REQUEST FOR EXPRESSION OF INTEREST

11 November 2026

REQUEST FOR EXPRESSION OF INTEREST (EOI) – HQ26NF358
for the Provision of Advisory services to WFP's population of retirees in the United States

Closing on 19 November 2026 at 16:00 hrs (Rome, Italy, Time)

A. Background

1. The United Nations World Food Programme hereinafter referred to as the "WFP", with its Headquarters located in Via C.G. Viola, 68/70, 00148 Rome, Italy is the leading humanitarian organization saving lives and changing lives, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience by assisting almost 100 million people in around 83 countries each year. About 17,000 people work for the organization, most of them in remote areas, directly serving the hungry poor.
2. The WFP HQ seeks to purchase Advisory and administrative and support services related to eligibility review, enrollment support, and ongoing participation into U.S. Medicare for its population of retirees and eligible dependents residing in the United States.
3. WFP administers medical insurance benefits for eligible retirees and their dependents worldwide. A portion of the population residing in the United States (estimated at around 150 individuals) may be eligible for enrollment in the U.S. Medicare program but may not yet have opted to register. Navigating Medicare eligibility requirements, enrollment procedures, coverage options, contribution records, and compliance obligations can be complex, particularly for international civil servants whose employment history may differ from that of typical U.S. beneficiaries. WFP therefore requires specialized support services to assist eligible individuals in understanding Medicare requirements, determining eligibility and contribution costs, completing enrollment processes, maintaining compliance with applicable regulations, and coordinating Medicare participation with existing medical insurance arrangements. The objective is to facilitate informed decision-making, ensure compliance with applicable Medicare requirements, and support the cost-effective effective administration of retiree healthcare benefits at WFP.
4. WFP invites eligible suppliers to express their interest in providing the requested services**.**

B. The purpose of this EOI

5. The purpose of this request for EOI is to identify suppliers with verified technical and financial capacity to provide the services. Eligible suppliers will be invited to participate in the bidding process for the proposed tender.
6. Eligibility to participate in the proposed tender will be determined on the basis of the criteria included in Table 1 of this EOI document.
7. After the deadline for submission of responses has passed, WFP will evaluate responses received and will notify eligible participants of the outcome of the evaluation.

C. How to prepare and submit your Expression of Interest

8. In order to participate in the pre-qualification exercise, companies are required to provide the following:
   The filled in EOI Response Form, which includes:
   - Table 1. WFP Requirements
   - Table 2. Supplier Information;
   - Table 3. Supplier Financial Status;
   - Table 4. Supplier Relevant Experience;
   - Signatory by the authorized company representative and company stamp.
9. All supporting documentation listed above shall be prepared in accordance with the instructions provided and sent by email to hq.tenders@wfp.org.
10. WFP will not consider incomplete or unsigned submissions. All responses and supporting documentation received will be treated as strictly confidential and will not be made available to the public.

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11. This request for EOI does not constitute a solicitation. WFP reserves the right to change or cancel this procurement process or any of its requirements at any time during the process; any such action will be communicated to all participants.
12. Should you have any questions please do not hesitate to contact us at hq.tenders@wfp.org.

Yours sincerely,
HQ Procurement
The United Nations World Food Programme

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EOI RESPONSE FORM

TABLE I. WFP REQUIREMENTS

A. Company / Organization's competencies/ capacities			
	List of WFP requirements/evaluation criteria	**Yes**	**Comments**
1	Company is legally registered and authorized to provide advisory and/or administrative services related to the U.S. Medicare program.	☐	
2	Minimum three (3) years of demonstrated experience providing Medicare eligibility, enrollment, benefits advisory, or related healthcare administration services in the United States to retirees, pensioners, expatriates, international organizations, or comparable client groups in navigating Medicare requirements.	☐	
3	Demonstrated knowledge of U.S. Medicare eligibility, enrollment requirements and contribution dues.	☐	
4	Ability to assess Medicare eligibility and provide practical enrollment support to eligible individuals.	☐	
5	Availability of qualified personnel with expertise in Medicare eligibility and enrollment services.	☐	
6	Ability to provide services to beneficiaries residing in the United States.	☐	
7	At least three references for similar services performed in the last five years.	☐	

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TABLE II. SUPPLIER INFORMATION

B. Company / Organization's Background Information			
1	Legal Name of Company/Organization:		
2	Full address:		
3	E-mail address:		
4	Website address:		
4	Telephone:		Fax:
5	Contact person, title:		Tel./E-mail of contact person:
6	Registration with UNGM	Yes ☐ No ☐	UNGM No.
7	Type of Business	☐ Corporate/ Limited ☐ Partnership ☐ Other (specify):	
8	Goods / Services:		
9	Company/Organization Business Registration Number:		Date of Registration:
10	Additional company/organization background information: [If applicable, insert not more than 100 words]		

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TABLE III. SUPPLIER FINANCIAL STATUS

C. Company / Organization's Financial Status	
Item	**Value USD**
Gross Turnover [Insert year]	
Gross Turnover [Insert year]	
Gross Turnover [Insert year]	
Maximum contract value in relation to which your Company can be engaged:	
USD 0 – 30,000	☐
USD 30,000 – 100,000	☐
USD 100,000 – 500,000	☐
above USD 500,000	☐
Maximum "Bank Guarantee" amount available to the Company/Organization	
Last two years audited accounts or alternative assessed within WFP's discretion are attached to prove the information stated above	☐

TABLE IV. SUPPLIER RELEVANT EXPERIENCE

List at least 4 contracts in the last two years relevant to the provision of the relevant services.

D. Company / Organization's Relevant Experience				
Commenced (Month / Year)	**Completed (Month / Year)**	**Type of Contract**	**Total Value (USD)**	**Client**

Provide CVs of senior staff (no more than three).

TABLE V. SIGNATORY & ORGANIZATION STAMP

E. Signatory	
Name of Company/Organization:	
Name of the authorized representative:	Signature:
Title:	Date: