

ANNEX V

To Request for Proposals (RFP) N° PCD/09/007

Medical Insurance for WIPO Staff and Dependents

Schedule of Premium Payments

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	

Indicate in the space below (and on additional pages as required) 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 and 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 unnecessary delay in the evaluation of the tender.