



**PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN  
(GOVERNMENT SERVICE INSURANCE SYSTEM)**

Financial Center, Pasay City, Metro Manila 1308

**REQUEST TO SUBMIT BEST AND FINAL OFFERS  
NEGOTIATED PROCUREMENT – TWO FAILED BIDDINGS**

**PROVISION AND UNDERWRITING OF THE GSIS HEALTH INSURANCE PLAN**

The Government Service Insurance System (GSIS) is conducting Negotiated Procurement, under Two Failed Biddings, for the ***Provision and Underwriting of the GSIS Health Insurance Plan*** with an Approved Budget for the Contract (ABC) amounting to **Sixty Five Million Two Hundred Twenty Nine Thousand One Hundred Sixty Six Pesos and 67/100 (Php65,229,166.67)** for a period of ten (10) months.

Following the agreement/decision during the Negotiation held on 15 May 2017 and pursuant to Annex H.D.1 of the 2016 RIRR of R.A. No. 9184, the GSIS invites prospective bidders/service providers to submit Best and Final Offers (Proposals) to the GBAC Secretariat, GSIS Bids and Awards Committee, Level 2 Core G, GSIS Central Office, Financial Center, Pasay City on or before **19 May 2017, 9:30AM**.

Bidders/service providers must submit the following documents in **two (2) copies in a SEALED envelope**:

- a) Letter of Conformity to be printed in the bidder's letterhead (**Annex A**)
- b) Duly Signed Itemized Bid Form (**Annex B**)
- c) Bid Security (**Annex C**)

The Opening of Best and Final Offers will be held on **19 May 2017, 10:00AM**, at the GBAC Secretariat, Level 2 Core G, GSIS Building, Financial Center, Pasay City.

The bidders/service providers with the Lowest Offer or Single Offer shall be required to submit the additional documents stated in the Checklist of Additional Requirements (**Annex D**).

Thank you.

*(Original Signed)*

**JASON C. TENG**

*Chairperson*

GSIS Bids and Awards Committee for Goods,  
Services, and Consultancy - Cluster I

*[Insert Letterhead of the Prospective Bidder here]*

**LETTER OF CONFORMITY**

**Title of the Project:** *[Title]*

**To:** *GSIS Bids and Awards Committee  
Government Service Insurance System  
GSIS Central Office, Financial Center, Pasay City*

This is to inform the *GSIS Bids and Awards Committee* that our company, \_\_\_\_\_, located at \_\_\_\_\_ conforms to the Terms of Reference as enumerated and specified in Annex A-1 of the Request for the Submission of Best and Final Offers.

(Signature Over Printed Name)

\_\_\_\_\_  
Authorized Representative

## TERMS OF REFERENCE

### FOR THE PROVISION AND UNDERWRITING OF THE GSIS HEALTH INSURANCE PLAN

#### I. INTRODUCTION

The GSIS Health Insurance Plan (HIP) is adopted to ensure that all GSIS officers and employees, including their qualified dependents are accorded prompt and adequate health care services. It shoulders the medical and surgical expenses up to the prescribed annual benefit limit amount, subject to its provisions and exclusions. An external service provider is procured through Negotiated Procurement. The HIP is included as part of the GSIS Health and Wellness Program (Policies and Procedural Guidelines No. 246-13) approved under Board Resolution No. 112 dated 10 October 2013.

#### II. COVERAGE

A. The following shall be considered Members under the GSIS HIP (hereinafter referred to as "PLAN") and shall be covered until the end of the Contract Period:

1. Principal Member: A GSIS officer or employee with a permanent, temporary or co-terminus appointment and is in the service within the Contract Period. The Principal Member shall be covered regardless of age without any additional premiums.
2. Qualified Dependent: The Principal Member is allowed to enroll one (1) qualified dependent:
  - a. For married employees: either the
    - 1) Legal spouse up to sixty five (65) years of age; OR
    - 2) Eldest child up to twenty-one (21) years of age
  - b. For single employees without children:
    - 1) Parents up to sixty-five (65) years of age; OR
    - 2) Siblings up to twenty-one (21) years of age
  - c. For single employees with children (solo parent)
    - 1) Children up to twenty-one (21) years of age; OR
    - 2) Parents up to sixty-five (65) years of age
3. Additional and Extended Members:
  - a. Additional Dependents shall include the dependents in excess of the one enrolled under the Plan as discussed above. This shall include the immediate family members (parents, siblings and children of the Principal Member) regardless of civil status provided that they comply with the age requirement and submission of documentary requirements to the Service Provider.
  - b. Extended Dependents are those outside the eligible qualified dependents up to the second degree of consanguinity.
  - c. Premium rates, benefits and services shall be pro-rated for the ten (10) months period of the contract.

- B. Additional conditions pertaining to coverage under the Plan are as follows:
1. Children who are mentally and/or physically and permanently incapacitated are exempted from the maximum age requirement.
  2. For GSIS employees who are husband and wife, each may enroll up to the maximum allowable one (1) qualified dependent, but in no case should the dependent be enrolled twice.
  3. The following qualified dependents may be excluded from coverage upon the request of the Principal Member subject to the presentation of acceptable proof to the Service Provider:
    - a. Those enrolled under a HMO or similar health care program
    - b. Those currently residing or shall reside abroad for at least one (1) year
    - c. Those separated from the Principal (for spouses) for at least one (1) year, legally or otherwise
  4. Additional or change of qualified dependent shall be allowed under the following circumstances:
    - a. Marriage
    - b. Birth
    - c. Adoption
    - d. Death of a qualified dependent
  5. The prescribed period of filing of request to change a dependent under item 3 is thirty (30) working days from the date of effectivity of the Contract, while under item 4 will also be thirty (30) working days from the date of marriage, birth, adoption and death. The abovementioned dependent shall be covered under the HIP from the date of enrollment.
  6. The Service Provider is required to propose a separate package/plan for additional and extended dependents that shall be for a period of ten (10) months and shall give due notice to those concerned regarding the start and prescribed period for enrollment. This will form part of their orientation programs. The Principal Member shall then coordinate directly with the Service Provider concerning enrollment of additional and extended dependents.
  7. The Service Provider shall also propose and provide alternative package/plan for Principal Members who wish to enroll their dependents who are not qualified under the provision of additional and extra dependents (e.g. 22 years old and 66 years old and above)
  8. Additional and extended members shall be given thirty (30) calendar days enrolment period from the date of effectivity of the Contract.
  9. A Principal Member who is separated from the service (i.e. retirement, resignation) except for cause (dismissal) shall be covered until the end of the Contract Period.
  10. In case the Principal Member dies within the contract period, his/her enrolled dependent shall be covered for six (6) months or until the end of the Contract Period, whichever comes first.

