



ADDENDUM SET 1
TENDER FOR PROVISION OF INSURANCE BROKERAGE SERVICES FOR A PERIOD OF TWO YEARS
TENDER NO. KENGENS RBS/RFP010/2026:

Tenderers are informed of the below changes in the subject tender and are advised to consider the updated tender document which has been uploaded in the Scheme's website

No	Initial Requirement	Clarification
	COVER PAGE	
1	Initial tender closing date 01/04/2026	New tender closing date 07/04/2026
2	Provision of pensioners medical insurance cover for a period of two years (Procurement of agency/brokerage and underwriter services) This has been deleted and rewritten as indicated on the clarification	PROVISION OF INSURANCE BROKERAGE SERVICES FOR A PERIOD OF TWO YEARS
	TERMS OF REFERENCE	
3	Age Distribution	The age of the oldest pensioner is 78 years
	MANDATORY REQUIREMENTS (BROKERERS)	
4	MR1 Submission, original & copy of tender document properly BOUND and PAGINATED in the correct sequence (1,2,3), all pages. NB: Spiral binding and box files shall lead to disqualification The financial part (Form of Tender, Price Schedule and financial	MR1 Submission, original & copy of tender document properly BOUND and PAGINATED in the correct sequence (1,2,3), all pages. NB: Spiral binding and box files shall lead to disqualification The financial part (Form of Tender, Price Schedule and financial evaluation information should be submitted in a separate envelope. One envelope enclosing mandatory and technical responses, another envelope submitting all financial information – Both envelopes to be enclosed inside a single outer envelope properly marked and labelled). Bidders shall submit their proposals using a two-envelope system as follows:

	<p>evaluation information should be submitted in a separate envelope. One envelope enclosing mandatory and technical responses, another envelope submitting all financial information – Both envelopes to be enclosed inside a single outer envelope properly marked and labelled).</p>	<ul style="list-style-type: none"> • Envelope 1 – Technical Proposal <ul style="list-style-type: none"> ○ Mandatory requirements ○ Technical proposal ○ Supporting documentation • Envelope 2 – Financial Proposal <ul style="list-style-type: none"> ○ Form of Tender ○ Price schedule based on the baseline benefit structure ○ Alternative cover structures and their cost <p>Both envelopes shall be enclosed in one outer sealed envelope clearly marked with the tender reference number</p>														
5	<p>MR 18</p> <p>N/A</p>	<p>MR. 18</p> <p>Under Mandatory requirements, the below requirement has been introduced as MR18</p> <p>Waiting Period Requirement</p> <p>The medical cover shall be provided without the application of waiting periods, including but not limited to:</p> <ul style="list-style-type: none"> • pre-existing conditions • chronic illnesses • specified or restricted conditions <p>All eligible members shall access benefits from the commencement date of the cover without restriction.</p> <p>Bidders are required to clearly confirm compliance with this requirement by submitting a commitment letter in the firm's letter head properly signed and stamped</p>														
TECHNICAL EVALUATION (BROKERS)																
6	<p>Alternative Cover Structures</p> <p>Propose alternative benefit structures or cover models aimed at improving sustainability of the pensioner medical scheme. ie. innovative benefit designs or risk management approaches</p>	<p>Standard baseline benefit structure</p> <table border="1" data-bbox="730 979 2195 1227"> <thead> <tr> <th>Benefit</th> <th>Limit (KES)</th> </tr> </thead> <tbody> <tr> <td>Inpatient (per family per annum)</td> <td>1,000,000</td> </tr> <tr> <td>Outpatient (per person per annum)</td> <td>100,000</td> </tr> <tr> <td>Pre-existing condition (sublimit of inpatient)</td> <td>350,000</td> </tr> <tr> <td>Optical (per person per annum)</td> <td>10,000</td> </tr> <tr> <td>Dental (per person per annum)</td> <td>10,000</td> </tr> <tr> <td>Last Expense</td> <td>100,000</td> </tr> </tbody> </table> <p>Where there's no particular benefit cover in any OPTION mark N/A</p> <p>N/B Financial proposals shall be evaluated strictly based on the standardized baseline benefit structure provided to ensure a like-for-like comparison across all bids.</p> <p>Alternative Cover Structures</p>	Benefit	Limit (KES)	Inpatient (per family per annum)	1,000,000	Outpatient (per person per annum)	100,000	Pre-existing condition (sublimit of inpatient)	350,000	Optical (per person per annum)	10,000	Dental (per person per annum)	10,000	Last Expense	100,000
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Bidders are encouraged to propose alternative or enhanced benefit structures, including higher limits, revised sub-limits, or innovative medical cover models. That such proposals must be submitted separately from the baseline pricing and also these shall not form part of the financial evaluation but may be considered during technical evaluation and post-award discussions. Use the guide below and any additional proposals outside of this (lower or higher) may still be submitted:

