



**BIDS AND AWARDS COMMITTEE  
 SUPPLEMENTAL BID BULLETIN NO. 2**

**Comprehensive Mobile Annual Physical Examination for Insurance Commission Officials and Employees for CY 2017  
 (Project Reference No. 2017-07-247A)**

This Supplemental Bid Bulletin No. 2 dated 1 August 2017 is being issued to clarify, modify, or amend items in the Bidding Documents for the **Comprehensive Mobile Annual Physical Examination for the Insurance Commission Officials and Employees for CY 2017**.

I. The following items are hereby **MODIFIED/AMENDED**:

**A. ITEM 1.2, I – MEDICAL PROCEDURES OF THE COMPREHENSIVE ANNUAL PHYSICAL EXAMINATION FOR ELIGIBLE EMPLOYEES IN IC MANILA OFFICE, SECTION VI. SCHEDULE OF REQUIREMENTS**

*From:*

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT ON-SITE
7	<b>Electrocardiogram (ECG)</b>	All employees	202 pax	1 Male ECG Technician  1 Female ECG Technician	1 ECG Machine each for Male and Female  1 Hospital Bed each for Male and Female, including partitions
8	<b>Whole Abdominal Ultrasound</b>	All employees	202 pax	1 Male Sonologist for Whole Abdominal and Prostate Ultrasounds for Male  1 Female Sonologist for Whole Abdominal Ultrasound for Female	1 Machine for Whole Abdominal and Prostate Ultrasounds for Male  1 Machine for Whole Abdominal Ultrasound Female  1 Hospital Bed each for Male and Female, including partitions
9	<b>Breast Ultrasound</b>	All female employees	133 pax	1 Female Sonologist for Whole Abdominal Ultrasound for Female	1 Breast Ultrasound Machine  1 Hospital Bed, including partitions

**To:**

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT ON-SITE
7	<b>Electrocardiogram (ECG)</b>	All employees	202 pax	<b>1 Male and 1 Female ECG Technicians</b>  <u>OR</u>  <b>2 Female ECG Technicians</b>	1 ECG Machine each for Male and Female  1 Hospital Bed each for Male and Female, including partitions
8	<b>Whole Abdominal Ultrasound</b>	All employees	202 pax	1 Male <b>Ultrasound Technician/Sonographer</b> for Whole Abdominal and Prostate Ultrasounds for Male  1 Female <b>Ultrasound Technician/Sonographer</b> for Whole Abdominal Ultrasound for Female	1 Machine for Whole Abdominal and Prostate Ultrasounds for Male  1 Machine for Whole Abdominal Ultrasound Female  1 Hospital Bed each for Male and Female, including partitions
9	<b>Breast Ultrasound</b>	All female employees	133 pax	1 Female <b>Ultrasound Technician/Sonographer</b> for <b>Breast</b> Ultrasound for Female	1 Breast Ultrasound Machine  1 Hospital Bed, including partitions

*(Additional paragraph)*

***There shall be one (1) Female Sonologist who shall supervise/oversee all on-site ultrasound procedures.***

**B. ITEM 1.4, I – MEDICAL PROCEDURES OF THE COMPREHENSIVE ANNUAL PHYSICAL EXAMINATION FOR ELIGIBLE EMPLOYEES IN IC MANILA OFFICE, SECTION VI. SCHEDULE OF REQUIREMENTS**

***From:***

*The IC Officials shall have the option to take the applicable examinations in the branch/clinic of the Supplier wherein all applicable examinations must be available. They shall not be considered as walk-in patients, but the Supplier shall designate a special lane for them.*

***To:***

*The IC Officials shall have the option to take the applicable examinations in the branch/clinic of the Supplier wherein all applicable examinations must be available. They shall not be considered as walk-in patients, but the Supplier shall designate a special lane for them. **The IC shall inform the Supplier at least one (1) day prior to the schedule of examinations.***

**C. ITEM 1.7, I – MEDICAL PROCEDURES OF THE COMPREHENSIVE ANNUAL PHYSICAL EXAMINATION FOR ELIGIBLE EMPLOYEES IN IC MANILA OFFICE, SECTION VI. SCHEDULE OF REQUIREMENTS**

***From:***

*All on-site medical procedures shall be conducted on working days during office hours, from 6:00AM to 4:30PM. All concerned medical staff, including the doctors, must be available throughout the schedule of examinations.*

***To:***

*All on-site medical procedures shall be conducted on working days during office hours, from 6:00AM to 4:30PM. All concerned medical staff, including the doctors, must be available throughout the schedule of examinations.*

***Bidders are advised to conduct an ocular inspection of the venues for on-site APE procedures during office hours from 8:00AM to 5:00PM, on 1 August to 4 August 2017, in order to ensure that IC's facilities (i.e. electrical supply, room dimensions/configuration, etc.) are compatible with their available equipment which may be installed on-site, without delaying conduct of procedures.***

**D. ITEM 2.1, II – INDIVIDUAL MEDICAL RESULTS AND ANALYSIS REPORT, SECTION VII. TECHNICAL SPECIFICATIONS**

***From:***

*The Supplier shall issue the individual medical results within fifteen (15) days from the last day of scheduled examinations.*

**To:**

*The Supplier shall issue the individual medical results within **twenty (20) days** from the last day of **actual** examinations.*

**E. ITEM 2.2, II – INDIVIDUAL MEDICAL RESULTS AND ANALYSIS REPORT, SECTION VII. TECHNICAL SPECIFICATIONS**

**From:**

*Online viewing of individual results must be provided by the Supplier through a secured link with Log-in ID per employee.*

**To:**

*Online viewing of **all** individual results must be provided by the Supplier through a secured link with Log-in ID **to be accessed by an authorized IC HRD personnel. The Supplier shall likewise send to each employee through their official IC email addresses respective individual results in PDF formats. The IC shall provide the list of IC employees with official IC email addresses.***

**F. SECTION VIII. BIDDING FORMS**

**F.1. Delete the following forms:**

*Detailed Bid Price for Goods Offered from Abroad (Page 84)  
Detailed Bid Price for Goods Offered from Within the Philippines (Page 85)*

**F.2. Table of Contents**

**From:**

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*Copies of all forms attached as **Annex A**.*

II. The following items are given **CLARIFICATION**:

**A. APPROVED BUDGET FOR CONTRACT (ABC)**

The Approved Budget for Contract in the amount of **Four Million Five Hundred Twenty-Five Thousand Eight Hundred Fourteen Pesos (Php4,525,814.00)** is **inclusive of 12% VAT and all other applicable taxes and charges.**

**B. USE OF DETAILED BID PRICE SCHEDULE**

Indicate **“ZERO”** or **“0”** for corresponding items offered with no cost to the government.