11. A dependent who went over the required age limit during the effectivity of the Contract shall continue to be covered until the end of the Contract Period.
12. A newly hired GSIS officer or employee who enters the service after the execution of the Contract but still within the Contract Period shall be covered under the Plan starting on the date of appointment as certified by the Human Resources Administration Department (HRAD). The HRAD shall submit the list of newly hired employees along with their fully accomplished application form to the Service Provider within two (2) weeks after the newly hired employee reported to work.

### III. SCOPE OF WORK

The Service Provider shall ensure at all times that health care services are provided to the Members through its accredited hospitals and clinics with all the necessary personnel, health care professionals, medicines, supplies, equipment and other facilities, as may be needed for the implementation of the Plan up to the Annual Benefit Limit (ABL). Services shall be on a “no cash-out basis” and all payments shall be net of PhilHealth benefits, if applicable.

Annual Benefit Limit	
Principal	₱250,000.00
Dependent	₱100,000.00

- A. Emergency Care services during situations which require immediate medical and/or surgical intervention including ambulance services (all forms) up to ABL
- B. In-patient services (Hospital Confinement) for Medical and/or Surgical cases shall include the following:
  1. Room and Accommodation: An open private room shall be provided at all times exclusively for the use of the Member with air-conditioning facilities, refrigerator, toilet and bath. In case, the only available room is a higher category in the hospital at a given time, a member is entitled to be admitted free of charge for the first forty-eight (48) hours. After the 48 hours has lapsed, the excess/related charges shall be shouldered by the member. A certification from the hospital admitting section must be secured by the member before the date of discharge.
  2. Operating and Recovery Room Services and the corresponding charges
  3. Intensive Care Unit and/or similar special units and the corresponding charges
  4. Professional services of an accredited physician, specialist and/or sub-specialist. Additional consultants or specialists may be called in when necessary
  5. Diagnostic/Therapeutic and other ancillary procedures and examinations
  6. All drugs, medicines, supplies, fluids, oxygen, blood and blood products including its processing/screening, anesthesia and its administration.
  7. Hospital admission kits including wee bag, dressings, plaster/immobilizer casts and other miscellaneous supplies.
  8. Full coverage of modern modalities of treatment.
- C. Out-patient services for medical and/or surgical cases shall include the following:

1. Professional fees and charges for consultation and management by accredited physicians, specialists and sub-specialists
2. Referrals/requests for the prescribed diagnostic procedures and/or modern modalities of treatment including the corresponding fees/charges

D. Other medical/surgical benefits shall include the following:

1. Once a week on-site blood examination procedures (Central Office and selected Branch Offices) as prescribed by the Officer IV, Medical Officer II/I and/or attending physician.
2. Quarterly Health and Awareness lectures or four (4) lectures annually (Central Office and selected Branch Offices). Topics shall be prescribed by the Medical Officers I/II/IV, MWSD.
3. Rehabilitative therapy secondary to sports and work-related injuries including post-traumatic events such as cerebrovascular/cardiovascular accidents, etc. (such as but not limited to speech therapy and physical therapy) up to the ABL per member per year including appliance up to ₱5,000 per member per year.
4. Cataract extraction up to the ABL per member per year. The cost of each lens is covered up to ₱15,000 per member per year.
5. Laser treatment for all types of glaucoma and retinal detachment up to the ABL.
6. Necessary reconstructive surgery to alleviate documented pain and/or to restore damaged systemic functions due to trauma.
7. Full dose of the following vaccines: anti-rabies, anti-tetanus and anti-venom up to ₱25,000.00 per full dose of each vaccine.
8. Influenza (up to ₱1,500.00 per year for Principal Member) and Pneumonia vaccine (up to ₱2,500.00 per year for Principal Members who are 50 years old and above). An on-site vaccination can be performed by the Service Provider upon the approval of the Officer IV, MWSD.
9. Cauterization of warts (including facial warts) up to ₱5,000 per family per year at accredited clinics. Unless there is no available accredited clinic to perform the procedure per advice of the Service Provider, the Principal Member can opt and be allowed to reimburse the expenses subject to the prescribed rates.
10. Cryosurgery up to ₱1,000 per area per year.
11. Dental services for Principal Members of Central Office and Branch Offices, former and current members of the Board of Trustees including qualified retirees as certified by the GSIS. This includes simple dental procedures such as oral prophylaxis twice a year, unlimited consultations and examinations, simple tooth extractions, permanent fillings/lightcure (limited to two (2) surfaces/person/year) gum treatment, adjustment of dentures, re-cementation of loose jackets, crowns, and treatment of mouth lesions, wounds and burns.
12. All congenital diseases are covered up to ₱50,000 per family per year.
13. All expenses incurred during Chemo/Radiotherapy, dialysis (including supplies/medicines necessary for the procedure: i.e. erythropoietin, dialyzer) and other similar treatments whether performed during confinement or in an out-patient setting shall be covered up to the ABL.
14. Maternity Benefits for female Principal Members and up to two (2) pregnancies for two (2) live births per year:
  - a. ₱35,000 for Caesarian Section, ₱25,000.00 for Normal Spontaneous Delivery and Dilatation and Curettage; and
  - b. Pre and Post-natal out-patient consultations including basic laboratory and diagnostic procedures for the duration of pregnancy

