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| **ANNEX VII****FINANCIAL PROPOSAL SUBMISSION FORM***Request for Proposal (RFP) no: RFP21-073* |

Below we ask service providers for reference prices for some of their services. The products provided by the selected preferred service provider will not be limited to this list.

Please provide annual premium in EUR or percentage of gross salary per insured member based on proposed coverage.

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| **Premium cost in EUR** | **Premium Cost in Percentage of gross salary** |
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**Certification**

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal/Stamp (if any)

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