  | U.S. Citizens / Green-Card Holders | | $ | $ | $ | $ |  |
|  |  | | | | | |  |
|  | **Type** | | **Employee & Child (children) Tier** | | | |  |
|  | Medical | Vision | Dental | Total |  |
|  | A2/A1 Visa Holders | | $ | $ | $ | $ |  |
|  | U.S. Citizens / Green-Card Holders | | $ | $ | $ | $ |  |
|  |  | | | | | |  |
|  | **Type** | | **Family Tier** | | | |  |
|  | Medical | Vision | Dental | Total |  |
|  | A2/A1 Visa Holders | | $ | $ | $ | $ |  |
|  | U.S. Citizens / Green-Card Holders | | $ | $ | $ | $ |  |
|  |  | | | | | |  |
|  |  |  | |  |  |  |  |  |
|  | GLOBAL PRICE\* | | | $ | | | |  |
|  |  |  | | | | | |  |
|  | \*The GLOBAL PRICE shall be achieved considering the UNIT PRICES presented above and the *census* provided in the BASIC PROJECT, Clause 6.1, Annex I of the IFB, in annually basis.  - All prices must be presented in U.S. American Dollars. | | | | | | |  |
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| Part 4 | Bank Information for the INSURANCE COMPANY | |  |
|  | Bank Name: | |  |
|  |  | |  |
|  | Branch: | Checking Account: |  |
|  |  |  |  |
|  | Other: | |  |
|  |  | |  |
|  |  | |  |
|  | * All payments regarding the INSURANCE POLICY shall be made directly to the insurance company. * No commissions or fee shall be paid to the PRODUCER directly by the CONTRACTING PARTY, as commission or fees are commercially negotiated and agreed between the PRODUCER and insurance company, if applicable | |  |
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| --- | --- | --- | --- |
| Part 5 | Authentication | |  |
|  | Representative Printed Name | |  |
|  |  | |  |
|  | Representative Signature | Date of Signature |  |
|  |  |  |  |
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|  | | | |