- (i.e. Complete Blood Count, Urinalysis, Pap smear, and Ultrasound as needed except for determination of gender).
15. Provision of a medical team (i.e. nurses, doctors) including basic on-site blood laboratory services (i.e. random blood sugar, cholesterol) during GSIS sponsored events and other situation deemed necessary with prior notice from the Officer IV, MWSD.
  16. Accepted experimental/alternative medical procedures (i.e. acupuncture, acupressure, reflexology, chiropractic treatment, spine alignment, etc.) up to ₱5,000.00 per member per year at accredited clinics/hospitals.
  17. Counseling for work-related concerns through reimbursement basis as referred by the Officer IV, MWSD

#### **IV. EXCLUSIONS**

The following conditions shall be considered exclusions from coverage; provided, however that all other conditions not mentioned herein are deemed included or covered under Item III:

- A. Expenses incurred for privilege/exclusive services (i.e. private health care professional, caregiver, extra amenities, supplies, etc.)
- B. Plastic and reconstructive surgery for cosmetic purposes
- C. Hearing impairments except those acquired during the Contract Period
- D. Services to diagnose and/or reverse infertility/fertility, virility and erectile dysfunction
- E. Mental illness and/or substance abuse
- F. Sexually-transmitted diseases except HIV/AIDS and its related complications
- G. Injuries due to participation in a criminal activity attributable to the member's own misconduct and gross negligence or committed under the influence of alcohol or other prohibited substances
- H. Treatment of injuries sustained in a motor vehicle accident if the member or his guardian fails or refuses to sign the Deed of Subrogation
- I. Custodial, domiciliary, convalescent or intermediate care
- J. Prescribed "take home" medications
- K. Routine diagnostic/screening and ancillary tests for pre-employment purposes
- L. Professional fees of medico-legal officers
- M. Cost of vaccines for active and passive immunization, except for the influenza/pneumonia and other vaccines stated in other medical/surgical benefits

#### **V. TERMS AND CONDITIONS**

- A. Pre-Existing Conditions and Illnesses are covered up to the ABL per Member per year.
- B. The Officer IV and Medical Officers II/I, Medical and Wellness Services Department (MWSD) shall be the Plan Administrator and Assistant Plan Administrator, respectively. The Plan Administrator shall oversee the implementation of the HIP and monitor compliance of the Service Provider in accordance with the provisions under the Plan. The Assistant Plan Administrator shall assume the functions of the Plan Administrator as directed. All requests for laboratory and diagnostic procedures including referrals of the Administrator, in favor of Members under the Plan, shall be honored and processed by the Service Provider.
- C. If a Member consulted with non-accredited health care professional/s in a non-accredited hospital and/or clinic and treated accordingly, all expenses shall be

covered and reimbursed in accordance with the existing rates of the Service Provider up to the ABL. However, in emergency cases, all expenses incurred in the Emergency Room including that of the hospital confinement shall be covered in full amount for the first forty-eight (48) hours up to ABL.

- D. If a Member consulted with non-accredited health care professional/s in an accredited hospital and/or clinic and treated accordingly, all expenses incurred during the consult or confinement shall be covered up to the ABL except for the corresponding professional fees of the non-accredited health care professional/s that shall be reimbursed in accordance with the existing rates of the Service Provider.
- E. The transfer of a Member who is initially admitted at an accredited or non-accredited hospital to an accredited hospital shall be covered up to the ABL.
- F. All claims for reimbursement must be submitted to the Service Provider within forty five (45) working days from the date of discharge or consultation.
  - 1. For GSIS offices within Metro Manila, Members shall be paid within fifteen (15) working days from filing of the claim provided that all necessary supporting documents are submitted.
  - 2. For GSIS offices outside Metro Manila, Members shall be paid within thirty (30) working days from filing of the claim provided all necessary supporting documents are submitted.
- G. The Service Provider is required to have at least one (1) accredited hospital based on the attached listing (Annex A-2) in areas near GSIS forty two (42) Branch Offices and a minimum of fifty (50) accredited hospitals in the National Capital Region (Annex A-3).
- H. The GSIS shall have the right to request preferred non-accredited physicians/hospitals/clinics for accreditation and the Service Provider shall exert all efforts to expedite the process. Provided, however, that in the event that the designated physicians/hospitals/clinics refuse accreditation, the Service Provider shall be excused from complying with this provision.
- I. The Service Provider shall provide a designated liaison officer (LO)/ coordinator (hospital-based) and hotline services as follows:
  - 1. In an emergency case and/or during confinement, services shall be provided on a 24-hour 7-day basis.
  - 2. For out-patient consultations and treatment, services shall be provided from 8AM to 5PM, Mondays through Saturdays.
- J. The Service Provider shall provide a Public Relation Officer (PRO) who shall handle the complaints/feedback of the enrolled members and shall coordinate with the concerned Principal Members. All complaints must be answered within two (2) working days by the Service Provider.
- K. A LO and Letter of Authorization (LOA) issuer shall be provided and stationed at the GSIS Headquarters Building, Financial Center, Roxas Boulevard, Pasay City from Monday up to Friday, 7:30AM to 5PM or up to 6PM if the need arises for the duration of the Contract Period. The LO shall attend to the concerns, queries, provide information materials/forms upon request and issue LOAs in favor of GSIS employees. An alternate LOA issuer shall likewise be provided in case the designated LO is absent. In case the LOA issuer shall be absent due



to an emergency situation, an alternate shall be made available immediately or within two (2) hours. The abovementioned schedule shall be strictly complied by the LO and his/her alternate.

