

ATTACHMENT 1 – STATEMENT OF WORK

A. GENERAL

The U.S. Government requires Health and Life Insurance for its Locally Employed Staff (LES) of the United States Embassy Lisbon, Portugal and their eligible dependents as described herein. The Contractor shall provide health insurance services under this contract to eligible employees at U.S. Embassy Lisbon and U.S. Consulate Ponta Delgada, Azores.

TYPE OF CONTRACT

1. This is a fixed-price indefinite delivery/indefinite quantity (IDIQ) with economic price adjustment requirement under which annual firm-fixed price task orders will be issued. The fixed premium rates for the health insurance services as specified in Section C – Statement of Work provided herein are provided in Attachment 3 – Pricing Schedule. The quantities set forth in the pricing section are estimates; the Government does not guarantee that such quantities will be ordered.
2. The contract will be for a one base year period and four (4) one-year periods. In accordance with FAR 52.217-8, the contract may be extended by additional six (6) months period. Services shall commence no later than January 01, 2027. The Government is obligated only to the extent of authorized task orders actually made under this IDIQ.
3. Payments will be made only to the extent specifically authorized in the task order. Each task order will fund a specific period of time and number of covered individuals.

ACQUISITION METHOD

This is a commercial acquisition as defined in the Federal Acquisition Regulation (FAR) 2.101, Definitions, and as described in FAR part 12, Acquisition of Commercial Products and Commercial Services. The government intends to use phased acquisition methods in accordance with FAR 12.201-1(d) and comparative evaluation procedures as per FAR 12.203.

B. PRICING

B.1 GENERAL

The Contractor shall provide all health insurance services and benefits required under this contract for the firm-fixed unit prices specified herein. The unit prices shall include all costs associated with providing the required insurance coverage and administrative services, including labor, overhead, general and administrative expenses, profit, and, locally required stamp duty as well as INEM contribution.

Any costs not separately priced shall be considered included in the applicable unit prices as overhead, general and administrative expenses, or other indirect costs.

No additional compensation shall be payable due to the Contractor's failure to properly estimate or accurately predict the costs or complexity of providing the required health insurance coverage and related administrative services.

Except as otherwise expressly provided in the contract, the contract prices shall remain firm for the duration of the contract, and no adjustment shall be made based on increases in operating costs, labor costs, or fluctuations in currency exchange rates.

The currency shall be fixed and cannot be changed by modification to the contract.

B.1.1 VALUE ADDED TAX

Value Added Tax (VAT) is not applicable to this contract and shall not be included in the prices or invoices.

B.1.2 EXCISE TAX

James Zadroga 9/11 Victims Health and Compensation Act of 2010 Notice: Unless a waiver or exception applies, payments subsequent to this procurement are subject to an excise tax of 2% pursuant to 26 U.S.C. 5000C.

B.1.3 ECONOMIC PRICE ADJUSTMENT, PREMIUM ADJUSTMENT BASED ON EXPERIENCE

B.1.3.1 Premium Adjustment Based on Experience - For health insurance, prices may be adjusted upward or downward based on the experience rating of the Mission(s) covered by this Contract.

No adjustment will be allowed during the Base Year.

B.1.3.2 The contractor or the Government may request an adjustment 60 days prior to the end of the base year or current year, to take effect at the start of the following year. Adjustments are not retroactive to previous periods of performance, and the contractor may not seek to recover costs incurred during a prior period of performance through an Economic Price Adjustment. Economic Price Adjustments only apply as an adjustment to the rates to be charged by the contractor for the services identified as in the contract and cannot be recovered as a lump sum adjustment paid to the contractor.

B.1.3.3 Before any such adjustment is made, the contractor agrees to provide the Government a balance sheet showing three main components for the time period:

- (1) receipts (premiums received) minus the retention amount;
- (2) number of insurance plans; and
- (3) claims paid.

This information shall be provided per type of premium, i.e. per line item for the preceding 12 months. The retention amount is not subject to adjustment. The Government reserves the right to have an independent third party review the balance sheet and claims and make recommendations regarding the appropriateness of the requested adjustment. Any adjustment shall be subject to mutual agreement of the parties and shall result in a written modification to the contract.

