



AUDIT OVERSIGHT BOARD

T# 02/25-26

Request for Proposals Group Health Insurance

The Audit Oversight Board invites sealed bids from the service providers based in Islamabad registered with Federal Board of Revenue/Respective Revenue Boards for Income Tax and who are on Active Taxpayers List of the Federal Board of Revenue/Provincial / Islamabad Capital Territory tax authorities regarding tax for group health insurance for a term of three years.

Interested service providers may get bidding documents containing detailed terms and conditions, method of procurement, procedure for submission of bids, bid validity, opening of bid, terms of reference, evaluation criteria and clarification/rejection of bids etc. for the abovementioned requirement from the undersigned free of cost and can also download the same from www.aob.gov.pk

The bids prepared in accordance with the instructions in the bidding documents, must reach the undersigned on or before **June 04, 2026** by 11:00 am and will be opened on the same day at 11:30 am.

In case of any queries relating to the aforementioned, the HR & Administration Department may be contacted on Telephone No. +92 (51) 9100 381 or by sending an email at info@aob.gov.pk during office hours (Monday to Friday excluding public holidays)

HR & Administration Manager
Audit Oversight Board
1406, 14th floor, ISE Towers,
55-B Jinnah Avenue Blue Area, Islamabad

Terms and Conditions for Bids and Service Providers

1. Tender Identification Number: **TENDER # 02/25-26**
2. The Procurement Agency is:

Audit Oversight Board

1406, 14th floor, ISE Towers, 55-B Jinnah Avenue Islamabad

3. The Audit Oversight Board invites sealed bids from service providers registered with the Federal Board of Revenue/Respective Revenue Boards for Income Tax and who are on the Active Taxpayers List of the Federal Board of Revenue/Relevant Tax Authority for:

Group Health Insurance

SINGLE STAGE TWO ENVELOPE METHOD

4. Bids shall comprise a single package containing TWO separate envelopes. Each envelope shall contain separately the Financial Bid and the Technical Bid. The two envelopes shall be clearly marked as "FINANCIAL BID" and "TECHNICAL BID" in bold and legible letters.
5. Initially, only the envelope marked as "TECHNICAL BID" shall be opened publicly. The envelope marked as "FINANCIAL BID" shall be retained.
6. After the evaluation and approval of the technical bid, the financial bids of only those bidders will be opened whose technical bids would have been approved. The time, date and venue will be communicated to the bidders in advance.
7. Only registered service providers who are on the Active Taxpayers List of FBR are eligible to provide services to the AOB. **Bids of all those bidders who are inactive on the Active Taxpayers List on the date of bid opening shall be rejected.**
8. Relevant details of the invitation may be obtained from the undersigned personally or by visiting the AOB website: www.aob.gov.pk
9. The bid validity period shall be 150 days.
10. AOB reserves the right to reject all bids and cancel this invitation to bid at any stage of the bidding process.
11. It is of utmost importance that all bids should be submitted very carefully, and the instructions set forth above must be carefully complied with, failing which the offer will be ignored and/or rejected.
12. The language of the bid is English, and alternative bids shall not be considered.
13. The amount of the bid shall be in Pak rupees, however, for the purpose of comparison of bids quoted in different currencies, the price shall be converted into a single currency specified in the bidding documents. The rate of exchange shall be the selling rate, prevailing on the date of opening of bids specified in the bidding documents, as notified by the State Bank of Pakistan on that day.