- L. The Service Provider shall be required to strictly submit to the Plan Administrators the prescribed and officially signed Quarterly Utilization Report (Annex A-4) including raw data for the period of the contract. These reports shall be promptly and strictly submitted together with audio-visual presentation every third week of the month of the succeeding quarter or whenever required by the Plan Administrators. The PRO shall coordinate with the Officer IV, MWSD regarding the presentation and submission.
- M. The utilization of the Extended Members shall not form part of the utilization of Principal Members and their respective qualified dependents under the Plan but a separate utilization report including raw data must be submitted before the end of the contract period.
- N. The Service Provider shall officially request for a certified and updated master list of GSIS officers and employees from the HRAD through the MWSD, from the date of issuance of the Notice to Proceed. Further, quarterly updating of qualified dependents (over-age, change of status) shall be undertaken by the HRAD and shall forward concerns (i.e. employees' information, status, etc.) to the Service Provider.
- O. The Service Provider shall be required to accomplish the following activities (subject to the approval of the Officer IV, MWSD):
  - 1. Orientation lectures and provision of Member Guideline Booklets including other informational materials
  - 2. Provision and distribution of Identification cards to all Members

The scheduled activities shall be officially coordinated with the Plan Administrators and the concerned heads of the Branch Offices prior to implementation. It must be completed within thirty (30) calendar days after issuance of the Notice to Proceed (NTP) for the Central Office and sixty (60) calendar days for the Branch Offices. If the ID cards are not yet available, the Service Provider shall ensure that all Members are properly coordinated and accommodated by the accredited hospitals/clinics whenever necessary. They shall also issue temporary ID cards or certification to the Members.

- P. In the implementation of the Plan, the medical records and utilization reports, including raw utilization data, names, addresses, telephone numbers, identification numbers, dates of birth, and other personal and confidential information pertaining to the Members obtained by or given to the Service Provider shall be treated with confidentiality. Only the Officer IV, MWSD can request for the abovementioned information from the Service Provider.
- Q. The Service Provider shall not use or disclose such confidential information, or any part thereof, in any manner other than is necessary to perform its services under this Contract or as required by law. Relative thereto, the GSIS agrees to support and coordinate with the Service Provider, its directors and/or officers, employees, or duly authorized representatives, in their defense against any action, sum of money, liability, damages, and claims which any third party may bring against the Service Provider as a direct or indirect result of the GSIS having received and/or used the confidential information.

- R. All documents, records, reports, and data, including data recorded in the data processing systems, documentation relative to the implementation of the Plan, including the receipt, processing, and payment of claims and all claim histories, shall be the property of the GSIS.
- S. The Service Provider shall provide all documents, records and reports as required by the GSIS.
- T. GSIS and the Members under the Plan shall not be made liable for any unpaid bills by the Service Provider.
- U. In the event of fraudulent use of the membership card by any of the Plan Members, the Service Provider may terminate membership of the said Member under due process.
- V. In the event that the Member's medical/surgical expenses exceeds the ABL, the excess amount shall be shouldered by the said Member or collected by the Service Provider from the Member.
- W. All collectibles in excess of the ABL and those not covered under the Plan shall be addressed directly to the concerned Principal Member copy furnished the Office of the Vice President, Human Resources Office (OVP, HRO) and Officer IV, MWSD.

## **VI. TERMS OF PAYMENT**

- A. The GSIS shall have a period of thirty (30) working days to process payment that shall commence after completion of the review and validation of the following documents submitted by the Service Provider:
  - 1. Statement of Account (SOA); and
  - 2. Transmittal list that shall contain the name of employees covered under the Plan.
- B. The GSIS shall review and validate the above-mentioned documents within thirty (30) working days after the receipt of the said documents for queries and/or clarifications. In case of errors (i.e. double billing, erroneous entries, etc.), the documents shall be endorsed and returned to the Service Provider for appropriate action. The HRAD will certify the list of employees as Members of the Plan.
- C. Payment shall be based on the amount of the premiums of the Principal Members (warm bodies as of the date of effectivity of the Contract).
- D. All payments shall be subject to existing accounting and auditing rules applicable to the GSIS.
- E. Premiums of employees hired after the execution of the Contract shall be pro-rated. The HRAD shall submit the list of the newly hired employees along with their fully accomplished application forms to the Service Provider.
- F. The Service Provider agrees that any payment due and payable and/or may be due the Service Provider shall be offset against any amount due to the GSIS under the Agreement, such as but not limited to liquidated damages.

## **VII. PENALTY CLAUSES**

- A. In case any of the accredited physicians and/or hospitals/clinics delay, for any unjustifiable reason, to render or provide medical assistance to the Members whenever necessary, the Service Provider shall pay in favor of the Member, as liquidated damages, an amount equivalent to one percent (1%) of the total coverage for every day of delay.
- B. In the event the Service Provider fails and/or refuses to render or provide assistance, for any unjustifiable reason, to any Member, the Service Provider shall pay in favor of the member, also as liquidated damages, the full amount of coverage and for all damages suffered and/or expenses incurred by reason of such delay and/or refusal.
- C. The Service Provider shall not assign or sub-contract the services or any portion thereof covered by the Plan without the written approval of the GSIS. Violation of this condition shall be a ground for the cancellation of the Contract by the GSIS.
- D. In any case the Service Provider failed to submit the prescribed and officially signed Utilization Report on schedule or as required, without any formal written explanation and justification addressed to the Plan Administrators, two (2) weeks prior to the prescribed schedule, this shall be a possible ground for cancellation of the Contract by GSIS.

## **VIII. CONTRACT PERIOD**

- A. The Contract shall be for a period of ten (10) months from 27 June 2017 to 26 April 2018.
- B. Notwithstanding any provisions to the contrary, the GSIS shall have the right, power and privilege to terminate the services of the Service Provider for any cause whatsoever without need of judicial action by giving thirty (30) calendar days Written Notice to that effect to the Service Provider, which hereby agrees to abide by the decision of the GSIS.

## **IX. APPROVED BUDGET**

The approved budget for the Contract is ₱65,229,166.67.

