AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQUISITION NUMBER	5. PROJECT NUMBER *(If applicable)*
0001			

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
U.S. Embassy Manama Kingdom of Bahrain	19BA		

8. NAME AND ADDRESS OF CONTRACTOR *(Number, street, county, State and ZIP Code)*		(X)	9A. AMENDMENT OF SOLICITATION NUMBER
		☐	19BA3026R0002
			9B. DATED *(SEE ITEM 11)* 07/14/2026
		☐	10A. MODIFICATION OF CONTRACT/ORDER NUMBER
			10B. DATED *(SEE ITEM 13)*
CODE	FACILITY CODE		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NUMBER AS DESCRIBED IN ITEM 14.

CHECK ONE	
☐	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NUMBER IN ITEM 10A.
☐	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation data, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
☐	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
☐	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Questions received from Offerers and their Answers (see attached)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		*(Signature of Contracting Officer)*	

Questions	Answers
Current employee census (anonymized census	Please find attachments 1 and II
• Current total number of insured employees	102
• Salary distribution	
• Average employee age	
• Occupation breakdown	
• Identification of any hazardous occupations, if applicable	Please see the attachment
• Largest individual sums insured	This is our first Life Insurance Contract
• Historical claims experience (preferably the last five years), including: o Number of deaths by cause o Disability claims o Claim amounts (if available)	This is our first Life Insurance Contract
• Current insurer •	This is our first Life Insurance Contract
• Current contract - annual premium(s) •	
• Current loss ratio	
• Confirmation whether the benefit structure (36 × monthly salary and AD&D benefits) has remained unchanged during the past five years •	Please see projected salary scale as indicated in Section B – B2.2 Prices
• Clarification whether Partial and Total Disability coverage is mandatory for evaluation or optional	Partial and Total Disability coverage is optional
• Confirmation whether the Accidental Death & Dismemberment (AD&D) benefit is payable in addition to the natural death benefit or as an alternative benefit.	Yes. Accidental Death & Dismemberment (AD&D) and Natural Death are two separate benefits. AD&D is payable **in addition to** the Natural Death benefit and is not an alternative benefit.
• Designation/Occupation, and if they are diplomats/non-diplomats	Listed Employees are non-Diplomats

• We assume that there are no military personnel to be covered, but would appreciate you confirming the same (if there are, please highlight those members on the list as well)	No military personnel to be covered
• Confirmation on the required benefits: Death any cause – Permanent total disability (Accident & sickness) - Permanent partial disability (Accident & sickness)	See Section C.2 of the solicitation