**C. USE OF STATEMENT OF COMPLIANCE WITH SECTION VI AND VII OF THE BIDDING DOCUMENTS**

Indicate "COMPLY" in the appropriate column corresponding to each requirement.

**D. PROPER SEALING AND MARKING OF BIDS**

*Illustration attached as Annex B.*

This Supplemental Bid Bulletin No. 2 shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly. Items not specifically amended and/or modified including those only supplemented are considered retained and/or applicable. For the information and guidance of all concerned.

Issued this 1<sup>st</sup> day of August 2017 in the City of Manila.

  
**EDWIN CORNELIUS A. LAUZ**  
Chairperson  
Bids and Awards Committee

Supplemental Bid Bulletin No. 2 dated 1 August 2017 for the **Comprehensive Mobile Annual Physical Examination for Insurance Commission Officials and Employees for CY 2017** (Project Reference No. 2017-07-247A) consisting of fifty-two (52) pages (including the Annexes).

Received by:

Name of the Bidder/Company: \_\_\_\_\_

Name of Authorized Representative/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Date: \_\_\_\_\_

**Bid Form**

---

Date: \_\_\_\_\_  
Invitation to Bid<sup>1</sup> N<sup>o</sup>: \_\_\_\_\_

To: *The BAC Chairperson  
Insurance Commission  
G/F IC Bldg., 1071 United Nations Avenue  
Ermita, Manila*

Gentlemen and/or Ladies:

Having examined the Bidding Documents including Bid Bulletin Numbers [*insert numbers*], the receipt of which is hereby duly acknowledged, we, the undersigned, offer to [*supply/deliver/perform*] **Comprehensive Mobile Annual Physical Examination for the Insurance Commission Officials and Employees for CY 2017** in conformity with the said Bidding Documents for the sum of [*total Bid amount in words and figures*] or such other sums as may be ascertained in accordance with the Schedule of Prices attached herewith and made part of this Bid.

We undertake, if our Bid is accepted, to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements.

If our Bid is accepted, we undertake to provide a performance security in the form, amounts, and within the times specified in the Bidding Documents.

We agree to abide by this Bid for the Bid Validity Period specified in **BDS** provision for **ITB Clause Error! Reference source not found.** and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:<sup>2</sup>

Name and address of agent	Amount and Currency	Purpose of Commission or gratuity
_____	_____	_____
_____	_____	_____
_____	_____	_____

(if none, state "None")

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

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<sup>1</sup> If ADB, JICA and WB funded projects, use IFB.

<sup>2</sup> Applicable only if the Funding Source is the ADB, JICA or WB.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements as per **ITB Clause Error! Reference source not found.** of the Bidding Documents.

We likewise certify/confirm that the undersigned, *[for sole proprietorships, insert: as the owner and sole proprietor or authorized representative of Name of Bidder, has the full power and authority to participate, submit the bid, and to sign and execute the ensuing contract, on the latter's behalf for the Name of Project of the Name of the Procuring Entity]* *[for partnerships, corporations, cooperatives, or joint ventures, insert: is granted full power and authority by the Name of Bidder, to participate, submit the bid, and to sign and execute the ensuing contract on the latter's behalf for Name of Project of the Name of the Procuring Entity].*

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
*[signature]*

\_\_\_\_\_  
*[in the capacity of]*

Duly authorized to sign Bid for and on behalf of \_\_\_\_\_

**Detailed Bid Price Schedule  
For Goods Offered From Within the Philippines**

Date: \_\_\_\_\_  
Invitation to Bid No: P.R. No. 2017-07-247A

**Project: Comprehensive Mobile Annual Physical Examination for Insurance Commission Officials and Employees for CY 2017**

Date of Bidding: \_\_\_\_\_

Time of Bidding: \_\_\_\_\_

\_\_\_\_\_

(Supplier's Name/Address/Tel. No.)

**A. FOR MEDICAL SERVICES (including all medical supplies/tools/paraphernalia, hospital/patient gown per employee, and medical team composed of licensed/accredited medical practitioners/professional who shall conduct the medical procedures and run the medical equipment/machines as prescribed in Section VI. Schedule of Requirements & Section VII. Technical Specifications)**

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	<b>Basic APE Package</b>				
	a. Complete Physical Examination	202	pax		
	b. Digital Chest X-Ray	202	pax		

Name of Bidder: \_\_\_\_\_

ITB Number: P.R. No. 2017-07-247A

Page \_\_\_ of \_\_\_\_.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	c. Complete Blood Count (CBC)	202	pax		
	d. Urinalysis	202	pax		
	e. Fecalalysis	202	pax		
2	<b>Blood Typing (with RH Analysis)</b>	202	pax		
3	<b>Comprehensive Blood Chemistry/Metabolic Panel (for Hepatic, Renal and Thyroid Function)</b>  <i>Lipid Profile</i> a. Cholesterol (Total Cholesterol, LDL, HDL) b. Triglycerides  <i>Renal Function Panel</i> c. Creatinine d. Blood Uric Acid (BUA) e. Blood Urea Nitrogen (BUN)  <i>Electrolytes &amp; Mineral</i> f. Calcium g. Carbon Dioxide (Bicarbonate) h. Chloride i. Phosphate j. Potassium	202	pax		

Name of Bidder: \_\_\_\_\_

ITB Number: P.R. No. 2017-07-247A

Page \_\_\_ of \_\_\_\_.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<i>Blood Glucose</i> l. Fasting Blood Sugar m. Hemoglobin A1C [HbA1C])  <i>Hepatic Function Panel</i> n. Alanine Aminotransferase (ALT/SGPT) o. Aspartate Aminotransferase (AST/SGOT) p. Gamma-Glutamyl Transferase (GGT)  <i>Thyroid Function Panel</i> q. Thyroid-stimulating Hormone (TSH) r. Total Triiodothyronine (T3) s. Total Thyroxine (T4)				
4	<b>Routine Eye Examination</b>	202	pax		
5	<b>Routine Ears, Nose and Throat (ENT) Examination</b>	202	pax		
6	<b>Pap Smear</b>	101	pax		
7	<b>Electrocardiogram (ECG)</b>	202	pax		
8	<b>Whole Abdominal Ultrasound</b>	202	pax		
9	<b>Breast Ultrasound</b>	133	pax		
10	<b>Mammogram</b>	101 pax			
11	<b>Prostate Ultrasound</b>	37	pax		
12	<b>2D Echocardiogram with Colored Doppler</b>	202	pax		