## Annex A-2

### List of Hospitals/Clinics for Central Office

	Hospitals/Clinics
1	Makati Medical Center
2	Asian Hospital and Medical Center
3	St. Luke's Medical Center, Quezon City
4	Capitol Medical Center
5	The Medical City
6	Manila Doctor's Hospital
7	Manila Adventist Medical Center
8	Far Eastern University-Nicanor Reyes Memorial Foundation Hospital
9	Philippine Heart Center
10	Cardinal Santos Medical Center
11	University of Santo Tomas Hospital
12	San Juan De Dios Hospital
13	University of Perpetual Help Dalta Medical Center
14	Chinese General Hospital
15	Alabang Medical Center
16	Metro North Medical Center and Hospital
17	World Citi Medical Center
18	National Kidney & Transplant Institute (NKTII)
19	Las Piñas Doctors Hospital
20	Parañaque Doctors Hospital
21	Mall Based Clinic/s

### HOSPITALS OF CHOICE OF BRANCH OFFICES

BRANCH OFFICES	ADDRESS	CONTACT NUMBER	HOSPITALS OF CHOICE
<b>LUZON GROUP</b>			
<b>Luzon North Office</b>			
Dagupan Branch Office	PNR Site, Mayombo District, Dagupan City, Pangasinan, 2400	976-4900 loc 3267/ (075) 522-0436/ (075) 523-7511	1. Nazareth General Hospital 2. Dagupan Doctors Villaflor Hospital 3. The Medical City Pangasinan
Baguio Branch Office	3F EDY Bldg., 143 Kisad Road, Baguio City 2600	976-4900 loc 3247/ 859- 0269 loc 4169 (074) 446-8060/ (074) 446-8060	1. Notre Dame de Chatres Hospital 2. St. Louis University Hospital of the Sacred Heart 3. Pines City Doctors' Hospital
La Union Branch Office	Bugayong Bldg., Quezon Ave., Brgy. Catbangan San Fernando City, La Union 2500	976-4900 loc 3217/ 859- 0246 loc 4146 (072) 242-6893/ (072) 242-6893	1. Lorma Medical Center 2. Bethany Hospital, Inc. 3. La Union Medical Diagnostic Center and Hospital, Inc.
Tuguegarao Branch Office	Carig, Tuguegarao City, Cagayan 3500	976-4608/ 859-0260 loc 4160/ (078) 396-0650/ (078) 396-0673	1. Divine Mercy Wellness Center 2. St. Paul Hospital of Tuguegarao, Inc. 3. Dr. Ronald P. Guzman Medical Center
Bayombong Branch Office	UBAP Building, NVSU Bayombong Compound, Don Domingo Maddela, Bayombong, Nueva Vizcaya 3700	976-4900 loc 3257/ (0915) 3323961/ (0927) 4164321	1. PLT Hospital 2. MMG Hospital 3. Veteran's Regional Hospital (gov't. hosp.)
Cauayan Branch Office	Tagaran, Cauayan City, Isabela 3305	976-4900 loc 3223/ 859- 0244 loc 4144 (078) 652-1127/ (078) 652-1042	1. Isabela United Doctors Medical Center (IUDMC) 2. Cauayan Medical Specialist 3. Dr. Esther Garcia Medical Hospital
Laoag Branch Office	Brgy. 23, P. Paterno St. Laoag City, 2900	976-4900 loc 3378/ 859- 0273 loc 4173 (077) 772-0053	1. Mariano Marcos Hospital 2. Laoag City Gen Hospital 3. Black Nazarene Hospital

Pampanga Branch Office	Sindalan, San Fernando, Pampanga 2000	976-4900 loc 3213/ (045) 455-1261	1. The Medical City - Clark, Pampanga
			2. Sacred Heart Hospital
			3. Mother Theresa of Calcutta Medical Center
			4. UniHealth-Baypointe Hospital and Medical Center
Tarlac Branch Office	Urquico Oval, San Roque, Tarlac City 2300	976-4900 loc 3212/ 859-0272 loc 4172/ (045) 982-9866	1. Jecson's General Hospital
			2. Ramos General Hospital
			3. Central Luzon Doctor's Hospital
Bataan Branch Office	San Ramon, Dinalupihan, Bataan 2110	976-4900 loc 3209/ (047) 636-1482/ 636-1481/ 636-1482	1. Isaac Catalina Medical Center
			2. Bataan Doctors Hospital and Medical Center
			3. Bataan St. Joseph Hospital and Medical Center
			4. Bataan Peninsula Medical Center
Cabanatuan Branch Office	NFA Compound, Maharlika Highway, Cabanatuan, Nueva Ecija 3100	976-4900 loc 3215/ 859-0247 loc 4147/ (044) 982-9702/ (044) 985-9703	1. Premiere Medical Center
			2. Good Samaritan Hospital
			3. Nueva Ecija Doctors Hospital
			4. Wesleyan General Hospital
Bulacan Branch Office	KM. 41 McArthur Hi-Way, Mildecor Bldg., Sumapang Matanda, Malolos City, Bulacan 3000	976-4900 loc 3243/ 859-0213/ (044) 794-2616	1. Ace Allied Care Experts Medical Center of Baliuag
			2. La Consolacion University General Hospital
			3. Sacred Heart Hospital of Malolos Inc. Diagnostic and Medical Arts Center
<b>Luzon South Office</b>			
Laguna Branch Office	Barangay Biñan, Pagsanjan, Laguna 4008	976-4900 loc 3232/ 859-0264 loc 4164/ (049) 501-6955	1. Community General Hospital
			2. Healthserv Los Banos Medical Center
			3. Laguna Holy Family Hospital
Palawan Branch Office	National Highway, Brgy SAN Miguel, Puerto Princesa City	859-0257 loc 4157/ (0480) 433-2579/ (048) 433-6826	1. Palawan Adventis Hospital (PAH)
			2. Medical Mission Group-Cooperative Hospital (MMG-PPC Cooperative Hospital)
Batangas Branch Office	Aalangilan, Batangas City 4200	976-4900 loc 3201/ 859-0250 loc 4150/ (0430) 723-4345/ (043) 723-4123	1. Mary Mediatrix Medical Center
			2. Jesus of Nazareth Hospital
			3. St. Patrick's Hospital Medical Center
			4. Ma. Estrella General Hospital