Benefit Premium Options	Inpatient	Outpatient	Pre-existing condition (sublimit of inpatient)	Optical (per person per annum)	Dental (per person per annum)	Last Expense	Medical facility Restriction (Yes or No)	Co-pay (Yes/No)	Monthly Premium (Member Only)	Monthly Premium (Member & Spouse)
Option A										
Option B										
Option C										
Option D										
Option E										
Option G										
..etc										

Where there's no particular benefit cover in any OPTION mark N/A

The Procuring Entity reserves the right to:

- Adopt, in whole or in part, any alternative or enhanced benefit structure proposed by the successful bidder;
- Engage in post-award discussions to agree on a revised or optimized benefit structure that best meets the needs of pensioners while ensuring affordability and sustainability.

N/B (The cost implication of the proposed alternatives should be enclosed in the financial envelope

7 Methodology/ Administration of the medical scheme - Requirement has been rephrased

Methodology/ Administration of the medical scheme

This section will help in determining how the contracted firm will manage the pensioner medical scheme beyond basic placement of insurance.

You are required to demonstrate;

- Claims experience analysis – how you analyse claim trends and identification of cost drivers within pensioner medical schemes.
- Premium optimization strategy – your approach to negotiating competitive premiums with underwriters and managing claims inflation.
- Market benchmarking – benchmarking the proposed scheme against comparable pensioner medical schemes in Kenya.
- Cost containment mechanisms – approaches such as disease management programs, network



		<p>management, and claims control strategies.</p> <p>Clearly state the procedures (in-patient and out- patient) to be followed by the employee (s), beneficiary (ies) and directors in the provision of medical services, stating clearly the responsibilities of the parties involved. Also as it pertains the Underwriter you are planning to work with, include details of the claims settlement turnaround time, time taken to issue/replace medical card. Provide a list of reputable networks of Hospitals, Clinics, Pharmacies and laboratories country wide. A complete, comprehensive and detailed methodology with most favorable options will attract more marks</p> <p>Methodologies will be categorized as follows (Strong – 25 marks, Average – 10 to 15 marks and Weak – 0 to 10 marks)</p>
8	<p>Previous Experience - Requirement has been rephrased</p>	<p>Previous Experience</p> <p>Provide a list of five (5) previous/current clients indicating annual premiums underwritten for Medical Insurance, evidenced by Service Orders and/ contracts for each client over the last three (3) years.</p> <p>a) Five (5) Copies of contracts and Service Orders from the five (5) clients – 2 marks each -Five (5) Copies of contracts without corresponding Service Orders or Service Orders without corresponding contracts from the five (5) clients - 1 mark each</p> <p>b) Attach five (5) recommendation letters from the five (5) clients listed in (a) above – 1 mark each The recommendation letters should be addressed to CEO & Trust Secretary, KenGen SRBS and should be dated within the last two (2) months from the tender closing date.</p>
9	<p>Experience in handling claims.</p>	<p>Experience in handling claims.</p> <p>Provide a list of 10 insurance covers by the underwriter you are planning to work with indicating service claims settled within the last 2 years of at least Kshs.20 million (Total), indicating claims turnaround time. Provide evidence i.e. DVs together with remittance advices. (excluding KenGen SRBS claims). NB. Discharge Vouchers and Remittance advices certified as a true copy, stamped and signed by the Claimant. Half (1/2) a mark for each claim</p>

Annexture 1: Amended (new) Tender document

Approved by  CEO & Trust Secretary Date: 27/03/2026