

Republic of the Philippines

Benguet State University



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Bids and Awards Committee (Goods & Services)

TERMS OF REFERENCE

| Name of Project | INSURANCE COVERAGE FOR BSU STUDENTS (SECOND SEMESTER 2023- 2024 TO 1 ST SEMESTER 2024-2025) LA TRINIDAD CAMPUS |
|--|---|
| Project Location | Benguet State University- La Trinidad Campus, La Trinidad, Benguet |
| Approved Budget for the Contract (ABC) | PhP. 966,586.75 |
| Contract Duration | One Year |
| Source of Fund | Internally Generated Income |

- A. The Benguet State University (BSU), through the Bids and Awards Committee (BAC), is inviting registered Insurance Providers with valid licenses to submit their proposal on INSURANCE COVERAGE FOR BSU COLLEGE STUDENTS (SECOND SEMESTER 2023- 2024 TO 1ST SEMESTER 2024-2025) LA TRINIDAD CAMPUS
- B. Insurance Providers should have the following:
 - 1. Office branch established within the vicinity of Baguio City or Benguet Province.
 - 2. A 24-hour accessible hotline or assistance.
 - 3. Personnel available for the prosecution of the project.
- C. Guidelines:
 - 1. a. The coverage of the insurance must be on a 24 hour per day basis for one year whether the insured student is at home, inside or outside the school premises.
 - b. The insurance should also cover injuries sustained while participating in activities such as but not limited to attending intramurals, socio-cultural activities, sports and practicum or off campus activity.

 Note:
 - **b.1**. The insurance will still cover a BSU student who has paid the insurance fee even if his/her enrollment was withdrawn during the period.
 - **b.2.** A BSU student who has graduated during the period **January 2024 to July 2024** shall still be covered by the insurance.
 - b.3 Covers students who are on overseas and local travel on student related activities.
 - 2. Processing time of claims should be stated in the proposal.
 - 3. List of documents needed when claiming should be included in the proposal.
 - 4. Payee should be the student, if applicable.
- D. Covered benefits shall not be limited to and lower than the following: (MINIMUM REQUIREMENT)

| DESCRIPTION | CAPITAL SUM OFFER | |
|--|-------------------------------|--|
| 1. Dismemberment(DI) | | |
| Description of Dismemberment | % of the Capital Sum | |
| Loss of two limbs | 100% | |
| Loss of one hand and one foot | 100% | |
| Loss of sight of both eyes | 100% | |
| Loss of both hands, or all fingers and both thumbs | 100% | |
| Loss of both feet | 100% | |
| Any injuring causing permanent total disablement | 1% per month up to 100 months | |
| Loss of arm at or above the elbow | 70% | |
| Loss of arm between elbow and wrist | 70% | |
| Loss of leg at or above knee | 60% | |
| Loss of hearing-both ear | 50% | |

| | 500/ | | |
|--|-----------------------|-------------|--|
| Loss of hand | 50% | | |
| Loss of leg below knee | 50% | | |
| Loss of sight of one eye | 50% | | |
| Loss of one foot | 50% | | |
| Loss of speech | 50% | | |
| Loss of hearing- one ears 25% | | | |
| Total loss by Physical severance or total and permanent lo | oss of use of: | | |
| Thumb and Four fingers of one hand | 50% | | |
| Four fingers of one hand | 40% | | |
| Thumb (both Phalanges) | 25% | | |
| Thumb(one Phalanx) | 10% | | |
| 2. Permanent disablement (PDT) | 1 | | |
| Description of Disablement | % of the Capital Sum | | |
| Ring finger (three Phalanges) | 8% | | |
| Ring finger (two Phalanges) | 4% | | |
| Ring finger (one Phalanges) | 2% | | |
| Index finger (three Phalanges) | 15% | | |
| Index finger (two Phalanges) | 8% | | |
| Index finger (one Phalanx) | 4% | | |
| Little finger (two Phalanges) | 6% | | |
| Little finger (one Phalanx) | 3% | | |
| All toes of one foot | 2% | | |
| Great toe(two Phalanges) | 17% | | |
| Great toe (one phalanx) | 5% | | |
| Middle finger (three Phalanges) | 10% | | |
| Middle finger (two Phalanges) | 4% | | |
| Middle finger (one Phalanx) | 2% | | |
| Any other toe | 2% | | |
| Any permanent partial disablement not specified above other than loss of sense of taste or smell | 3% | | |
| Daily hospitalization allowance due t days(DHA-A) | | | |
| Daily hospitalization allowance due t (DHA-S) | o sickness with its m | aximum days | |
| Accident Death(AD) Unprovoked murder/homicide or assault (UMAA) | | | |
| | | | |
| 8. Medical reimbursement | | | |
| | AN | NUAL OFFER: | |

E. Additional Technical Requirements

- Valid Licenses from the Insurance Commission
- Certificate of Satisfactory Performance from previous clients.
- Experience in undertaking a project of similar nature of at least ten (10) years prior to the opening of proposals.
- A net income of at least Five Hundred Million Pesos (PhP 500,000,000.00) based on the audited financial statement for the preceding year.

Note: Bid shall be based on the premium to be paid per student