Lucena Branch Office	GSIS Bldg., Maharlika Highway, Brgy Isabang, Lucena City 4301	976-4900 loc 3207/ 859- 0253 loc 4153/ (042) 710- 7772/ (042) 373-6358	1. Lucena United Doctor's Hospital Medical Center 2. Mount Carmel Diocesan General Hospital 3. Lucena MMG General Hospital 4. St. Anne General Hospital
Naga Branch Office	Del Rosario, Naga City 4400	976-4900 loc 3202/ 859- 0280 loc 4180/ (054) 472- 1250	1. Mother Seton Hospital 2. Naga Imaging Center Cooperative (NICC) Doctors Hospital 3. Bicol AccessHealth Centrum
Legazpi Branch Office	Alternate Rd., Bitano, Legazpi City 4500	976-4900 loc 3274/ 859- 0215 loc 4148/ (052) 480- 4685	1. Estevez Memorial Hospital 2. Tanchuling Hospital 3. Aquinas Hospital
Sorsogon Branch Office	Flores St. Capitol Compound, Sorsogon City 4700	976-4900 loc 3238/ 859- 0261 loc 4161/ 0917- 6721970	1. Sorsogon Medical Mission Group Hospital 2. Sts. Peter & Paul Hospital 3. Sorsogon Provincial Hospital
<b>VISAYAS AND MINDANAO GROUP</b>			
<b>Visayas Office</b>			
Bacolod Branch Office	Araneta St. Brgy. Tangub, Bacolod City, Negros Occidental 6100	976-4900 loc 3263/ (034) 444-0982	1. Dr. Pablo O. Torre Memorial Hospital (Riverside Hospital) 2. Bacolod Adventist Medical Center 3. South Bacolod General Hospital
Dumaguete Branch Office	National North Road, Dumaguete City, Negros Oriental 6200	976-4900 loc 3269/ 859- 0263 loc 4163/ (035) 422- 4032	1. Silliman University Medical Center Foundation, Inc 2. Holy Child Hospital 3. PGO Neg. Oriental IPHO NOPH
Cebu Branch Office	Leon Kilat St. Cebu City, Cebu 6000	976-4900 loc 3264/ 859- 0256 loc 4156/ (032) 253- 2940	1. Chong Hua Hospital 2. Cebu Doctors University Hospital 3. Perpetual Succour Hospital
Bohol Branch Office	2nd Floor, DBP Bldg. CPG North Avenue, Tagbilaran City, Bohol 6300	859-0254 loc 4154/ (038) 501-0579	1. Ramiro Community Hospital 2. Community Hospital 3. HNU Medical Center
Iloilo Branch Office	Cor. Sto. Rosario and Zamora Sts, Iloilo City 5000	976-4900 loc 3493/ 859- 0259 loc 4159/ (033) 335- 0638	1. Panay Medical Ventures Inc. (QUALIMED) 2. Medicus-iloilo 3. The Medical City- Iloilo

Roxas Branch Office	A. Belo St., Roxas City, Capiz 5800	976-4900 loc 3387/ 859-0281 loc 4181/ (036) 621-3127	1. Capiz Emmanuel Hospital
			2. St. Anthony Hospital
			3. Capiz Doctors' Hospital
			4. Health Centrum Hospital
Tacloban Branch Office	Marasbaras, Tacloban City, Leyte 6500	976-4900 loc 3252/ 859-0251 loc 4151/ (053) 323-2506	1. Divine Word Hospital
			2. RTR Hospital
			3. Mother of Mercy Hospital
Maasin Branch Office	Gervacio Bldg., Kangleon St., Mantahan, Maasin City, Southern Leyte 6600	976-4900 loc 3400/ 859-0276 loc 4176/ (053) 570-8011	1. Maasin Maternity and Children Hospital
			2. Living Hope Hospital
			3. Southern Leyte Provincial Hospital
<b>Mindanao Office</b>			
Butuan Branch Office	Libertad, Butuan City 8600	479-3577 loc 3577/ 859-0279 loc 4179/ (085) 341-5029	1. Manuel J. Santos Hospital
			2. Butuan Doctors Hospital
			3. Butuan Maternity Birthing Clinic
Surigao Branch Office	Ground Floor, Parkway Building, National Highway, Surigao City 8400	479-3503 loc 3503/ 859-0270 loc 4170	1. Surigao Medical Center
			2. Miranda Hospital
			3. ST. Paul University - Perpetual Succor Hospital
Cagayan De Oro Branch Office	Calamansi Drive, Carmen CDO City 9000	976-4900 loc 3253/ 859-0262 loc 4162/ (088) 858-5818	1. CDO Polymedic Medical Plaza, Inc.
			2. Xavier University-Maria Reyna Hospital
			3. Capitol University Medical Center Foundation of Cagayan, Inc.
Iligan Branch Office	Yima Bldg., Badelles St., Iligan City 9200, Lanao Del Norte 9223	976-4900 loc 3235/ 859-0255 loc 4155/ (063) 221-2308	1. Adventist Medical Center
			2. Mercy Community Hospital
			3. Dr. Uy Hospital
			4. Iligan Medical Center Hospital
Malaybalay Branch Office	Onda Bldg. Sayre Highway, Caisang Malaybalay, Bukidnon 8700	976-4900 loc 3234/ 859-0295 loc 4195/ (088) 813-4711	1. Bethel Baptist Hospital
			2. Malaybalay Polymedic General Hospital
			3. St. Jude Thaddeus General Hospital
Davao Branch Office	Mc Arthur Highway, Matina Davao City 8000	976-4900 loc 3251/ 859-0266 loc 4166/ (082) 296-2431	1. Davao Doctors Hospital
			2. San Pedro Hospital
			3. Davao Medical School Foundation Hospital (DMSF)
Kidapawan Branch Office	1st floor, Dimaano Building, National Highway, Kidapawan City	976-4900 loc 3276/ 859-0278 loc 4178	1. Kidapawan Medical Specialist Hospital
			2. Kidapawan Doctors Hospital
			3. Madonna General Hospital



