



REQUEST FOR PROPOSALS

Date: July 14, 2026

Proposals due by: July 31, 2026

Reference No. : RFP-PL-PR-26-06-009

Subject: Provision of Professional Medical Insurance & Group Personal Accident Insurance Services- SEED's Staff

Duration of Cover:

The successful company will enter into a contract with SEED for a period of one (1) year. This contract will be renewed based on performance and availability of funding.

Background:

SEED is committed to maintaining the safety and security of its staff. To achieve this, SEED requires medical and Group Personal Accident Insurance to ensure staff rights and access to medical treatment. In the Kurdistan Region, like other parts of the world, there is a risk of infectious diseases, infections, and traffic accidents. SEED Staff travel to various communities and field locations, often under extreme weather conditions. Regular interaction with vulnerable populations and extensive travel may increase the risk of illness, accidents, and other health and safety incidents.

Since 2017, SEED has been contracting insurance companies, consistently seeking the best services and prices.

General information:

1- Submission of Proposal

- A. Bids **must** be submitted through email to proposals@seedkurdistan.org The subject of the email should be (RFP-PL-PR-26-06-009 - Health Insurance for SEED's Staff).
- B. **All bidders must submit the documents listed in Annex A:** Table (1) and complete Annex A: Tables (2), (3), and (4)
- C. **Language and Currency:** Proposals could be submitted in English with prices stated in IQD.
- D. **Terms and Validity of the agreement:** The Agreement resulting from this RFP will commence upon the signing of the Agreement by both parties and shall be valid for 1 (one) year with an option to extend for an additional year.



- E. **Cancellation:** SEED reserves the right to accept or reject any or all bids, and to accept the bid deemed to be in the best interest of SEED, and is not bound to accept the lowest price bid submitted. SEED reserves the right to cancel this RFP at any time prior to award, without penalty.
- F. **Conflict of Interest:** By submitting a response to this RFP, Bidder warrants that, to the best of its knowledge, no SEED employee, consultant, or other party related to SEED has a financial interest in Bidder's business activities. Discovery of an undisclosed Conflict of Interest situation will result in immediate disqualification of the bidder and disqualification of the bidder from participation in future SEED RFP processes.
- G. **Bid Validity:** Price quotations submitted in response to this RFP must be valid for at least **30 days**. Prices shall be fixed for the duration of the Agreement and may be revised after six months if wholesale pricing on individual items changes by more than 7.5% or another mutually agreed percentage with the successful bidder .

2- **Instructions to Bidders:** In submitting a RFP, the bidder accepts in full and without restriction the special and general conditions governing a contract as the sole basis of this request for proposals procedure, whatever their own conditions of sale may be.

All bids submitted by the interested bidders must be valid for 12 months. Moreover, all documents must be submitted in English language.

The bidder will be excluded from the consideration in the following cases:

- If two or more bids are submitted for the same RFP.
- Late submission of offer according to section four of this RFP.
- If documents are not stamped and signed.
- If Annex A: Tables (2), (3), and (4) are not filled out.
- If a bidder did not submit any of the mandatory documents according to **Table (3)**.

Note: SEED is not responsible for the failure of the Internet, network, server, or any other hardware or software used by the bidder.

3- **Delivery of Service:** Overall Iraq & KRI

4- **Timeline**

Activity	DATE	TIME (City)
Date of issuing the RFP by SEED	July 14, 2026	14:00
Closing date for clarifications/questions through proposals@seedkurdistan.org	July 21, 2026	16:00



Response for any clarifications through email	July 26, 2026	16:00
Deadline for submission of the RFP	July 31, 2026	16:00

5- **Methods of Evaluation:** Each bidder shall submit a technical proposal addressing the services required and clearly demonstrating how they will meet SEED's needs; the proposals will be evaluated by a committee of at least 3 representatives from SEED personnel. Evaluations will be based on the criteria outlined herein which may be weighted by SEED in a manner it deems appropriate. All proposals will be evaluated using the same criteria. The criteria used will be:

- A. **Responsiveness to the RFP.** SEED will consider all the material submitted to determine whether the provider's proposal is in compliance with the RFP document. The proposal shall demonstrate a method of approach that fully meets all terms and conditions of the RFP and the scope of services.
- B. **Ability to perform required services.** SEED will consider all the relevant documentation submitted by each firm, and other relevant information it may otherwise obtain, to determine whether the respondent is capable of providing health insurance services of the type and scope specific to the RFP.
- C. **Related experience.** SEED will consider the firm's experience in providing health insurance services to Not-for-Profit organizations and large entities. The firm's references will play a major role in this criterion.
- D. **Pricing.** SEED will consider the price structure for the services and the rates or charges for additional services, if applicable. All companies who send an email will get a list of employees/ages, to provide us with a price quote
- E. **Service enhancements.** Ability to design an insurance package that will meet or exceed the requirements outlined in this RFP.
- F. **References & due diligence.** SEED reserves the right to contact current and former clients and conduct due diligence to verify the bidder's qualifications, past performance, and current capacity to deliver the services required under this RFP. Therefore, bidders are requested to provide at least three references from organizations for which they have provided similar services.
- G. **Other factors:** SEED reserves the right to consider any additional factors relevant to the successful delivery of the required services and the overall best interest of the organization.

6- **Payment Terms:**

- Payment will be made after receiving, inspecting, and accepting quantities ordered.



- Payments can be made through bank transfer, or cheque according to SEED policy.
- Payment will be made within (30) days after submitting the invoice.