Name of Bidder: \_\_\_\_\_

ITB Number: P.R. No. 2017-07-247A

Page \_\_\_ of \_\_\_.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
13	<b>Carotid Ultrasound with Colored Doppler</b>	202	pax		
14	<b>Bone Densitometry</b>	138	pax		
<b>TOTAL PRICE FOR MEDICAL SERVICES</b>					<b>PhP</b>

**B. FOR MEDICAL EQUIPMENT TO BE USED ON-SITE**

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	MOBILIZATION FEE PER UNIT	TOTAL MOBILIZATION FEE
1	<b>Mobile X-Ray Van</b>	1	unit		
2	<b>ECG Machine for Male</b>	1	unit		
3	<b>ECG Machine for Female</b>	1	unit		
4	<b>Ultrasound Machine for Whole Abdominal and Prostrate for Male</b>	1	unit		
5	<b>Ultrasound Machine for Whole Abdominal for Female</b>	1	unit		
6	<b>Breast Ultrasound Machine for Female</b>	1	unit		
7	<b>2D Echocardiogram Machine with Colored Doppler Machine</b>	1	unit		
8	<b>Carotid Ultrasound Machine with Colored Doppler</b>	1	unit		
9	<b>Bone Densitometry Machine</b>	1	unit		
<b>TOTAL PRICE FOR MEDICAL EQUIPMENT TO BE USED ON-SITE</b>					<b>PhP</b>

Name of Bidder: \_\_\_\_\_

ITB Number: P.R. No. 2017-07-247A

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	<b>TOTAL PRICE</b>
<b>TOTAL PRICE FOR MEDICAL SERVICES (A)</b>	
<b>TOTAL PRICE FOR MEDICAL EQUIPMENT TO BE USED ON-SITE (B)</b>	
<i><b>TOTAL</b></i>	<b>PhP</b>
<i><b>ADD: 12% VAT</b></i>	
<i><b>TOTAL BID PRICE</b></i> <i><b>In words</b></i>	<b>PhP</b>
_____	
_____	
_____	

Signature over Printed Name:

\_\_\_\_\_  
Authorized Representative of Bidder

\_\_\_\_\_  
Position

Name of Bidder: \_\_\_\_\_

ITB Number: P.R. No. 2017-07-247A

Page \_\_\_ of \_\_\_\_.

**Financial Documents For Eligibility Check**

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(a) Summary of the Applicant Supplier’s/Distributor’s/Manufacturer’s assets and liabilities on the basis of the attached income tax return and audited financial statement, stamped “RECEIVED” by the Bureau of Internal Revenue (BIR) or BIR authorized collecting agent, for the immediately preceding year and a certified copy of Schedule of Fixed Assets particularly the list of construction equipment.

		Year 20__
1.	Total Assets	
2.	Current Assets	
3.	Total Liabilities	
4.	Current Liabilities	
5.	Net Worth (1-3)	
6.	Net Working Capital (2-4)	

(b) The **Net Financial Contracting Capacity (NFCC)** based on the above data is computed as follows:

NFCC = 15 (current asset – current liabilities) minus value of all outstanding works under ongoing or uncompleted portions of the projects under ongoing contracts, including awarded contracts yet to be started coinciding with the contract to be bid

NFCC = PhP \_\_\_\_\_

Herewith attached are certified true copies of the income tax return and audited financial statement: stamped “RECEIVED” by the BIR or BIR authorized collecting agent for the immediately preceding year and NFCC Computation and/or certificate of commitment from a licensed bank to extend a credit line.

Submitted by:

Name of Supplier / Distributor / Manufacturer

Signature of Authorized Representative

Date : \_\_\_\_\_

*NOTE:*

*1 If Partnership or Joint Venture, each Partner or Member Firm of Joint Venture shall submit the above requirements.*

**BID SECURING DECLARATION FORM**

---

REPUBLIC OF THE PHILIPPINES)  
CITY OF \_\_\_\_\_) S.S.

X-----X

**BID SECURING DECLARATION**  
**Invitation to Bid:** *[Insert Reference number]*

To: *[Insert name and address of the Procuring Entity]*

I/We<sup>3</sup>, the undersigned, declare that:

1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid-Securing Declaration.
2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting order; and, (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 23.1(b), 34.2, 40.1 and 69.1, except 69.1(f), of the IRR of RA 9184; without prejudice to other legal action the government may undertake.
3. I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:
  - (a) Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
  - (b) I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right;
  - (c) I am/we are declared the bidder with the Lowest Calculated Responsive Bid, and I/we have furnished the performance security and signed the Contract.

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<sup>3</sup> Select one and delete the other. Adopt the same instruction for similar terms throughout the document.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand/s this \_\_\_\_ day of [month] [year] at [place of execution].

[Insert NAME OF BIDDER'S AUTHORIZED REPRESENTATIVE]  
[Insert Signatory's Legal Capacity]  
Affiant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_ and his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_ at \_\_\_\_\_.

Witness my hand and seal this \_\_\_\_ day of [month] [year].

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_  
Notary Public for \_\_\_\_\_ until \_\_\_\_\_  
Roll of Attorneys No. \_\_\_\_\_  
PTR No. \_\_\_\_\_ [date issued], [place issued]  
IBP No. \_\_\_\_\_ [date issued], [place issued]

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

**IC Form No. 4**

**FORM OF BID SECURITY (BANK GUARANTEE)**

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WHEREAS, *[insert name of Bidder]* (hereinafter called the “Bidder”) has submitted his bid dated *[insert date]* for the *[insert name of contract]* (hereinafter called the “Bid”).

KNOW ALL MEN by these presents that We *[insert name of Bank]* of *[insert name of Country]* having our registered office at *[insert address]* (hereinafter called the “Bank”) are bound unto Insurance Commission (hereinafter called the “Entity”) in the sum of *[insert amount]* for which payment well and truly to be made to the said Entity the Bank binds himself, his successors and assigns by these presents.

SEALED with the Common Seal of the said Bank this \_\_\_\_\_ day of \_\_\_\_\_ 2017.