14. The prices quoted shall correspond to 100% of the specified requirements. The prices quoted by the service providers shall not be adjustable. Changes or revisions in rates after the opening of the bids will not be entertained at any stage of the process and may disqualify the original offer.
15. The rates must be quoted strictly in accordance with the bidding document.
16. Detail of applicable taxes and whether taxes included or not in the quoted price and breakup of quoted price shall be clearly mentioned.
17. Service Charges in percentage terms and exclusive of applicable sales tax rate, quoted by the bidder, shall be considered for evaluation.
18. In case applicable taxes have neither been included in the quoted price nor mentioned whether the quoted amount is inclusive or exclusive of such taxes, then quoted amount will be considered to be inclusive of all taxes and selected service provider will have to provide the required services/equipment, if selected and declared as the lowest evaluated service provider.
19. Free of cost benefits (if any) offered by the bidder shall be part of the bid.
20. The bidder shall submit bid securing declaration on the format prescribed by the Authority in Standard Procurement Documents.
21. The quantities/strength/requirements required may vary according to AOB's requirements.
22. The interested companies/firms must have a regular business address, telephone number and email address and must provide proof of their existence in the particular business.
23. Bids shall be evaluated as per the evaluation criteria prescribed in the bidding documents.
24. Tax shall be deducted/withheld as per applicable sales tax and income tax law. If selected service provider is not in the Active Taxpayers List at the time of payment, then his payment shall be stopped till he files his mandatory returns and appears on the Active Taxpayers List of FBR.
25. The bidders do not have an option of submitting their bids electronically.
26. Telegraphic and conditional bids will not be accepted.
27. Unsealed bids will not be received, and all such bids shall be rejected.
28. AOB shall disqualify any service provider if it finds at any time that the information submitted by the service provider is false and materially inaccurate.
29. Clarification if any on the requirement may be obtained from: info@aob.gov.pk

30. The place of bid destination is Audit Oversight Board, 1406, 14th floor, ISE Towers, Islamabad.

31. The envelopes shall bear the following additional identification marks:

Bid for: Group Health Insurance
Bidder Name: XYZ

Attention: **HR & Administration Manager**
Audit Oversight Board
1406, 14th floor, ISE Towers, 55-B Jinnah Avenue, Islamabad.

32. The deadline for the submission of bids is:

Date: 04-06-2026

Time: 11:00 am.

33. The bid opening shall take place at:

Audit Oversight Board
1406, 14th floor, ISE Towers, 55-B Jinnah Avenue,
Islamabad.
Date:04-06-2026
Time:11:30 am.

34. A statement "Not to be opened before 11:30 am, June 04, 2026" shall be clearly mentioned in legible writing on the top of the sealed bid.

35. The bids received after the due date and time will not be entertained.

36. Rates quoted must be valid for one year.

37. Annexures details are given below:

1.	Scope of work	Annex "A"
2.	Details of employees and eligible dependents	Annex "B"
3.	Evaluation Criteria	Annex "C"
4.	Documentary Evidence Form	Annex "D"
5.	Format for Financial bids	Annex "E"
6.	Proposal Securing Declaration	Annex "F"

If the above terms and conditions are acceptable then bids must be submitted well in time and according to the requirements.

SCOPE OF WORK

i. Detail of employees and their dependents:

Description	Total
Number of Employees	19
Number of Spouses	12
Children	25

ii. Detail of benefits:

Description	Rs.
Hospital Care: <i>Total hospital care, surgical and miscellaneous expenses inclusive of daily room rent charges per annum per insured</i>	500,000
Daily room and board sub-limit	25,000
Maternity – Normal	250,000
Maternity – C Section	350,000
OPD	1,000,000

- ❖ OPD shall be required with 'no administrative charge' basis by the Health Insurance Service provider.
- ❖ OPD shall be replenished by the Audit Oversight Board as and when required during the term of the policy.