Terms of Reference for the Insurance Company:

1. Provide full insurance administration services, including open enrollment, new employee orientation, and ongoing member support services.
2. Respond to all employee requests and queries in a timely & Professional manner regarding their benefits.
3. Provide a client call center/help desk to support employees with insurance-related issues.
4. Provide Inpatient and outpatient medical coverage.
5. Provide maternity cover with no waiting period.
6. Providing War and terrorism coverage.
7. Providing group personal accident insurance coverage .
8. Cover 100% compensation of permanent disability caused by accident.
9. Cover 100% compensation of temporary disability caused by accident.
10. Providing dental and vision.
11. Provide 100% reimbursement for claims in areas with non-network availability.
12. Provide an efficient claims settlement process within an agreed timeline.
13. Allow immediate removal of employees from the policy upon termination of employment without recovering or deducting any previously paid claims.
14. Provide immediate eligibility for enrollment of current and newly hired employees, with no waiting period applied from the date of employment.
15. Network hospitals: Employees shall have access to a sufficient number of hospitals and physicians in major cities across the Kurdistan Region of Iraq (KRI) and Iraq, including but not limited to Erbil, Sulaymaniyah, Dohuk, Baghdad, Mosul, and Diyala. A broader regional and international medical network will be considered an added advantage.
16. Emergency Medical Coverage : Provide immediate emergency medical coverage from the date of eligibility, with no waiting period. Coverage shall include emergency hospitalization, including short stay admissions of less than 24 hours when medically necessary.
17. **Contact:** To ensure fair consideration for all bidders, SEED prohibits communication to, or with, any SEED employee during the RFP process, with the exception of those questions related to the interpretation of specifications or the proposal process. Any non-related communications initiated by a bidder may be grounds for disqualifying the offending bidder from further participation in this, or future, SEED RFP processes. Direct Inquiries to proposals@seedkurdistan.org



Annex A

Table (1): Bidder Contact information

Bidder Name	
Focal Points name	
Email	
Phone	
Address	

Table (2): Mandatory questions

#	Question	Yes	No	Remarks
1	Is your company a registered Insurance Company in the Republic of Iraq, including the Kurdistan Region of Iraq (KRI)?			
2	Does your company have the ability to provide Medical insurance within Iraq and the Kurdistan Region and in neighboring countries? If yes, please specify the countries covered.			
3	Does your company have the ability to provide Group Personal Insurance within Iraq the Kurdistan Region?			
	Does your company have the ability to provide Life Insurance within Iraq the Kurdistan Region?			
4	Does your company have the ability to offer an Accident Death, Dismemberment, and Permanent Total Disablement policy, with coverage of no less than IQD 30,000,000, per individual if (no) please explain the alternative you have in the remark section. You can explain this point in a separate attachment to your offer			

5	Does your company have an agreement with hospitals and clinics in Iraq and KRI for direct billing settlement? If yes, please provide the names of hospitals/medical networks and the location by governorate. You can provide the list in a separate attachment to your offer.			
6	Does your company have an agreement with hospitals and clinics outside of Iraq and KRI for direct billing settlement? If yes, please provide the names of hospitals/medical networks and the location by country.			
7	Does your company cover 100% of the medical expenses? If (no) please explain the calculator for the percentage that is covered.			
8	Do you have a Pharmacy Prescription Program as part of your quoted policies for the coverage of generic and/or brand-named drugs? If yes, please provide a list of pharmaceuticals that are, or are not covered. You can provide the list in a separate attachment to your offer.			
9	Do you have Maternity cover as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			
10	Do you have a Personal Wellness or Preventative Care benefit as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			
11	Do you have a Dental Care benefit as part of your quoted policies? If yes, please provide additional information. You can explain this point in a separate attachment to your offer			

12	Do you have a Vision Care benefit as part of your quoted policies? If yes, please provide additional information.			
13	Can you provide policyholders with medical benefits cards for direct billing?			
14	What is the average process cycle time from receipt of a completed and vetted claim and final payment of settlement? Please provide additional information. You can explain this point in a separate attachment to your offer			
15	Are you willing to design an insurance package that will meet or exceed the project requirements?			
	1. Do you have the annual general check up benefit with no limit to a predefined list of tests. Coverage should include all examinations, laboratory tests, and diagnostic procedures deemed medically appropriate and prescribed by the treating physician as part of the annual health check-up? 2. Additionally, the following test to be included in the annual general check up benefit: • Complete Blood Count • Renal Function Test • Liver Function Test • Lipid Profile (including Serum Cholesterol & LDL) • Stool Antigen For Helicobacter Pylori for employees has gastric issues. • Mammography for women above 40 years of age. • PSA for men above 40 years. • Pap Test for women above 40 years of age.			

Table (3): Mandatory documents for submission (Administration)



#	Description	If you attached, please tick below by (✓)
1	Latest copy of the registration certificate for both KRI and Baghdad	
2	Tax clearance for 2025	
3	Bank account details (IQD)	
4	Three similar experiences with INGOs (please submit a PO or contract)	
5	References according to Table (4)	

Table (4): References

#	Referee Name	Phone number	Email	Name of the client/company
1				
2				
3				

Note to Quot:

Please quote the rate applicable for:

- Short term Cover or pro rata premium calculation.
- Refund of premium when staff leave.
- the reimbursement policy and process for medical expenses incurred when employees receive treatment from non-network medical providers.
- Provide the claims submission and reimbursement procedures, including the expected claim settlement timeline.
- List all complimentary benefits, free riders, and value-added services included at no additional cost.
- Specify the geographical scope of coverage, including coverage within Iraq and outside Iraq.
- Provide a list of contracted hospitals, clinics, laboratories, pharmacies, and diagnostic centers in the Kurdistan Region of Iraq (KRI), Iraq, and international provider network if any for direct billing.



- Describe the pre-authorization requirements for hospitalization, surgeries, and specialized treatments.
- Clearly indicate any additional fees, administrative charges, or taxes not included in the quoted premium.