THE CONDITIONS of this obligation are:

1. If the Bidder:
  - a. withdraws his Bid during the period of bid validity specified in the Form of Bid;  
or
  - b. does not accept the correction of arithmetical errors of his bid price in accordance with the Instructions to Bidder; or
2. If the Bidder having been notified of the acceptance of his bid by the Employer during the period of bid validity:
  - a. fails or refuses to execute the Contract Form in accordance with the Instructions to Bidders, if required; or
  - b. fails or refuses to furnish the Performance Security in accordance with the Instructions to Bidders.

We undertake to pay to the Entity up to the above amount upon receipt of his first written demand, without the Entity having to substantiate his demand, provided that in his demand the Entity will note that the amount claimed by him is due to him owing to the occurrence of one or both of the two (2) conditions, specifying the occurred condition or conditions.

The Guarantee will remain in force up to and including the date [insert days]2 days after the deadline for submission of Bids as such deadline is stated in the Instructions to Bidders or as it may be extended by the Entity, notice of which extension(s) to the Bank is hereby waived. Any demand in respect of this Guarantee should reach the Bank not later than the above date.

DATE \_\_\_\_\_ SIGNATURE OF THE BANK \_\_\_\_\_

WITNESS \_\_\_\_\_ SEAL \_\_\_\_\_

\_\_\_\_\_  
(Signature, Name and Address)

**IC Form No. 5**

**FORM OF BID SECURITY (IRREVOCABLE LETTER OF CREDIT)**

---

Date: \_\_\_\_\_

DENNIS B. FUNA  
Insurance Commissioner  
Insurance Commission  
2nd Floor, IC Building  
1071 United Nations Avenue  
Ermita, Manila

Irrevocable Letter of Credit No. \_\_\_\_\_

For Contract No. \_\_\_\_\_

WHEREAS, \_\_\_\_\_, hereinafter called "Supplier" has undertaken in pursuance to (name of Project and contract number), and whereas it has been stipulated by you in the said Contract that the Supplier shall furnish an irrevocable standby Letter of Credit for a sum specified therein as security for the faithful compliance of Supplier's obligations in accordance with the Contract.

WHEREAS, we have agreed to guarantee this obligation by Supplier.

THEREFORE, we hereby affirm that we are guarantors and responsible to you, on behalf of Supplier, up to the total amount of \_\_\_\_\_ and we undertake to pay you, upon first written demand declaring the Supplier to be in default under the Contract and without cavil, or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without you needing to prove or to show grounds or reasons for your demand for the sum specified therein.

This irrevocable guarantee is valid until the issuance by you of Notice of Final Acceptance.

This certification is being issued in favor of the said Supplier in connection with the requirements of bidding of (name of the procuring entity) for the abovementioned contract. We are aware that any false statements issued by us makes us liable for perjury.

Name and Signature of Authorized  
Financing Institution Officer : \_\_\_\_\_

Official Designation : \_\_\_\_\_

Concurred By:

Name & Signature of  
Supplier's Authorized Representative : \_\_\_\_\_

Official Designation : \_\_\_\_\_

*Note: The amount committed should be machine validated.*

**ACKNOWLEDGMENT**

REPUBLIC OF THE PHILIPPINES )  
\_\_\_\_\_ )SS.

BEFORE ME, a Notary Public for and in \_\_\_\_\_, Philippines, this  
\_\_\_\_\_ day of \_\_\_\_\_, 2017, personally appeared:

NAME	CTC NO.	ISSUED AT/ON
_____	_____	_____
_____	_____	_____

Known to me and known to be the same person who executed the foregoing instrument consisting of \_\_\_\_\_ ( ) pages, including the page whereon the acknowledgment is written and acknowledged before me that the same is his free and voluntary act and deed and that of the Corporation he represents.

WITNESS MY HAND AND NOTARIAL SEAL, at the place and on the date first above written.

Notary Public  
Until 31 December 2017  
Issued at: \_\_\_\_\_  
Issued on: \_\_\_\_\_  
TIN No. \_\_\_\_\_

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 2017

IC Form No. 6

**List of all Ongoing Government & Private Contracts including Contracts Awarded but not yet Started**

**Business Name** : \_\_\_\_\_

Business Address : \_\_\_\_\_

Name of Contract/ Project Cost	(a) Owner's Name (b) Address (c) Telephone Nos.	Nature of Work	Bidder's Role		(a) Date Awarded (b) Date Started (c) Date of Completion	% of Accomplishment		Value of Outstanding Works / Undelivered Portion
			Description	%		Planned	Actual	
Government								

**Note:** The following documents shall be submitted upon post-qualification:

(a) Notice of Award and/or Contract

(b) Notice to Proceed issued by the owner

Submitted by : \_\_\_\_\_

*(Printed Name & Signature)*

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

IC Form No. 7

**Statement of Government & Private Contracts Completed including Single Largest Completed Contracts (SLCC) which are Similar in Nature during the last Three (3) years**

---

**Business Name** : \_\_\_\_\_  
**Business Address** : \_\_\_\_\_

Name of Contract	1. Owner's Name 2. Address 3. Telephone Nos.	Nature of Work	Bidder's Role		Amount at Award Amount at Completion Duration	a) Date Awarded b) Contract Effectivity c) Date Completed
			Description	%		

*Note: The following documents shall be submitted upon post-qualification:*

- a) Contract
- b) Certificate of Completion
- c) Certificate of Acceptance

Submitted by : \_\_\_\_\_  
*(Printed Name & Signature)*

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

**Statement of Compliance with Section VI and Section VII of the Bidding Documents**

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*Section VI. Schedule of Requirements*

**I. Medical Procedures of the Comprehensive Annual Physical Examination for Eligible Employees in IC Manila Office**

The Supplier shall conduct the following medical procedures, and provide all medical supplies/tools/paraphernalia, including hospital/patient gown per employee, and equipment/machines to be used on-site, and the medical team composed of licensed/accredited medical practitioners/professional who shall conduct the medical procedures and run the medical equipment/machines:

<b>NO.</b>	<b>MEDICAL SERVICES</b>	<b>COVERAGE</b>	<b>QUANTITY/ UNIT</b>	<b>MEDICAL STAFF ON-SITE</b>	<b>MATERIALS &amp; EQUIPMENT</b>	<b>STATEMENT OF COMPLIANCE</b>
1	<b>Basic APE Package</b>					
	a. Complete Physical Examination	All employees	202 pax	1 Male General Medicine Doctor  1 Female General Medicine Doctor (shall also conduct the Pap Smear)	1 Hospital Bed each for Male and Female, including partitions	
	b. Digital Chest X-Ray	All employees	202 pax	1 X-Ray Technician	1 Mobile X-Ray Van	