DETAILS OF EMPLOYEES AND ELIGIBLE DEPENDENTS

Plan	Description	DOB	Relation	Gender	Marital Status
1	Employee	21-02-1985	Own Self	MALE	MARRIED
	Dependent	18-01-1987	Spouse	FEMALE	MARRIED
	Dependent	02-01-2018	Son	MALE	UNMARRIED
	Dependent	08-11-2024	Daughter	FEMALE	UNMARRIED
2	Employee	05-12-1978	Own Self	MALE	MARRIED
	Dependent	31-08-1981	Spouse	FEMALE	MARRIED
	Dependent	10-07-2008	Son	MALE	UNMARRIED
	Dependent	29-01-2012	Son	MALE	UNMARRIED
3	Employee	17-02-1992	Own Self	MALE	MARRIED
	Dependent	27-09-1996	Spouse	FEMALE	MARRIED
	Dependent	14-04-2019	Daughter	FEMALE	UNMARRIED
	Dependent	17-10-2021	Daughter	FEMALE	UNMARRIED
4	Employee	03-09-1994	Own Self	MALE	MARRIED
	Dependent	31-07-1997	Spouse	FEMALE	MARRIED
	Dependent	13-09-2024	Daughter	FEMALE	UNMARRIED
	Employee	06-08-1989	Own Self	MALE	MARRIED
5	Dependent	17-08-1998	Spouse	FEMALE	MARRIED
	Employee	15-06-1960	Own Self	MALE	MARRIED
6	Dependent	17-03-1960	Spouse	FEMALE	MARRIED
	Employee	30-10-1990	Own Self	MALE	MARRIED
7	Dependent	06-09-1991	Spouse	FEMALE	MARRIED
	Dependent	19-03-2021	Son	MALE	UNMARRIED
	Dependent	19-03-2021	Daughter	FEMALE	UNMARRIED
	Dependent	19-03-2021	Daughter	FEMALE	UNMARRIED
8	Employee	11-02-1964	Own Self	MALE	MARRIED
	Dependent	01-04-1974	Spouse	FEMALE	MARRIED
	Dependent	14-11-2000	Son	MALE	UNMARRIED
9	Employee	01-01-1970	Own Self	MALE	MARRIED
	Dependent	25-01-2004	Son	MALE	UNMARRIED
	Dependent	28-11-2013	Son	MALE	UNMARRIED
	Dependent	28-03-1999	Daughter	FEMALE	UNMARRIED
	Dependent	28-08-1997	Daughter	FEMALE	UNMARRIED
	Dependent	01-04-2001	Daughter	FEMALE	UNMARRIED
10	Employee	26-08-1979	Own Self	MALE	MARRIED
	Dependent	19-08-1983	Spouse	FEMALE	MARRIED
	Dependent	28-01-2010	Son	MALE	UNMARRIED
	Dependent	21-02-2012	Son	MALE	UNMARRIED
	Dependent	03-01-2018	Daughter	FEMALE	UNMARRIED
11	Employee	23-07-1980	Own Self	MALE	UNMARRIED
12	Employee	31-12-1996	Own Self	MALE	MARRIED

	Dependent	18-04-1999	Spouse	FEMALE	MARRIED
	Dependent	30-01-2026	Son	MALE	UNMARRIED
13	Employee	25-12-1991	Own Self	MALE	MARRIED
	Dependent	23-12-1997	Spouse	FEMALE	MARRIED
	Dependent	06-07-2020	Son	MALE	UNMARRIED
14	Employee	05-03-1995	Own Self	MALE	UNMARRIED
15	Employee	22-04-1990	Own Self	MALE	MARRIED
	Dependent	21-04-1993	Spouse	FEMALE	MARRIED
	Dependent	07-01-2020	Daughter	FEMALE	UNMARRIED
	Dependent	12-04-2022	Son	MALE	UNMARRIED
16	Employee	13-05-1997	Own Self	MALE	UNMARRIED
17	Employee	01-01-1996	Own Self	MALE	UNMARRIED
18	Employee	30-01-1996	Own Self	MALE	UNMARRIED
19	Employee	27-04-1998	Own Self	MALE	UNMARRIED

EVALUATION CRITERIA

Please duly fill and sign stamp the following form and attach the necessary evidence

Q No. 1	Years in Business of Health Insurance/Takaful	Point(s)
1	Less than 5 Years	01
2	5 Years to 10 Years	05
3	More than 10 Years	10

Q No. 2	Existing Health Insurance Portfolio	Point(s)
1	Less than Rs. 750 million	07
2	More than Rs. 750 million	10

Q No. 3	Credit Rating by PACRA/JCS-VIS	Point(s)
1	Less than A +	01
2	A+ to AA	05
3	AA + and above	10

