

Questions and Answers number 2_ LOT 2

1	Regarding the pricing template: for Lot 2, there is reference to 60% weighting to price but the RFP-pdf (p6) refers to 40%: can you please confirm what is correct?	The RFP is correct. For Lot 2, the award weighting is 60% Quality and 40% Price. The reference in the Lot 2 Commercial Response template stating that price is weighted at 60% is a drafting error; Candidates should complete the template as instructed, but the Commercial Response will be evaluated using the 40% price weighting stated in the RFP. Financial cost model has been updated accordingly.
2	ToR, Lot 2 - Risk Plan: Could the ESM clarify how beneficiary nominations for Life Insurance are intended to be administered? In particular, will beneficiary forms be collected and maintained by the ESM or by the selected Provider? Where the ESM maintains beneficiary records, could the ESM also confirm whether the Provider will be able to obtain the latest beneficiary designation and supporting documentation when a Life Insurance claim arises?	Beneficiary nominations will be maintained by the Provider (e.g. in an online or application system which ESM staff can access and update). When a Life Insurance claim arises, the Provider will provide the ESM with the latest valid beneficiary designation and the supporting information required to determine entitlement, so the ESM can help liaise with the beneficiary/ies. In the absence of a valid designation, entitlement will be determined in accordance with the applicable statutory order of succession. The Provider must process the claim using the information confirmed by the staff member and in accordance with confidentiality and data-protection requirements.
3	In Q14 of the clarifications linked to Lot 2, there is reference to a disability case totalling to 84.372 EUR for 2018-2022. However, in the ToR, reference is made to 120.150 EUR. Can you clarify the discrepancy and indicate if this is linked to other disability claims? If so, can you confirm number of cases, paid amount per case and confirmation these are all closed?	The final Terms of Reference figure of EUR 120,150 is the controlling aggregate amount for Work Incapacity claims during 2018–2022; there were no Disability claims. The EUR 84,372 figure relates to the identified Work Incapacity case arising on 5 February 2020 and paid from 5 June 2020 to 31 October 2021. The remaining EUR 35,778 represents other Work Incapacity payments included in the aggregate total. All 2018–2022 cases are closed. No further case-level or personal breakdown will be provided because of confidentiality and the limited size of the population.

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4	Regarding the lot 2 - Disability : Could you please confirm the following? : - Whatever is level of disability of the staff member, his indemnity is of 70% of his salary as long as he does not work, - If the persons returns to work for 50%, his indemnity is reviewed at (50% * 70%) = 35% of his salary, - If the degree of disability estimated based on tables is under 25%, the staff member will get no disability benefits. - The proratisation of the indemnity (partial indemnity) can only be generated by the partial return to work and not by the degree of disability.	Partly confirmed, with the following clarifications: - The 70% of Salary is the benefit applicable in a case of total Work Incapacity/Disability. Where the incapacity or disability is partial, the benefit is prorated according to the degree assessed and approved by the relevant medical advisers or medical board. It is therefore not automatically 70% whenever the person performs no work. - If a member returns to work at 50% and is assessed as retaining a corresponding 50% incapacity, the benefit would normally be 50% of the full 70% benefit, i.e. 35% of Salary. The final percentage remains subject to the medical and functional assessment and the actual working arrangement. - For pricing and benefit administration, Candidates should assume a minimum assessed degree of Work Incapacity/Disability of 25%. Below 25%, no Work Incapacity/Disability benefit is payable. - The final statement is not correct. Proration may result from the medically assessed degree of partial Work Incapacity/Disability and is not limited to a partial return to work. A partial return or reduced-hours arrangement is relevant evidence for the assessment, but it is not the only basis for determining the partial benefit. The Provider's medical advisers or medical board must determine whether the incapacity or disability is partial or total and establish the correct level of benefit, taking account of the ESM Medical Adviser's assessment and the member's functional capacity.
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