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT	STATEMENT OF COMPLIANCE
	c. Complete Blood Count (CBC)	All employees	202 pax	Three (3) Medical Technician/ Assistants shall be designated at the Registration and conduct blood extractions (CBC, Blood Typing and Comprehensive Blood Chemistry)	None	
	d. Urinalysis	All employees	202 pax	One (1) Medical Assistant for collection of samples for Urinalysis and Fecalalysis	None	
	e. Fecalalysis	All employees	202 pax			
2	<b>Blood Typing (with RH Analysis)</b>	All employees	202 pax	<i>Please refer to Item 1.c. (CBC)</i>	None	
3	<b>Comprehensive Blood Chemistry/Metabolic Panel (for Hepatic, Renal and Thyroid Function)</b>  <i>Lipid Profile</i> a. Cholesterol (Total Cholesterol, LDL, HDL) b. Triglycerides <i>Renal Function Panel</i> c. Creatinine d. Blood Uric Acid (BUA) e. Blood Urea Nitrogen (BUN)	All employees	202 pax	<i>Please refer to Item 1.c. (CBC)</i>	None	

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT	STATEMENT OF COMPLIANCE
	<i>Electrolytes &amp; Mineral</i> f. Calcium  g. Carbon Dioxide (Bicarbonate)  h. Chloride  i. Phosphate  j. Potassium					
	<i>Blood Glucose</i> l. Fasting Blood Sugar  m. Hemoglobin A1C [HbA1C]) <i>Hepatic Function Panel</i> n. Alanine Aminotransferase (ALT/SGPT)  o. Aspartate Aminotransferase (AST/SGOT)  p. Gamma-Glutamyl <i>Thyroid Function Panel</i> q. Thyroid-stimulating Hormone (TSH)  r. Total Triiodothyronine (T3)  s. Total Thyroxine (T4)					

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT	STATEMENT OF COMPLIANCE
4	<b>Routine Eye Examination</b>	All employees	202 pax	1 Ophthalmologist	<i>Handheld devices such as Direct Ophthalmoscope, and Retinoscope</i>  <i>Portable/ Mobile devices such as Tonometer and Slit-Lamp</i>	
5	<b>Routine Ears, Nose and Throat (ENT) Examination</b>	All employees	202 pax	1 ENT Specialist	<i>Handheld devices such as Otoscopy, Rhinoscope, Nasal Mirrors</i>	
6	<b>Pap Smear</b>	All female employees (1) who are 40 yrs. old and above, and (2) below 40 yrs. old who are married	101 pax	<i>Please refer to Item 1.a. (Complete Physical Examination)</i>	<i>Please refer to Item 1.a. (Complete Physical Examination)</i>	
7	<b>Electrocardiogram (ECG)</b>	All employees	202 pax	<b>1 Male and 1 Female ECG Technicians</b>  <b><u>OR</u></b>  <b>2 Female ECG Technicians</b>	1 ECG Machine each for Male and Female  1 Hospital Bed each for Male and Female, including partitions	

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT	STATEMENT OF COMPLIANCE
8	<b>Whole Abdominal Ultrasound</b>	All employees	202 pax	1 Male <b>Ultrasound Technician/Sonographer</b> for Whole Abdominal and Prostate Ultrasounds for Male  1 Female <b>Ultrasound Technician/Sonographer</b> for Whole Abdominal Ultrasound for Female	1 Machine for Whole Abdominal and Prostate Ultrasounds for Male  1 Machine for Whole Abdominal Ultrasound Female  1 Hospital Bed each for Male and Female, including partitions	
9	<b>Breast Ultrasound</b>	All female employees	133 pax	1 Female <b>Ultrasound Technician/Sonographer</b> for <b>Breast</b> Ultrasound for Female	1 Breast Ultrasound Machine  1 Hospital Bed, including partitions	
10	<b>Mammogram</b>	All female employees 40 yrs. old and above	101 pax	<i>To be conducted off-site (clinic-based)</i>	N/A	
11	<b>Prostate Ultrasound</b>	All male employees 40 yrs. old and above	37 pax	<i>Please refer to Item 8</i>	<i>Please refer to Item 8</i>	
12	<b>2D Echocardiogram with Colored Doppler</b>	All employees 40 yrs. old and above  <i>Please refer to 1.3.</i>	202 pax	1 Female 2D Echocardiogram Technician/ Sonographer	1 2D Echocardiogram Machine  1 Hospital Bed, including partitions	

NO.	MEDICAL SERVICES	COVERAGE	QUANTITY/ UNIT	MEDICAL STAFF ON-SITE	MATERIALS & EQUIPMENT	STATEMENT OF COMPLIANCE
13	<b>Carotid Ultrasound with Colored Doppler</b>	All employees 40 yrs. old and above  <i>Please refer to 1.3.</i>	202 pax	1 Female Carotid Ultrasound Technician/ Sonographer	1 Carotid Ultrasound Machine  1 Hospital Bed, including partitions	
14	<b>Bone Densitometry</b>	All employees 40 yrs. old and above	138 pax	1 Female/Male Technician	1 Bone Densitometry Machine	

Considering the preparations required for some of the medical procedures, such as the blood chemistry, pap smear and ultrasound, the Supplier shall conduct the said procedures based on the schedule provided by IC, as follows:

ITEM NO.	MEDICAL SERVICES	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Statement of Compliance
1, 2, 3	Complete Physical Examination  Blood Extractions (one (1) extraction of blood sample for Blood Typing, CBC and Comprehensive Blood Chemistry)  Digital Chest X-Ray  Sample collection for Urinalysis & Fecalalysis	✓	✓	✓	✓	✓						
4, 5	Routine Eye Examination Routine ENT Examination	✓	✓	✓	✓	✓						

ITEM NO.	MEDICAL SERVICES	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Statement of Compliance
6	Pap Smear	✓	✓	✓	✓	✓						
8, 11	Whole Abdominal & Prostate Ultrasound for Male	✓	✓	✓	✓							
8	Whole Abdominal Ultrasound for Female	✓	✓	✓	✓	✓	✓	✓				
9	Breast Ultrasound	✓	✓	✓	✓	✓	✓					
10	Mammogram	<i>To be conducted off-site (clinic-based) – 3 consecutive weeks</i>										
7	ECG	✓	✓	✓	✓	✓						
12, 13	2D Echocardiogram with Colored Doppler  Carotid Ultrasound with Colored Doppler	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
14	Bone Densitometry	✓	✓	✓	✓	✓						

