

# CHECKLIST FOR TENDERS

Whether you are a broker or a large company, below is an example of the types of questions that you could ask of an international health, life and disability insurance provider to ensure that the most suitable insurance solution can be selected. For the avoidance of doubt, please be advised that this document is provided to you on a non-advice basis and is intended merely as a guide.

## COMPANY PROFILE

### General overview

1. Please provide a brief history of your company.
2. Describe the demographics of your company, e.g. operational office locations, geographical scope of your business, etc.
3. Please give details about the insurance solutions you are able to provide.
4. Please provide details of your strategic partnerships including your partner's company name, scope of service provided by the partner and its location.

### Financial information

1. Indicate your company's revenue for the last three years.
2. Please provide details on the financial stability of your company and any financial or credit ratings that you hold.

### Company culture and corporate responsibility

1. What are your company values?
2. Has your organisation received any awards or accreditations in recognition of best practices?
3. What is your approach to corporate responsibility?

## PRODUCT OFFER

### Cover eligibility

1. Can you provide cover for Third Country Nationals\* (TCNs) and local employees as well as expatriates?
2. Are there any limitations on the duration of cover if an employee's length of stay is unknown?

## **Products**

1. How many of the following insurance products are you able to offer?
  - International healthcare cover
  - Short-term healthcare cover for business travels
  - Life cover (including terminal illness and/or accidental death and dismemberment cover)
  - Disability cover
  - Global Health and Protection Services

Please give a short description of each of the products offered by your company.

2. Are products outlined in the previous question be sold separately or in complement with each other?
3. What geographical areas of cover do you offer?
4. Are you able to offer tiered cover within one scheme i.e. different products, areas of cover and service requirements?
5. Can you provide cover for COMPANY NAME's scheme on a medical history disregarded basis?
6. Are you able to offer a continuation of cover for group leavers? If so, please provide full details.
7. Do you offer administration services only?
8. Are there any requirements of the proposed plan design that you cannot meet?

## **Clients portfolio**

1. How many corporate clients and how many lives do you insure under each product you offer?
2. Please provide the following information for three existing clients which are similar in nature to COMPANY NAME:
  - Cover provided
  - Population insured
  - Location of insured members
  - Number of years they have been a client of your company
3. Please provide contact details for three clients who we can approach in case we wish to ask for references regarding your company's service. We undertake not to approach them without your prior consent.

## **MEMBER SERVICES**

### **Helpline**

1. How many days per week and on what hours does your Helpline operate?
2. How many languages are supported by your Helpline?
3. Can your Helpline be contacted via a toll-free number?
4. What service level agreement do you offer regarding the Helpline service?

### **Membership documentation**

1. What membership documentation do you provide? In how many languages are you able to offer this documentation?
2. In what formats are the membership documents available and what delivery options do you offer?
3. What is the lead time for issuing this documentation to insured members?

### **Claims process for the international healthcare product**

1. How can claims be submitted? What is the claims process and turnaround time?
2. Please provide a sample of your claim form.
3. How are claims handled when additional information is required from the insured member?
4. How are claims paid? Are you able to offer multi-currency claims settlement?
5. Who is responsible for any associated bank charges linked to claims reimbursement payments?

### **Technology**

1. Please provide details of your online services for insured members, in relation to accessing personal membership documents, viewing claims information, seeking treatment advice, searching for provider networks, etc.
2. Please provide details of the online services you offer for the group scheme administration.
3. What languages do you support with regards to your internet based services?
4. Do you offer mobile application solutions to members? If yes, please describe the features of your app.
5. Please provide details of your future digital enhancement strategy.

### **Additional support to members**

1. Do you offer health and wellbeing tools to help insured members manage their health?
2. Do you offer access to medical advice services?
3. Do you offer insured member any Employee Assistance Programme? If yes, what does it include and how can it be accessed?
4. Do you offer any Travel Security Services? If yes, what do they include and how can they be accessed?

## **GROUP ADMINISTRATION AND SUPPORT**

### **Implementation and support**

1. Please outline your company's process for implementation of new schemes. Please also indicate your process' normal timelines and how you would ensure a seamless transfer of cover from our current insurer. Please provide an example implementation plan.
2. What do you believe are the critical success factors in achieving a seamless implementation process?

3. Please provide an example of a successful implementation case related to a client who inceptioned in the last two years.
4. Will you provide a dedicated team to support COMPANY NAME during the transition period? If so, please provide details of the implementation team.
5. How would you organise the implementation team to service COMPANY NAME's account?

#### **Cost containment and case management**

1. Describe your case management capabilities.
2. How does your company control claims costs? Please provide examples evidencing the savings your approach has made.
3. How does your company highlight and prevent potentially fraudulent claims? Please provide examples.
4. Do you have a network of medical providers with direct settlement agreements where our population resides? Please describe the scale of the network available.
5. Are you able to offer evacuation and repatriation services? Is this controlled in-house or done by an external contractor?

## **INTERNAL SAFETY MEASURES AND AUDITING**

#### **Safety and security**

1. What disaster recovery measures do you have in place?
2. What resources and security measures do you employ to protect client data?
3. How does your company comply with Data Protection regulations?

#### **Quality**

1. Are you subject to regular internal and external audits? Please provide details.
2. What were the results of your last audit?
3. How do you monitor the quality of the medical providers in your network?
4. What is your NPS score?

## **REPORTING AND INVOICING**

#### **Reporting**

1. Please provide details of the online services that you offer in relation to group account administration, reporting tools, payment information, etc.
2. What management and claims information / reports are you capable of providing:
  - To the company
  - To the claimant

3. Are you able to provide bespoke reports? If yes, please provide details.

#### Invoicing

1. Please describe what premium payment frequencies you offer and any applicable surcharges that apply.
2. In what currencies can premium payment be made?
3. What are your standard credit terms?

#### ADDED VALUE

1. Can you offer a service level agreement? If yes, please enclose your proposed service levels.
2. What do you believe to be the three key strengths of your business in delivering a complete global offering for a client like COMPANY NAME?
3. Please submit some examples, using testimonials where available, of when you exceeded customer expectations.
4. What value-added services and unique selling points can you offer? How would they benefit COMPANY NAME?

#### Key contacts

1. Who would be the primary contact in your company for us to communicate with during this tender process?

#### NOTE

You understand and agree that Allianz Care is not responsible or liable for any claim, loss or damage directly or indirectly resulting from your (or your clients') use of this checklist or the responses obtained via this Checklist for Tenders. You also understand that independent advice should always be sought by you to obtain the information that you (or your clients) require in order to identify the most suitable type of insurance solution.