Tagum Branch Office	Osmena Extension, Magugpo South, Tagum City 8100	976-4900 loc 3266/ 859-0267 loc 4167/ (084) 655-6168/ 655-0725	1. Tagum Doctors Hospital
			2. Davao Regional Medical Center
			3. Bishop Joseph Regan Memorial Hospital
General Santos Branch Office	LLIDO Bldg., Santiago Blvd., Gen. Santos City, 9500	976-4900 loc 3262/ 859-0268loc 4168/ (083) 301-7065	1. St. Elizabeth Hospital
			2. GenSan Doctors Hospital
			3. Mindanao Medical Center (MMC)
Cotabato Branch Office	Gov. Gutierrez, Ave., Cotabato City	976-4900 loc 3222/ 859-0275 loc 4175/ (064) 421-1168	1. Notre Dame Hospital & School of Midwifery
			2. Cotabato Regional & Medical Center (Government Hospital)
			3. Cotabato Medical Specialist Hospital
Zamboanga Branch Office	Moret, Baliwasan, Zamboanga City 7000	976-4900 loc 3205/ 859-0252 loc 4152/ (062) 991-1556	1. Zamboanga Doctor's Hospital
			2. Ciudad Medical de Zamboanga
			3. Brent Hospital and College, Inc.
Dipolog Branch Office	Minaog, Dipolog City 7100	976-4900 loc 3204/ 859-0282 loc 4182/ (065) 212-2308	1. ZN Cooperative Hospital
			2. Dipolog Medical Center
			3. ZN Medical Hospital
Pagadian Branch Office	Jaloux Bldg., Purok Subida, Dao, Pagadian City 7016	976-4900 loc 3206/ 859-0249 loc 4149/ (062) 214-4475 LOC 209	1. Mendero Hospital
			2. Jamellarin Hospital
			3. Hofileña Hospital

**GSIS HMO UTILIZATION REPORT:**

	Number of Enrolled Members (A)	Number of Members with Claims (B)	Utilization Rate (B/A)
Principal			
Main Office			
Quezon City			
Pasay			
NCR			
etc			
<b>Total</b>			

	Number of Enrolled Members (A)	Number of Members with Claims (B)	Utilization Rate (B/A)
Dependents			
Main Office			
Quezon City			
Pasay			
NCR			
etc			
<b>Total</b>			

	PRINCIPAL		DEPENDENT		TOTAL	
	COUNT	AMOUNT	COUNT	AMOUNT	COUNT	AMOUNT
In-Patient						
Out-Patient						
Reimbursement						
Weekly Laboratory Test						
Vaccination						
<b>Total</b>						

Top 20 Illnesses	IN-PATIENT		OUT-PATIENT		TOTAL	
	COUNT	AMOUNT	COUNT	AMOUNT	COUNT	AMOUNT

**TOP 20 HOSPITALS ACCESSED (NCR)**

HOSPITAL	IN-PATIENT			OUT-PATIENT		
	Count	Amount	Average	Count	Amount	Average

**TOP 20 HOSPITALS ACCESSED (LUZON)**

HOSPITAL	IN-PATIENT			OUT-PATIENT		
	Count	Amount	Average	Count	Amount	Average

**TOP 20 HOSPITALS ACCESSED (VISAYAS)**

HOSPITAL	IN-PATIENT			OUT-PATIENT		
	Count	Amount	Average	Count	Amount	Average

**TOP 20 HOSPITALS ACCESSED (MINDANAO)**

HOSPITAL	IN-PATIENT			OUT-PATIENT		
	Count	Amount	Average	Count	Amount	Average

**TOP 20 CLINICS ACCESSED (separate tables for NCR, Luzon, Visayas, Mindanao)**

HOSPITAL	IN-PATIENT			OUT-PATIENT		
	Count	Amount	Average	Count	Amount	Average

## Annex B

### Itemized Bid Form

1	2	3	4	5	6	7	8	9	10
Item	Description	Country of origin	Quantity	Unit price EXW per item	Cost of local labor, raw material, and component	Total price EXW per item (cols. 4 x 5)	Unit prices per item final destination and unit price of other incidental services	Sales and other taxes payable per item if Contract is awarded	Total Price delivered Final Destination
1	Provision and Underwriting of the GSIS Health Insurance Plan	NA	1 Lot	NA	NA	NA	NA	NA	
TOTAL									

**BID SECURITY**

The bidder shall submit a **Bid Securing Declaration** using the form prescribed in the Notice of Conduct of Negotiated Procurement/Request for Submission of Best and Final Offers or any of the following form of Bid Security:

- a. **Php1,304,583.33**, equivalent to 2% of the ABC, if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit;

*Bidders who opt to submit a bid security in the form of cash and/or cashier's/manager's check shall deposit the said bid security to the GSIS Cashier, in coordination with the GBAC Secretariat, prior to the submission of bids. The Official Receipt issued by the GSIS Cashier shall be submitted as part of their Sealed Envelopes containing their Best Offers.*

- b. **Php3,261,458.33**, equivalent to 5% of the ABC, if bid security is in Surety Bond. A valid certification from the Insurance Commission must attached/submitted.

## Bid-Securing Declaration Form

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

**X-----X**

### **BID-SECURING DECLARATION**

Title of the Project: \_\_\_\_\_

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

I/We, 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 as the bidder with the Lowest Calculated and Responsive Bid/Highest Rated and Responsive Bid, and I/we have furnished the performance security and signed the Contract.