B.1.3.4 Mutually agreed to adjustments shall be effective thirty days after complete information is received by the Government, and after the corresponding modification has been signed by the Contracting Officer. Any failure to reach agreement under this clause shall be subject to the procedures in the Disputes clause.

B.1.4 PREMIUM ADJUSTMENT BASED ON LAWS

The rates may also be adjusted as a result of laws enacted by the host government, if such change in the laws has a direct impact on the cost to the contract. In that event, the Contracting Officer may enter into negotiations with the contractor to modify the contract pricing schedule. The contractor agrees to provide all documentation necessary to support any requested adjustment.

B.1.4.1 Employee Pool – This clause is only in effect if the contractor included details in its offer regarding a pooling arrangement.

Before any adjustment is made under this price adjustment clause, the contractor shall include in its quotation for adjustment details setting forth how the pool impacts the requested price adjustment.

B.2 PRICING TABLE

The offeror shall provide fixed prices in Attachment 3 – Price Schedule.

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C - DESCRIPTION/SPECIFICATION/WORK STATEMENT

C.1. HEALTH INSURANCE SERVICES

The Government of the United States of America requires Health Insurance coverage for its employees as described herein.

This supplemental medical benefit plan is meant to supplement those benefits and services available through the national healthcare system, not to duplicate what is currently available through the national healthcare system.

The supplemental plan may offer some augmentation but should aim to avoid full duplication of what is currently available through the national healthcare system.

When preparing a competitive quotation, vendors should take into consideration benefits provided through the national healthcare system. Quotations should refrain from over customization, and should be “off the shelf”, “commercially available”, or “market ready” products which are designed to be complementary and supplement to the national system in Portugal.

The benefit levels listed from section C.1.1 through C.1.24 are a standard package that must be provided.

C.1.1 Eligibility:

To be eligible to participate in the medical plan, LE Staff (both full time and part time) must be:

- Paid under the terms of the Local Compensation Plan (LCP); and –
- Under a non-temporary direct hire appointment, personal services agreement (PSA), or personal services contract (PSC); or
- Under a temporary direct hire appointment or PSA Fixed Term of one year or more.

Not eligible are those working under temporary appointments; those working under a PSC or PSA that is time limited to less than one year; non-personal services contract personnel and their employees, supplied by an independent contractor licensed to do business in Portugal who provides services to other local

organizations as well as to the U.S. Mission; employees working on an intermittent or When Actually Employed (WAE) schedule; Peace Corps personal services contractors and Recreation Association employees.

C.1.2 Riders:

There are no riders under this contract.

C.1.3 Periods of Ineligibility:

Employees and their dependents are not entitled to health benefits during any period of employment for which premiums are not paid.

Additionally, employee's dependents are not entitled to health benefits during any period of employment during which the employee was not eligible to participate.

During a period of extended Leave Without Pay (LWOP) or other unpaid leave beyond one pay period, the employee is responsible for the full cost of the insurance premiums for self and dependents. The Mission will pay the premiums directly to the Contractor and will collect the full cost from the employee on a quarterly basis. Alternatively, the employee may elect to have coverage cease if they prefer not to pay the premium.

C.1.4 Dependents:

LE Staff who are eligible to participate in the medical plan automatically confer coverage to eligible family members who meet the following criteria:

-- Legal spouse or domestic partner, to include same-sex domestic partners, as certified by COM: one legal spouse as defined by local law or one domestic partner may be covered. LE Staff with more than one legal spouse or domestic partner must select only one individual for coverage.

In cases where LE Staff and their legal spouse or domestic partner both work for the mission and both are eligible to participate in the medical plan, one will be designated as the lead for purposes of the medical plan, and the other will be considered a legal spouse or domestic partner.

-- Dependent children: a child is defined as the LE Staff's natural, adopted, stepchild, or foster child. Any child of a recognized domestic partner shall be deemed a stepchild of the employee. Children must be unmarried and financially dependent upon the LE Staff. A child will be covered until the end of the contract year in which they reach age 26. An unmarried child determined to be incapable of self-support due to a physical or mental condition will continue to be eligible to participate in the medical plan as long as the condition persists, the child remains unmarried, and the LE Staff maintains coverage.

