



# NEECO II AREA 1

**NUEVA ECIJA II ELECTRIC  
COOPERATIVE, INC. – AREA I**  
Calipahan, Talavera, Nueva Ecija  
Tel./Fax: (044) 411-1007; 958-0260  
Email: [neeco2\\_area1@yahoo.com.ph](mailto:neeco2_area1@yahoo.com.ph)  
Website: [www.neeco2area1.com](http://www.neeco2area1.com)

## Invitation for Bid No. NE-II-A1-2021-S07

The Nueva Ecija II Electric Cooperative, Inc. – Area 1 (NEECO II – Area 1) now invites sealed bids from eligible bidders for the following as per Board Resolution No. 03-02-21, Series of 2022:

### EMPLOYEES' GROUP ACCIDENT INSURANCE FOR 230 EMPLOYEES AND THEIR QUALIFIED DEPENDENTS

Coverage must include:

<b>I. Accidental Death, Dismemberment &amp; Disablement</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>II. Unprovoked Murder &amp; Assault</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>III. Cash Assistance for Natural Death</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>IV. Daily Hospital Confinement Benefit (Accident &amp; Sickness)</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>V. Medical Reimbursement</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>VI. Eligibility</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>VII. Living Care Benefit (Terminal Illness) Rider</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters	
<b>VIII. Others</b>	
<b>IX. Premium: Php 3,000.00</b>	

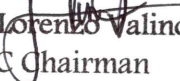
Participating bidders must be accredited by this Cooperative. Link for accreditation is available upon request to this email: [bac\\_neeco2area1@yahoo.com.ph](mailto:bac_neeco2area1@yahoo.com.ph). Accreditation fee amounting to Php5,000.00 is valid for one (1) year and is not refundable.

Accredited Bidders must follow the attached form and instructions in the formulation of their offer and submit/email it to the Bids and Awards Committee on or before April 1, 2022.

For further inquiries, please contact the BAC Secretary at (044) 411-1007 local 110 or email at [bac\\_neeco2area1@yahoo.com.ph](mailto:bac_neeco2area1@yahoo.com.ph). Bidders may submit queries from March 11 to March 24, 2022.

NEECO II-AREA1 hereby reserves the right to reject any or all bids, to waive any formality or technicality defects therein, and accept the bid that is most advantageous to the NEECO II-AREA1, and to annul the bidding process and not award the contract at any time prior to contract award without incurring any liability to any bidder or party.

Finally, NEECO II -AREA 1 assumes no obligation to compensate any bidder or any party for any loss or expense incurred in the preparation of the bid or participation in the bidding process.

  
Mr. Lorenzo Valino Jr.  
BAC Chairman

  
Engr. Nelson M. Dela Cruz  
General Manager

**CONTENTS OF THE BID PROPOSAL:**

1. Company Header
2. Company Address
3. Bidding title/number (Invitation to Bid No. NE-II-A1-2021-S06)
4. Authorized Representatives
5. Contact Details of Authorized Representatives
6. Signature of Authorized Representatives for every page of the offer
7. Other Conditions

**BID FORM**

Note: Should the bidder will opt to use their own bid form template, the bidder must also fill-out this template by indicating their used “terminologies” on the remarks.

BENEFITS	BIDDER'S OFFER	REMARKS
<b>I.Accidental Death, Dismemberment &amp; Disablement</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>II.Unprovoked Murder &amp; Assault</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>III.Cash Assistance for Natural Death</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>IV. Daily Hospital Confinement Benefit (Accident &amp; Sickness)</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>V.Medical Reimbursement</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>VI.Eligibility</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>VII. Living Care Benefit (Terminal Illness) Rider</b> A. Principal (Employee) B. Spouse/Parents C. Children/Brothers/Sisters		
<b>VIII. Others</b>		
<b>IX. Premium: Php 3,000.00</b>		