**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 \_\_\_\_

**CHECKLIST OF ADDITIONAL REQUIREMENTS**

**Legal Documents**

1. Appropriate Registration Certificate from the:
  - Securities and Exchange Commission
    1. **For Corporation**  
Certificate of Registration; or Certificate of Incorporation; or Certificate of Filing of Amended Articles of Incorporation
    2. **For Partnership:**  
Certificate of Registration; or Certificate of Partnership; or Certificate of Filing of Amended Articles of Partnership
  - Department of Trade and Industry (DTI), for sole proprietorship
  - Cooperative Development Authority (CDA), for cooperatives
2. Business Permit/Mayor’s Permit for CY 2017 issued by the city or municipality where the principal place of business of the prospective bidder is located
3. Valid Tax Clearance per Executive Order 398 (s. 2005), as finally reviewed and approved by the BIR.(GPPB Resolution No. 21-2013 dated 30 July 2013)
4. Valid PhilGEPS Registration Certificate.

*Note: In case of Joint Venture, all parties to the Joint Venture shall submit the above-cited documents.*

**Technical Documents**

5. Statement of Completed Contracts which are similar in nature to the Project, within the past three (3) years from the submission and receipt of Best and Final Offer.

**Financial Document**

6. Audited financial statements for CY 2016, stamped “received” by the Bureau of Internal Revenue (BIR) or its duly accredited and authorized institutions.

7. Valid Joint Venture Agreement

**Other Technical Documents**

8. Omnibus Sworn Statement in accordance with Section 25.2 of the RIRR of RA 9184 and using the form prescribed in the Notice of Conduct of Negotiated Procurement/Request for Submission of Best Offers. Submit a Notarized Secretary’s Certificate, *if required/applicable*. In case of sole proprietorship, submit a special power of attorney if the proprietor/owner has assigned/appointed a person to, on his/her behalf, represent the company in the bidding/Negotiated Procurement of GSIS and sign all documents pertaining to the project to be bid.
9. If the bidder is a foreign entity, Certification from the relevant office from the bidder's country of origin stating that laws or regulations of said country grant reciprocal rights or privileges to citizens, corporations or associations of the Philippines.

## 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 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 of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding/Negotiated Procurement for *[Name of the Project]* of the *[Name of the Procuring Entity]*;

*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 and/or to represent the *[Name of Bidder]* in the bidding/Negotiated Procurement as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)]*;

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/Negotiated Procurement 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:* I am 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;

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

- a) Carefully examine all of the Bidding Documents/documents for Negotiated Procurement;
- 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]; and

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]

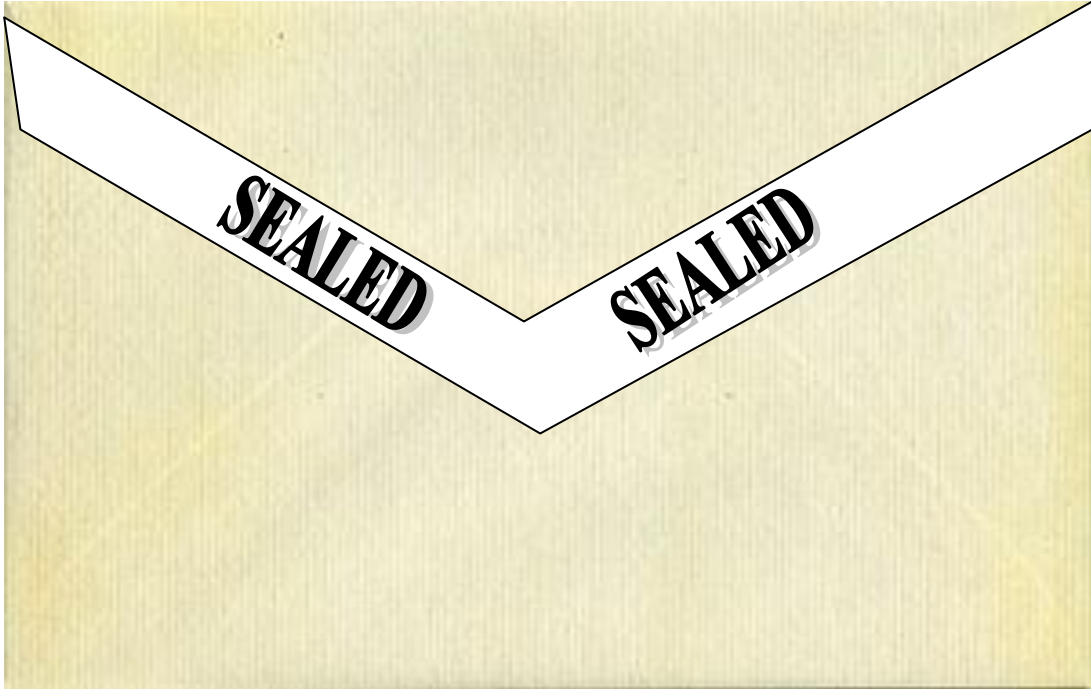
[JURAT / To be Notarized)

**SAMPLE FORM**

**STATEMENT OF COMPLETED GOVERNMENT AND/OR PRIVATE CONTRACT  
OR CONTRACTS SIMILAR TO THE CONTRACT TO BE BID, WITHIN THE  
PAST THREE (3) YEARS PRIOR TO THE DEADLINE FOR THE SUBMISSION  
AND RECEIPT OF PROPOSALS**

<b>Name of the contract</b>  (including the name/s and contact number of the customer's authorized representative/s)	<b>Date of the contract</b>	<b>Nature of Work / Kinds of Goods</b>	<b>Amount of contract and value of outstanding contracts</b>	<b>Date of Completion</b>	<b>Copy of end user's acceptance or official receipt(s) issued for the contract, if completed</b>

**SEALING AND MARKING**



<b>Name of the Project:</b> _____
<b>Name, Address &amp; Contact Details of the Bidder:</b> _____ _____
<b>Place of Submission:</b> GBAC Secretariat, GSIS Bids and Awards Committee Level 2 Core G, GSIS Central Office, Financial Center Pasay City
<b>Date of Submission:</b> _____

***Note: The bidder's envelope containing the required documents must be properly SEALED.***