-- Not covered are extended family members and retired employees and their dependents.

C.1.5 Premiums: Premiums will be based on the number of individuals covered.

- Self-Only: 1 covered individual
- Self Plus One (two individuals)
- Family (three or more individuals)

C.1.6 Annual Maximum Limit:

The maximum annual coverage per covered individual per contract year, not including expenses covered under HIV/AIDS benefits if selected by post, is 30,000 Euros.

C.1.7 Hospitalization (Inpatient Services): 100% Coverage

Services and supplies provided during hospitalization, including services provided by a licensed healthcare provider, bed and board (semi-private, or private*, accommodations), operating room, recovery room, intensive care, imaging and diagnostic testing, general hospital nursing care, physical therapy, as well as prescription drugs and medicines administered while in-patient.

*When a covered individual chooses private accommodations over semi-private, coverage will be limited to the cost of a semi-private room.

If the vendor insurance plan includes the option of coverage for either private or semi-private accommodations, either option will be covered in full.

C.1.8 Obstetric and Newborn Care: Inpatient: 100% Coverage

All associated care and services that women receive throughout labor and delivery, and while hospitalized during post-delivery for themselves and their newborn babies.

See Mental Health and Substance Abuse care (below) for details concerning inpatient psychiatric care.

See Outpatient Services (below) for details concerning professional services.

C.1.9 Emergency Services (trips to emergency room): 100% Coverage

Services provided for conditions that could lead to serious disability or death if not immediately treated, such as accidents or sudden illness.

C.1.10 Ambulance: 80% Minimum Coverage

Professional ground transport to move a patient from the place where s/he is injured or becomes ill to the nearest hospital able to provide treatment or to move a patient from one medical facility to another.

C.1.11 Outpatient Services: 80% Minimum Coverage

Services provided by a certified healthcare provider on an ambulatory or outpatient basis (without being admitted to a hospital), including surgeon's fees and all other associated medical services that may be provided in a hospital, clinic, doctor's office, medical facility, etc. Examples include, but are not limited to:

- Annual physical examinations
- Specialist consultations and treatment, including second surgical opinion
- Minor surgical interventions
- Chemotherapy and radiation treatments
- Immunizations recommended by local authorities and/or the World Health Organization
- Diagnostic tests and diagnostic imaging
- Existing conditions are covered (both outpatient and inpatient)

See Rehabilitative and Habilitative Services and Devices (below) for details concerning physical therapy.

See Mental Health and Substance Abuse Care (below) for details concerning psychiatric therapy.

C.1.12 Obstetric and Newborn Care: Outpatient: 80% Minimum Coverage

All outpatient care and services that women receive during pregnancy (prenatal care), and after childbirth and delivery (postnatal care).

C.1.13 Pediatric Services: 80% Minimum Coverage

Primary and preventive routine care services for covered dependent children, including, but not limited to: physical examination, developmental assessment, laboratory tests, and immunizations recommended by local authorities or the World Health Organization.

Any pediatric treatment that requires hospitalization will be covered at 100% under Hospitalization for inpatient care.

C.1.14 Prescription Drugs: Inpatient: 100% Coverage; Outpatient: 80% Minimum Coverage

Medications prescribed by a certified health care provider that are medically necessary. Examples include, but are not limited to: prescription antibiotics to treat an infection; special supplements necessary to treat a medical condition; medication used to treat an ongoing condition, such as high cholesterol; prophylaxis; or contraceptive medication.

C.1.15 Preventive and Wellness and Chronic Disease Management: 80% Minimum Coverage

Counseling or preventive care designed to prevent or detect medical conditions and care for chronic conditions such as asthma and diabetes. Examples include, but not limited to: physicals, immunizations, and cancer screenings.

C.1.16 Hearing Aids:

Examinations and Treatment: 80% Minimum Coverage

Hearing Aid Apparatus: 80% Minimum Coverage with applicable cap.

Limited to one apparatus per ear every three years.

Maximum coverage: USD 1,500 per covered individual per three-year period.

C.1.17 Optical:

Examinations and Treatment: 80% Minimum Coverage

Prescription lenses and frames, or contact lenses: 80% Minimum Coverage with applicable cap.

Maximum coverage: USD 300 per covered individual every two years.

C.1.18 Dental:

Examinations and Treatment: 80% Minimum Coverage with annual cap

Dentist's fees, x-rays, examinations and treatment, cleanings, fillings, extractions, false teeth, crowns, and bridges.

Maximum coverage: USD 3,200 per covered individual per contract year.

C.1.19 Orthodontia: 80% Minimum Coverage with contract lifetime cap.

Treatment is covered only if treatment begins before age 18, or if required as the result of an accident. A maximum of four years of orthodontia treatment will be covered per covered individual.

Maximum coverage: USD 2,400 lifetime limit.

C.1.20 Reproductive Health: 80% Minimum Coverage

Prescribed contraceptive devices, preventive care and routine examinations, voluntary sterilization, and diagnosis and treatment of conditions which may cause infertility. Assisted reproductive technology (ART), fertility treatments, and reversal of sterilization are not covered (see Exclusions to Coverage).

C.1.21 Mental Health and Substance Abuse Care: 50% Minimum Coverage

Inpatient and outpatient care provided to evaluate, diagnose and treat a mental health condition or substance abuse disorder. This includes behavioral health treatment, counseling, and psychotherapy. Services must be provided by a licensed psychiatrist, psychoanalyst, psychologist, or psychiatric social worker. Inpatient care for alcohol and substance abuse must be carried out at a facility licensed for detoxification and rehabilitation.

C.1.22 Rehabilitative and Habilitative Services and Devices: 50% Minimum Coverage

Rehabilitative services (e.g., recovering skills, such as speech therapy after a stroke or physical therapy after an accident) and habilitative services (e.g., developing skills, such as speech therapy for children) that help develop skills needed for everyday life. Devices to help gain or recover mental or physical skills lost due to injury, disability or chronic condition, and devices needed for habilitative reasons.

C.1.23 HIV/AIDS: 100% up to USD 10,000 per contract year per covered individual

Medications to suppress opportunistic infections (such as tuberculosis or toxoplasmosis for covered individuals who have HIV/AIDS). Brief courses of anti-retroviral drugs during childbirth to prevent the transmission of HIV/AIDS to the child. Generally excludes medication for the long-term suppression of HIV/AIDS through the combination of anti-retroviral drugs in locations with inadequate local healthcare infrastructures.

Note to Contracting Officer: Post should consider electing this option if HIV/AIDS treatment is not covered as prevailing practice by local medical insurance providers, or is prohibitively expensive.

C.1.24 Exclusions to Coverage:

There is no reimbursement for elective cosmetic surgery; spa cures; rejuvenation cures; massage; exercise therapy; long-term rehabilitative therapy; non-medical hospital charges (e.g., telephone, television, etc.); home help, family help, or similar household assistance; fees of persons who are not certified health care providers; advanced reproductive technology (e.g., in-vitro fertilization, intra-cellular sperm injection, artificial insemination, microsurgical epididymal sperm aspiration, testicular sperm extraction, cryopreservation, etc.); or services or supplies which have not been prescribed or approved by a certified health care provider. Exclusions to coverage may be amended if provided in an off the shelf plan and is the lowest-cost and technically acceptable. Removal of any exclusions require prior authorization.

There is no reimbursement for expenses that will be reimbursed or paid directly under a host country medical program or workers' compensation program, the U.S. workers' compensation program, or post's LE Staff workers' compensation program.

C.2 BROCHURE REQUIREMENT

C.2.1 The Contractor shall provide a document (brochure/pamphlet/other written document) in English that sets forth a complete listing of the health insurance benefits to be provided under this contract. This brochure shall be provided in sufficient quantities so that each covered employee receives a copy. The Contractor shall furnish all copies of the brochures to the COR, who will ensure that appropriate distribution is made.

C.2.2 The Contractor shall provide the document described in C.2.1 to the COR not later than ten (10) days after date of contract award. The Contractor shall provide additional brochures for new employees within ten (10) days of the COR's request.

