



**THE NATIONAL HEROES COUNCIL**  
**Longonot Road, Upperhill**  
**P.O. Box 30001 - 00100, Tel: 0719222666**  
**E-mail: [info@heroes.go.ke](mailto:info@heroes.go.ke) OR [procurement@heroes.go.ke](mailto:procurement@heroes.go.ke)**  
**Website: [www.heroes.go.ke](http://www.heroes.go.ke)**

### ADDENDUM 1

**Please take note of the following changes to the above tender:**

**Tender No:** T/NaHeCo/001/2025-2026 –  
**Tender Name:** PROVISION OF STAFF AND BOARD MEMBERS MEDICAL INSURANCE COVER

### 3. SCHEDULE OF REQUIREMENTS

*[The Procuring Entity shall fill in this Form to indicate the List of Insurance Services required by the Procuring Entity [Columns 1-4 and the Tenderer shall complete columns 5- 7 as his/her Tender].*

1	2	3	4	5	6	7	
No of item to be insured	Description of item to be insured	Value of item to be insured	Major contingencies requiring insurance	Insurance period	Insurance Premium per specified period (Tender Price)	Price discount (if any)	Total Tender Price for Insurance Service (Col. 5-6)

No 1	Medical Insurance Cover – Category A (as per breakdown in the schedule of requirements)	1) In patient 2) Outpatient 3) Dental 4) Optical 5) Last Expense	In patient – 2,500,000 Outpatient – 300,000 Dental – 50,000 Optical – 50,000 Last Expense – 150,000	<b>As per schedule of requirements (See below detailed requirements)</b>	One Year			
No.2	Medical Insurance Cover – Category B (as per breakdown in the schedule of requirements)	1) In patient 2) Outpatient 3) Dental 4) Optical 5) Last Expense	In patient – 1,500,000 Outpatient – 150,000 Dental – 50,000 Optical – 50,000 Last Expense – 150,000	<b>As per schedule of requirements (See below detailed requirements)</b>	One Year			
NO 3	Board Members Medical Insurance Cover	1) In patient 2) Outpatient 3) Dental 4) Optical 5) Last Expense	<b>In patient – 2,000,000</b> Outpatient – 100,000  <b>Dental – Within inpatient</b> <b>Optical – Within inpatient</b>  Last Expense – 100,000 (only if a member dies in office)	<b>As per schedule of requirements below to assist you in pricing</b>	One Year			

**N/B:** Kindly note that we have amended the **Board Medical Insurance Cover, Inpatient amount to 2,000,000.00** to align

with DETAILED BREAKDOWN OF BOARD MEMBERS MEDICAL INSURANCE REQUIREMENTS

Completed application documents in plain sealed envelopes clearly marked with the **Tender Number and Description** should be deposited in the Tender Box located at the Council's reception or be addressed and posted to address below.

**The Chief Executive Officer**

**The National Heroes Council**

**Mezzanine Floor, Embankment Plaza**

**PO BOX 30001 - 00100 NAIROBI**

**so as to be received on or before Wednesday 3<sup>rd</sup> December 2025 at 11.00am.**

All tender documents will be opened immediately thereafter at the Council's boardroom, in the presence of bidders or their representatives who wish to be present.

**MR. CHARLES WAMBIA  
CHIEF EXECUTIVE OFFICER**