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
1	<p>There shall be one (1) Female Sonologist who shall supervise/oversee all on-site ultrasound procedures.</p>	
2	<p>Eligible employees who are below forty (40) years old may avail of the 2D Echocardiogram with Colored Doppler and Carotid Ultrasound with Colored Doppler, if their ECG results shows abnormalities or significant findings and upon recommendation of the attending physician.</p>	
3	<p>The IC Officials shall have the option to take the applicable examinations in the branch/clinic of the Supplier wherein all applicable examinations must be available. They shall not be considered as walk-in patients, but the Supplier shall designate a special lane for them. <b>The IC shall inform the Supplier at least one (1) day prior to the schedule of examinations.</b></p>	
4	<p>In order to ensure the accuracy and reliability of the tests, equipment to be used on-site shall not be more than five (5) years old and shall be operated by licensed medical staff/technician. Machine calibration tests shall, likewise, be done/ensured prior to the APE.</p>	
5	<p>All on-site medical procedures shall be conducted on working days during office hours, from 6:00AM to 4:30PM. All concerned medical staff, including the doctors, must be available throughout the schedule of examinations.</p> <p><b>Bidders are advised to conduct an ocular inspection of the venues for on-site APE procedures during office hours from 8:00AM to 5:00PM, on 31 July 2017 to 4 August 2017, in order to ensure that IC's facilities (i.e. electrical supply, room dimensions/configuration, etc.) are compatible with their available equipment which may be installed on-site, without delaying conduct of procedures.</b></p>	

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
6	<p>Those who will not be able to complete the on-site medical procedures shall be allowed to complete the procedures at any clinic/branch of the Supplier nearest to them within the two (2) weeks after the on-site APE. The IC shall endorse to the Supplier the list of the said employees who need to complete the procedures. Said employees shall not be considered as walk-in patients and the Supplier shall designate a special lane for them during the schedule of examinations.</p>	
7	<p>The Mammogram must be available in at least two (2) clinics/branches, one (1) located at the northern of Metro Manila, while the other at the southern part (Metro Manila). It shall be done by a licensed medical technician. The eligible employees scheduled for the said examinations shall not be considered as walk-in patients, but the Supplier shall designate a special lane for them, based on the endorsement to be provided by IC prior to the schedule of examinations. Three (3) consecutive weeks shall be allotted, simultaneous to the schedule of the on-site APE, for the eligible employees to complete their mammogram. All concerned medical staff, including the doctors, must be available throughout the schedule of examinations.</p>	

**II. Comprehensive APE for Employees in IC District Offices – Cebu and Davao**

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
1	All eligible employees in IC District Offices in Cebu and Davao shall be provided with the same applicable medical services listed in 1.2.	
2	The District Office personnel shall avail of the Comprehensive APE at the branch/clinic of the Supplier where all the services are available. Each personnel shall be provided with the opportunity to complete the said APE at one (1) time only until 30 November 2017. The IC shall inform the Supplier prior to the schedule of their APE.	
3	The District Office personnel shall not be considered as walk-in patients and the Supplier shall designate a special lane for them during the schedule of examinations.	

*Section VII. Technical Specifications*

**I. Coverage and Descriptions of Medical Procedures**

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
1	<b>Basic APE Package</b>				
	a. Complete Physical Examination	<ul style="list-style-type: none"> <li>• Checking of vital signs, e.g., temperature, blood pressure, pulse rate, rhythm</li> <li>• Taking of biometrics, e.g., height, weight, body mass index (BMI)</li> <li>• Taking of medical history</li> <li>• Medical investigation of the main organs either through inspection, palpation, percussion or auscultation, e.g., lungs, abdomen, breasts, genitalia, musculoskeletal, head and neck, skin</li> <li>• General appearance of patient, e.g., color of skin (signs of anemia, jaundice), discoloration of lips and extremities, clubbing of fingernails, lymph nodes of neck, dehydration</li> </ul>	All employees	202 pax	
	b. Digital Chest X-Ray	<ul style="list-style-type: none"> <li>• Posterior-anterior view (PA) of the thorax area</li> <li>• A photofilm shall be provided for those with normal results, and a CD for those with findings</li> </ul>	All employees	202 pax	

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
	c. Complete Blood Count (CBC)	<ul style="list-style-type: none"> <li>• Complete information about patient's blood cells, including:               <ul style="list-style-type: none"> <li>- Red Blood Cells (RBC)</li> <li>- White Blood Cells (WBC)</li> <li>- Differential Count</li> <li>- Platelet Count</li> <li>- Hemoglobin</li> <li>- Hematocrit</li> </ul> </li> </ul>	All employees	202 pax	
	d. Urinalysis	<ul style="list-style-type: none"> <li>• Description of color and appearance</li> <li>• Specific gravity</li> <li>• pH level</li> <li>• Ketone bodies</li> <li>• Protein</li> <li>• Nitrites</li> <li>• Urobilinogen</li> <li>• Bilirubin</li> <li>• Glucose</li> <li>• RBC number</li> <li>• WBC number</li> </ul>	All employees	202 pax	
	e. Fecalysis	Determine presence of parasitic organisms in the stool	All employees	202 pax	

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
2	<b>Blood Typing (with RH Analysis)</b>	Determine the blood type and conduct RH analysis of blood samples	All employees	202 pax	
3	<b>Comprehensive Blood Chemistry/Metabolic Panel (for Hepatic, Renal and Thyroid Function)</b>		All employees	202 pax	
	<i>Lipid Profile</i> a. Cholesterol (Total Cholesterol, LDL, HDL) b. Triglycerides	<ul style="list-style-type: none"> <li>Determine level of Cholesterol and Triglycerides in the blood</li> <li>Determine if patient has: <ul style="list-style-type: none"> <li>-Hypocholesterolemia</li> <li>-Hypercholesterolemia</li> <li>-Hypertriglyceridemia</li> </ul> </li> </ul>			
	<i>Renal Function Panel</i> c. Creatinine d. Blood Uric Acid (BUA) e. Blood Urea Nitrogen (BUN)	<ul style="list-style-type: none"> <li>Determine levels of Creatinine, BUA and BUN in the blood</li> <li>Detect irregular function of the kidneys</li> </ul>			
	<i>Electrolytes &amp; Mineral</i> f. Calcium g. Carbon Dioxide (Bicarbonate) h. Chloride i. Phosphate	<ul style="list-style-type: none"> <li>Determine amounts of electrolytes and minerals circulating in the blood</li> </ul>			