C.2.3 The Contractor assumes full responsibility for ensuring that the document described in C.2.1 accurately reflects the requirements of the contract, as

implemented by the Contractor's technical proposal. In all cases, the contract shall take precedence. Should the COR discover that the brochure contains inaccuracies, the Contractor will be notified in writing; however, failure on the part of the Government to notice any inaccuracies shall in no way limit, revise or otherwise affect the requirement under this contract for the Contractor to fully comply with all contract terms.

C.3 MEDICAL AID CARDS

The Contractor shall provide individual medical aid identification cards to all eligible employees and their registered beneficiaries within thirty (30) calendar days after Award and upon request by the COR. These cards shall serve as the primary means of eligibility verification at the point of service.

D. CONTRACT ADMINISTRATIVE REQUIREMENTS AND PROCEDURES

D.1 QUALITY ASSURANCE AND SURVEILLANCE PLAN (QASP)

This plan provides an effective method to promote satisfactory contractor performance. The QASP provides a method for the Contracting Officer's Representative (COR) to monitor Contractor performance, advise the Contractor of unsatisfactory performance, and notify the Contracting Officer of continued unsatisfactory performance. The Contractor, not the Government, is responsible for management and quality control to meet the terms of the contract. The role of the Government is to monitor quality to ensure that contract standards are achieved.

Performance Objective	Performance Threshold
<u>Services:</u> Performs all services set forth in the scope of work.	All required services are performed and no more than one (1) customer complaints are received per month.
Timely payment of benefits (within 30 calendar days).	No more than one (1) customer complaint is received per month.
No incorrectly denied claims.	No more than one (1) customer complaint is received per month.

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1. SURVEILLANCE:

The COR will receive and document all complaints from Government personnel regarding the services provided. If appropriate, the COR will send the complaints to the Contractor for corrective action.

2. STANDARD:

The performance standard is that the Government receives no more than one (1) customer complaint per month. The COR shall notify the Contracting Officer of the complaints so that the Contracting Officer may take appropriate contractual action under the terms and conditions of the contract if any of the services fail to meet the required performance standards.

3. COMPLAINT PROCEDURES:

- (a) If any Government personnel observe unacceptable services, either incomplete work or required services not being performed they should immediately contact the COR.
- (b) The COR will complete appropriate documentation to record the complaint.
- (c) If the COR determines the complaint is invalid, the COR will advise the complainant. The COR will retain the annotated copy of the written complaint for his/her files.
- (d) If the COR determines the complaint is valid, the COR will inform the Contractor and give the Contractor additional time to correct the defect, if additional time is available. The COR shall determine how much time is reasonable.
- (e) The COR shall, as a minimum, orally notify the Contractor of any valid complaints.
- (f) If the Contractor disagrees with the complaint after investigation of the site and challenges the validity of the complaint, the Contractor will notify the COR. The COR will review the matter to determine the validity of the complaint.
- (g) The COR will consider complaints as resolved unless notified otherwise by the complainant.
- (h) Repeat customer complaints are not permitted for any services. If a repeat customer complaint is received for the same deficiency during the service period, the COR will contact the Contracting Officer for appropriate action under the Inspection clause.

D.2 DELIVERABLES

All reports and other deliverables required under this contract shall be delivered by email to the COR and mailed to the following address:

U.S. Embassy Lisbon
 ATTN: Human Resources Office
(Contact details to be provided in the contract)

NOTE: Any and all costs for the preparation, handling, mailing and submission of progress reports or any other required reports and documentation shall be included in the total price of each delivery order.

Reference	Description	Quantity	Submission Date	Deliver to:
C.2	Brochures	As instructed by the COR Additional copies	30 calendar days after contract award. Within 10 calendar days upon COR's request.	COR
C.3	Medical Aid Cards for employee and beneficiaries	As instructed by the COR Additional copies for new hires or new dependents	30 days after contract award Within 30 calendar days of COR's request	COR
D.3	Employee Claims Report	1	No later than the 10th of the following month.	COR

D.8	Invoice	1	Quarterly	COR & Designated Billing Office
Contract Clause	FAR 52.222-50(h)(5) - Compliance Plan	1	Upon CO request	CO

D.3 CONTRACTOR RESPONSIBILITY IN CLAIMS AND REIMBURSEMENT TO CLAIMS

General: The Contractor shall be responsible for all planning, estimating, programming, project management, scheduling, dispatching, supervision, and inspection of work. The Contractor shall maintain his own reference library of technical reference works and local laws and regulations, including current tariffs and registries. The Contractor shall treat the information provided by the Embassy concerning employees' personal data, medical information, and salaries as highly sensitive and not divulge any employee information to unauthorized persons.