Q No. 4	Credit Rating by any international rating agency	Point(s)
1	Less than A +	01
2	A+ to AA	05
3	AA + and above	10

Q No. 5	No. of Corporate Clients in Health Insurance	Point(s)
1	Less than 30	03
2	30 to 50	07
3	More than 50	10

Q No. 6	Paid up Capital of the Insurance Company	Point(s)
1	Up to Rs. 500 million	03
2	Rs. 501 million to Rs 800 million	05
3	More than 800 million	10

Q No. 7	No. of Panel Hospitals facility in Rawalpindi/Islamabad	Point(s)
1	Up to 10	03
2	More than 10	10

Q No. 8	No. of Panel Hospitals in Pakistan	Point(s)
1	Up to 50	03
2	More than 50 and less than 100	07
3	More than 100	10

TOTAL		
SIGN AND STAMP		

Annex “D”

DOCUMENTARY EVIDENCE FORM

Name of Bidder: _____

Bid against Reference No. _____

Date of opening of Bid: _____

Documentary evidence for determining eligibility of the bidders & evaluation of bids. Bidders should only initial against those requirements that they are attaching with this document. Bidders are advised to attach all supporting documents with this form in the order of the requirement.

Sr. No.	Required Documentation	Signature of Bidder
1	NTN Certificate	
2	On Active Taxpayer List of FBR	
3	Registration / Incorporation / Business Certificate	
4	Original Bidding documents duly signed / stamped	

Annex “E”

FORMAT FOR FINANCIAL BIDS

NAME OF ORGANIZATION
ADDRESS
CONTACT NUMBERS

Manager HR & Administration
Audit Oversight Board
1406, 14th floor, ISE Towers
55-Jinnah Avenue, Islamabad

Date

SUBJECT: FINANCIAL BID FOR GROUP HELATH INSURANCE FOR THE FY 2026-27

Sr. No	Description	Amount (PKR)
1	Hospitalization Premium (FY 2026-27)	
2	OPD Pool of AOB (not consumed is returnable)	1,000,000/-
3	OPD admin service charge (if any)	
4	Maternity Premium	
	Total	

Age Limit	
Coverage of pre-existing conditions	<ul style="list-style-type: none">- No coverage- 10%- 50%- 100%

Name
Designation
Contact Number Mobile
Contact Number Office
Email Address

PROPOSAL SECURING DECLARATION

[The Consultant shall fill in this Form in accordance with the instructions indicated.]

Date: *[insert date (as day, month and year)]*

Proposal No.: *[insert number of Proposal process]*

Alternative No.: *[insert identification No if this is a Proposal for an alternative]*

To: *[insert complete name of Procuring Agency]*

We, the undersigned, declare that:

We understand that, according to your conditions, Proposals must be supported by a Proposal Securing Declaration.

We accept that we will automatically be suspended from being eligible for Bidding in any contract with the Procuring Agency for the period of time as determined by the Authority if we are in breach of our obligation(s) under the Proposal conditions, because we:

- (a) have withdrawn or modified our Proposal during the period of Proposal Validity specified in the Form of Proposal;
- (b) Disagreement to arithmetical correction made to the Proposal price; or
- (c) having been notified of the acceptance of our Proposal by the Procuring Agency during the period of Proposal Validity, (i) failure to sign the contract if required by Procuring Agency to do so or (ii) fail or refuse to furnish the Performance Security or to comply with any other condition precedent to signing the contract specified in the SRFP Documents.

We understand this Proposal Securing Declaration shall expire if we are not the successful Service Provider, upon the earlier of (i) our receipt of your notification to us of the name of the successful Service provider; or (ii) twenty-eight (28) days after the expiration of our Proposal.

Signed: *[insert signature of person whose name and capacity are shown]* In the capacity of *[insert legal capacity of person signing the Proposal Securing Declaration]*

Name: *[insert complete name of person signing the Proposal Securing Declaration]*

Duly authorized to sign the Proposal for and on behalf of: *[insert complete name of Service Provider]*

Dated on _____ day of _____, _____ [insert date of signing]
Corporate Seal (where appropriate)