SAN JOSE CITY ELECTRIC COOPERATIVE
(S A J E L C O)

Office: Maharlika Highway, Abar 1st, San Jose City, Nueva Ecija
3121

INVITATION TO BID
(SIMPLIFIED BIDDING)

Date: February 14, 2024

Company Name

Address

Sir/Ma'am:

Please quote your lowest price on the item/s listed below, submit your quotation duly signed by your representative;

ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE
164 persons	Health Maintenance Organization for the period of			
	May 01, 2024 until April 30, 2025			
	Offer for Regular Private Php 140,000 MBL per Illness			
	Offer for Php 500,000.0 Consumable			
	Offer for Php 10,000.00 worth of coverage			
	With access to major hospitals and with dental coverage			
			ABC	**1,640.000.00**

Note:

All interested bidders/suppliers must submit all eligibility requirements to SAJELCO BAC for review & approval and pay the Accreditation fee of ₱1,000.00. A Certificate of Accreditation will be issued to all eligible bidders/suppliers and is valid for 12 months upon receipt. (*List of Eligibility Requirements already attached for your reference*).

Please deposit all fees to San Jose City Electric Cooperative **BDO Account# 001990008982** before submission of bids and submit proof of payment to **sajelcobac@gmail.com**.

Specify all the proposals as per requirement and submit your proposals in a sealed envelope labeled SAJELCO HMO 2024-2025 and address to Engr. Cesar B. Ubungin- General Manager and Attention to Ms. Gemma V. Felimon. All proposals can also be submitted via email thru **sajelcobac@gmail.com** and must be password protected (*the password will only be ask from the supplier upon the opening of the bid proposal*).

Please attach neccesary supporting documents as may be needed to profound the services offered by the Company.
The deadline of submission of quotation/s is on or before February 28, 2024.
Effectivity of Healthcare Maintenance Organinzation is on May 01, 2024.
TERMS OF REFERENCE may be emailed to bidders for amore detailed requirement of the COOPERATIVE.

CONFORME: Canvassed by: Noted by:

Authorized Representative (SIGNED) (SIGNED)