The Contractor shall establish procedures for handling medical insurance claims as follows:

D.3.1 Administrative Records

- The Contractor shall maintain medical insurance files for each eligible employee including receipts and proof of paid claims, requests for claim reimbursements, and accounting of paid benefits with balances of amounts remaining in the annual per employee per year reimbursement ceiling.
- The Contractor shall provide the COR with the necessary claim forms for each type of benefit that can be claimed under the contract. These forms shall specify a list of documents required to be appended to each claim and otherwise provide instructions for claim filing.
- The Contractor shall use the English spelling of the employees' names in all transactions, including reimbursement checks.
- The Contractor shall send employee claim reimbursement checks to employees not later than two weeks after a claim is submitted.

D.3.2 Medical Insurance Claims - Settlement of medical insurance shall be completed as follows:

- All medical claims shall be submitted directly to the Contractor by employees.
- The Contractor shall date stamp and screen all claims submitted on the day of receipt. If there are any missing documents or information thereby disallowing said claim to be payable, the Contractor shall notify the employee within two (2) days, with a copy to the COR (if notification is written).
- The Contractor shall settle the claims no later than two (2) weeks from the date the claim is submitted to the Contractor.
- Settlement shall be by issuance of checks in the name of the employee for each claim submitted or via EFT. Each reimbursement shall be in the same currency as the receipt. Each reimbursement shall be accompanied by a form or email providing details of the amount reimbursed with an explanation of deductions, if any.

D.3.3 Report Requirements

The Contractor shall provide the following monthly report. The report shall be received by the COR no later than the 10th day of each month. The report shall report on the previous month's activities.

Employee Claims Report: The report shall list all claims paid by the Contractor to a claimant, including the name of the claimant, date claim is received by the Contractor, and the amount claimed. This report shall also include all outstanding claims and a brief description of why claim has not been paid.

D.4 MISCELLANEOUS CONTRACTOR REQUIREMENTS

D.4.1 A contract with the U.S. Government conveys no special privileges or immunities to the Contractor. The Contractor is an independent commercial concern and not a part of the U.S. Mission. The contractor's employees are not U.S.

Government employees. Registration of this contract with the local government, if required by law, will be the sole responsibility of the Contractor, and any fees, taxes, or other duties shall be payable by the Contractor without recourse to the Government of the amounts thereof.

D.4.2 Licenses and Local Laws: The Contractor shall possess all permits, licenses, and any other appointments required for the prosecution of work under this contract, all at no additional cost to the Government. The Contractor shall perform this contract in accordance with local laws.

D.5 ERRONEOUS PAYMENT

If the U.S. Government becomes eligible for a refund of payment because of erroneous overpayment or other cause, the Contractor shall refund the amounts or use them to offset future payments owed by the U.S. Government, whichever the U.S. Government prefers. The Contractor shall refund any refunds not complete or discovered after the completion date of this contract.

D.6 PHYSICAL AND INFORMATION SECURITY REQUIREMENTS

The Contractor shall be responsible for safeguarding all government information provided for contractor use. All material/documentation produced for the U.S. Government will be the sole property of the U.S. Government. The Contractor shall not release any documents to anyone unless authorized by the U.S. Government. The following considerations shall be followed by the Contractor:

- All documents received or generated under the contract are the property of the U.S. Government.
- All documents shall be controlled and disseminated on a need-to-know basis. Reproduction and distribution are prohibited without express approval of the U.S. Government.
- All documents shall be marked and handled in strict accordance with all applicable requirements and regulations. Proposed and actual contract documents shall only be disseminated on a strict need-to-know basis and shall not be further disseminated without prior authorization from the U.S. Government.

