

**Annex III to RFP No. PCD/08/026**

**PROVISION OF ACCIDENT, SICKNESS AND LOSS-OF-EARNINGS INSURANCE FOR  
SHORT-TERM EMPLOYEES, CONSULTANTS, SPECIAL LABOR CONTRACT (SLC)  
HOLDERS, TRANSLATORS AND INTERPRETERS FOR WIPO**

**Schedule of Premium Payments**

**Cover Page**

Date	
Company name	
Address	
Telephone and Fax number	
E-mail address and/or Home Page address (if available)	
Contact name	
Contact direct phone and fax numbers	
Name of authorized representative	
Signature of authorized representative	

**The table above should be duly filled in and signed by an authorized representative of the company for this *Schedule of Premium Payments* to be considered valid. Please attach to this cover page a detailed presentation of the schedule of premium payments proposed by the Company identified above for this tender. The presentation may be in any format that is consistent with the Company's own commercial pricing structure and usual practice. However, the presentation should include explanatory notes, a definition of terms used, and clear identification of options if any are offered, that would ensure a clear and unambiguous interpretation and understanding of the offer(s) to avoid an unnecessary delay in the evaluation of the tender.**