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
	<i>Blood Glucose</i> l. Fasting Blood Sugar  m. Hemoglobin A1C [HbA1C])	<ul style="list-style-type: none"> <li>• Determine level of glucose in the blood</li> <li>• Evaluate long-term blood sugar control</li> </ul>			
	<i>Hepatic Function Panel</i> n. Alanine Aminotransferase (ALT/SGPT)  o. Aspartate Aminotransferase (AST/SGOT)  p. Gamma-Glutamyl Transferase (GGT)	<ul style="list-style-type: none"> <li>• Detect irregular function in the liver and other body organs</li> <li>• Determine blood levels of enzymes and other components</li> </ul>			
	<i>Thyroid Function Panel</i> q. Thyroid-stimulating Hormone (TSH)  r. Total Triiodothyronine (T3)  s. Total Thyroxine (T4)	<ul style="list-style-type: none"> <li>• Assess the state of thyroid function and activity of thyroid hormones</li> <li>• Detect presence of hypothyroidism, hyperthyroidism</li> </ul>			
4	<b>Routine Eye Examination</b>	<ul style="list-style-type: none"> <li>• Assessment of vision (visual acuity) and appearance of the eye and its parts (i.e. pupils, retina) to detect diseases such as near/far sightedness, color blindness, and glaucoma, among others</li> </ul>	All employees	202 pax	

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
5	<b>Routine Ears, Nose and Throat (ENT) Examination</b>	<ul style="list-style-type: none"> <li>• Taking of medical history</li> <li>• Assessment of hearing ability and appearance of the ear</li> <li>• Inspection of the nose and airway, for any obstruction or abnormality</li> <li>• Inspection of the oral cavity and throat for any mass or abnormality</li> </ul>	All employees	202 pax	
6	<b>Pap Smear</b>	Detect premalignant and malignant processes in the ectocervix, infections and abnormalities in the endocervix and endometrium	All female employees who are (1) 40 yrs. old and above, and (2) below 40 yrs. old who are married	101 pax	
7	<b>Electrocardiogram (ECG)</b>	<p>Transthoracic interpretation of the electrical activity of the heart over time captured and externally recorded by skin electrodes</p> <p>If in case there are findings, may endorse for 2D echo &amp;/or carotid based on referral of doctor (clinic-based)</p>	All employees	202 pax	

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
8	<b>Whole Abdominal Ultrasound</b>	Site specified ultrasound of the abdominal organs: -Liver  -Spleen  -Pancreas  -Adrenals  -Pelvic Organs  -Gallbladder  -Appendix  -Kidneys  -Ureter  -Urinary Bladder  -Uterus (female)	All employees	202 pax	
9	<b>Breast Ultrasound</b>	Imaging to visualize the structure and condition of the breasts	All female employees	133 pax	
10	<b>Mammogram</b>	<ul style="list-style-type: none"> <li>• Process of using low-dose amplitude X-Rays to examine the human breast and is used as a diagnostic and screening tool</li> <li>• For early detection of breast cancer by checking on abnormal masses or micro calcifications</li> </ul>	All female employees 40 yrs. old and above	101 pax	
11	<b>Prostate Ultrasound</b>	Imaging to visualize the structure of the prostate gland	All male employees 40 yrs. old and above	37 pax	

NO.	MEDICAL SERVICES	SPECIFICATIONS	COVERAGE	QUANTITY/ UNIT	STATEMENT OF COMPLIANCE
12	<b>2D Echocardiogram with Colored Doppler</b>	Sonography of the heart to image two-dimensional slices of the heart; determine speed and direction of the blood flow	All employees 40 yrs. old and above  <i>Please refer to Section VI – Schedule of Requirements (1.3)</i>	202 pax	
13	<b>Carotid Ultrasound with Colored Doppler</b>	<ul style="list-style-type: none"> <li>• Imaging of the inside of carotid arteries to detect plaque buildup in one or both of the carotid arteries in the neck</li> <li>• Check whether the buildup is narrowing the carotid arteries and blocking blood flow to the brain which may cause stroke</li> </ul>	All employees 40 yrs. old and above  <i>Please refer to Section VI – Schedule of Requirements (1.3)</i>	202 pax	
14	<b>Bone Densitometry</b>	<ul style="list-style-type: none"> <li>• Use of peripheral test to estimate the density of bones and risks of bone fractures and osteoporosis</li> <li>• Assess if patient needs further bone tests such as Central dual-energy x-ray absorptiometry (DEXA)</li> </ul>	All employees 40 yrs. old and above	138 pax	

**II. Individual Medical Results and Analysis Report**

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
1	The Supplier shall issue the individual medical results within <b>twenty (20) days</b> from the last day of <b>actual</b> examinations.	
2	Online viewing of <b>all</b> individual results must be provided by the Supplier through a secured link with Log-in ID <b>to be accessed by an authorized IC HRD personnel. The Supplier shall likewise send to each employee through their official IC email addresses respective individual results in PDF formats. The IC shall provide the list of IC employees with official IC email addresses.</b>	
3	<p>The Supplier shall submit to the IC an Analysis Report of the APE done by a medical doctor within the twenty (20) days from the complete issuance/release of all individual medical results, which contains, but is not limited to, the following information:</p> <ul style="list-style-type: none"> <li>a. Demographical presentation of the general health condition of employees per sex and per age group based on the following criteria: <ul style="list-style-type: none"> <li>i. Employees who are physically fit</li> <li>ii. Employees with conditions that need <ul style="list-style-type: none"> <li>o Immediate medical attention</li> <li>o Further medical examination/test</li> <li>o To be monitored (e.g., personnel with communicable diseases)</li> </ul> </li> </ul> </li> </ul>	

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
	<ul style="list-style-type: none"> <li>b. Percentage of employees with common and interrelated medical conditions/illnesses, with details per sex and age group</li> <li>c. Probable causes of conditions in Item 3 (e.g., family history, employee lifestyle, work-related, environment) demographics</li> <li>d. Ways to prevent illnesses and spread of communicable diseases (based on findings on IC employees) in the workplace</li> <li>e. Ways to monitor employee’s pre-existing conditions and detection of common and work-related illnesses (based on findings on IC employees)</li> <li>f. Assessment of the completeness and adequacy of the APE package of IC and recommendation of necessary examinations for inclusion/exclusion in the APE package</li> <li>g. List of vitamin supplements and adult vaccination programs necessary to maintain/improve health and well-being of employee</li> <li>h. Items (medicines, supplies, equipment) necessary to be maintained a government office clinic</li> <li>i. List of activities to promote individual and corporate wellness, aligned with the medical results/condition of IC employees</li> </ul>	

**III. Post-APE Consultation**

<b>ITEM</b>	<b>MEDICAL SERVICES</b>	<b>STATEMENT OF COMPLIANCE</b>
<b>1</b>	Interpretation of medical results and conduct of post-APE consultations shall be scheduled for two (2) consecutive working days at the IC Office after the issuance of individual results (please refer to 2.1.).	
<b>2</b>	The Supplier shall provide one (1) Female Internal Medicine Practitioner for the post-APE consultations per day.	
<b>3</b>	The IC shall coordinate with the Supplier the specific schedule of the consultations.	