- Those receiving any type of proposed and/or actual contract documents shall be responsible for these materials while in their possession, or that of any of their subcontractors. They shall return all documents, including all copies, promptly upon demand by the U.S. Government.

D.7 LAWS AND REGULATIONS

Compliance Required: If the Contractor has or will establish a local office, he shall without additional expense to the U.S. Government, be responsible for complying with all laws, codes, ordinances, and regulations applicable to the performance of the work, including those of the host country, and with the lawful orders of any governmental authority having jurisdiction.

Labor, Health and Safety Laws and Customs: If the Contractor has or will establish a local office, he shall comply with all local labor laws, regulations, customs and practices pertaining to labor, safety, and similar matters, to the extent that such compliance is not inconsistent with the requirements of this contract.

The only items that the U.S. Government will consider for price adjustments are those that are mandated e.g. changes in the VAT rate (if applicable) or minimum hourly wage rate.

D.8 INVOICES, REVIEW AND PAYMENT

The Contractor shall submit invoices on a quarterly basis to the Contracting Officer Representative and the designated billing office at:

AMERICAN EMBASSY PORTUGAL
ATTN: FINANCIAL MANAGEMENT OFFICE
AVENIDA DAS FORÇAS ARMADAS
1600-081 LISBOA

E-mail: *to be provided upon award*

A proper invoice must include the following information:

- Contractor's name and bank account information for payments by Electronic Funds Transfer (EFT).
- Invoice date and number.
- Contract number and line item number.

- A summary showing a listing of each member with total monthly price the currency the contract has been issued in. A detailed invoice for each Agency has to be attached to each summary invoice and should include the cost breakdown by each membership fee line according to the pricing schedule.

Advance Payment shall not be authorized under this contract.

D.9 CHANGES IN OWNERSHIP

The Contractor shall furnish the COR advance notification as soon as practicable, but no later than 30 calendar days before effective date, of any disposition or the change in ownership or terms of lease of any facilities utilized by him for performance of any service under this contract.

D.10 FUNDING/TASK ORDERS/PROCEDURES

The contract remains unfunded; funding will be provided by issuing annual task orders with possible modification for staffing changes. Each task order will contain the following information:

- Name of contractor
- Contract number
- Date of purchase
- Task order number
- Name of person placing the order
- Quantity, unit price, and total price of each service / insurance premium
- VAT or other taxes as a separate item, if applicable
- COR and post points of contact, including e-mail addresses
- Applicable contract clauses, either in reference or in full text if necessary

Only a Contracting Officer (CO) may place a written order.

Ordering Procedures: The Government shall issue annual funded task orders to cover all eligible employees and their dependents. No task order shall include any names or Personal Identifiable Information (PII). The COR informs the CO if any additions or deletions are required throughout the year and the CO will issue funded modifications as required.

D.11 START/PERIOD OF PERFORMANCE

The performance period is set to commence on January 1, 2027.

The period of performance is one year, with four (4) possible annual option years. Option years, if exercised, shall be for twelve (12) months each, commencing at the expiration of the previous period of performance.

The Government may extend this contract in accordance with the option clause at FAR 52.217-9, Option to Extend the Term of the Contract, which also specifies the total duration of this contract.

The Government may exercise the option set forth at FAR 52.217-8, Option to Extend Services, within the currently ongoing period of performance.

D.12 CONTRACT ADMINISTRATION DATA

All work shall be performed under the general direction of the Contracting Officer, who alone shall have the power to bind the Government and to exercise the rights, responsibilities, authorities and functions vested by the contract, except that the Contracting Officer and the Procurement Executive shall have the right to designate authorized representatives to act for the Contracting Officer, as specifically provided in the designation of that individual.

This contract will be administered as follows:

Contracting Officer: - communication via the Contract Administrator

Travis C. Keon

Contracting Officer

Regional Procurement Support Office (RPSO)

Contract Administrator:

Sarah Pfannkuche, Contract Specialist

Telephone: 49-069-7535-3331

Email: Pfannkuches@state.gov

Contracting Officer's Representative (COR):

**To be designated on award.*

[END OF ATTACHMENT 1 – SOW]