**IV. Issuance of Billing Statements**

ITEM	MEDICAL SERVICES	STATEMENT OF COMPLIANCE
1	The IC shall pay for the actual number of medical procedures availed of by each eligible employee.	
2	<p>The Supplier shall prepare separate billing statements for the following:</p> <ul style="list-style-type: none"> <li>a. On-site APE availed of by personnel of the IC Manila Office</li> <li>b. Off-site medical procedures availed of by personnel of the IC Manila Office, which shall include the following:</li> <li>c. Availed of by employees who are absentee during the APE</li> <li>d. Availed of by employees who are completing the APE (i.e. Mammogram)</li> <li>e. Off-site APE availed of by personnel of the IC Cebu and Davao District Offices</li> </ul>	
3	Upon receipt of each billing statement, IC shall be given five (5) days to check for accurateness and compare the items and costing in the billing statement against its own records. Afterwards, IC shall update the Supplier for any error made in the submitted billing statement.	
4	IC shall prepare separate payment for each billing statement. Payment shall be made within thirty (30) days upon receipt of the Billing Statement, verified and counter checked with HRD records, and issuance of Inspection and Acceptance Report.	
5	The amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the Contract Price for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the IC may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.	

## Omnibus Sworn Statement

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REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

*If a sole proprietorship:* I am the sole proprietor or authorized representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

*If a partnership, corporation, cooperative, or joint venture:* I am the duly authorized and designated representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

2. **Select one, delete the other:**

*If a sole proprietorship:* As the owner and sole proprietor, or authorized representative of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached duly notarized *Special Power of Attorney*;

*If a partnership, corporation, cooperative, or joint venture:* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable:)]*;

3. *[Name of Bidder]* is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

*If a sole proprietorship:* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a partnership or cooperative:* None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a corporation or joint venture:* None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and

8. *[Name of Bidder]* is aware of and has undertaken the following responsibilities as a Bidder:

a) Carefully examine all of the Bidding Documents;

b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;

c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and

d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.

9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Bidder's Representative/Authorized Signatory

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_ and his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_ at \_\_\_\_\_.

Witness my hand and seal this \_\_\_\_ day of [month] [year].

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_

Notary Public for \_\_\_\_\_ until \_\_\_\_\_

Roll of Attorneys No. \_\_\_\_\_

PTR No. \_\_\_\_\_ [date issued], [place issued]

IBP No. \_\_\_\_\_ [date issued], [place issued]

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_

\* This form will not apply for WB funded projects.

## Contract Agreement Form

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THIS AGREEMENT made the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ between [*name of PROCURING ENTITY*] of the Philippines (hereinafter called “the Entity”) of the one part and [*name of Supplier*] of [*city and country of Supplier*] (hereinafter called “the Supplier”) of the other part:

WHEREAS the Entity invited Bids for certain goods and ancillary services, viz., [*brief description of goods and services*] and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of [*contract price in words and figures*] (hereinafter called “the Contract Price”).

### NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
  - (a) the Supplier’s Bid, including the Technical and Financial Proposals, and all other documents/statements submitted (*e.g.* bidder’s response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity’s bid evaluation;
  - (b) the Schedule of Requirements;
  - (c) the Technical Specifications;
  - (d) the General Conditions of Contract;
  - (e) the Special Conditions of Contract;
  - (f) the Performance Security; and
  - (g) the Entity’s Notice of Award.
3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract
4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Entity)

Signed, sealed, delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Supplier)

**Proper Sealing and Marking of Bid Envelopes**

**Envelope No. 1.1**

**ORIGINAL - TECHNICAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

+

**Envelope No. 1.2**

**ORIGINAL - FINANCIAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

=

**Envelope No. 1.3 (where Envelopes 1.1 & 1.2 are enclosed)**

**ORIGINAL BID**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

**Envelope No. 2.1**

**COPY NO. 1 - TECHNICAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

+

**Envelope No. 2.2**

**COPY NO. 1 - FINANCIAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

=

**Envelope No. 2.3 (where Envelopes 2.1 & 2.2 are enclosed)**

**COPY NO. 1**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

**Envelope No. 3.1**

**COPY NO. 2 - TECHNICAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

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**Envelope No. 3.2**

**COPY NO. 2 - FINANCIAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

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**Envelope No. 3.3 (where Envelopes 3.1 & 3.2 are enclosed)**

**COPY NO. 2**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

**Envelope No. 4.1**

**COPY NO. 3 - TECHNICAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

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**Envelope No. 4.2**

**COPY NO. 3 - FINANCIAL COMPONENT**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

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**Envelope No. 4.3 (where Envelopes 4.1 & 4.2 are enclosed)**

**COPY NO. 3**

TO: THE INSURANCE COMMISSION BIDS AND AWARDS COMMITTEE

COMPREHENSIVE MOBILE ANNUAL PHYSICAL EXAMINATION FOR INSURANCE COMMISSION OFFICIALS AND EMPLOYEES FOR CY 2017

(REFERENCE NO. 2017-07-247A)

**Single Sealed Envelope Containing the  
Original and Copies of Bid**

**TO: THE INSURANCE COMMISSION BIDS AND AWARDS  
COMMITTEE**

**COMPREHENSIVE MOBILE ANNUAL PHYSICAL  
EXAMINATION FOR INSURANCE COMMISSION  
OFFICIALS AND EMPLOYEES FOR CY 2017**

**(REFERENCE NO. 2017-07-247A)**

**FROM: ABC CORPORATION, 1234 MAKATI CITY  
DO NOT OPEN BEFORE 1:30 PM, 7 AUG 2017**

**Envelope No. 1.3 + Envelope No. 2.3 + Envelope No. 3.3 + Envelope No. 4.3 =**

*Notes: 1. The colors of the envelopes, Lot Nos. indicated and name and address of the company are for illustration purposes only.*