This document has been archived. The “Why and When” list at the AAPD Archive identifies why the document has been archived and where current guidance may be found. Internal users may also access the OAA Policy Division webpage to locate current policy and regulations.
MEMORANDUM FOR ALL CONTRACTING OFFICERS AND NEGOTIATORS

TO: DISTRIBUTION LIST FAC

FROM: DAA/M, MICHAEL D. SHERWIN, PROCUREMENT EXECUTIVE

SUBJECT: AMENDMENT OF CIB 95-4, CONTRACTUAL COVERAGE FOR MEDICAL EVACUATION (MEDEVAC) SERVICES

This is an amendment of CIB 95-4 and should be filed with it.

1) Effective April 10, 1995, Medex Assistance Corporation has a new address, telephone number, and fax number. Therefore, the following revised paragraph entitled "Obtaining Medevac Coverage" should be inserted in place of the original:

OBTAINING MEDEVAC COVERAGE

Applications for coverage should be made directly to MEDEX. Applications may be requested by writing to MEDEX Assistance Corporation, P.O. Box 5375, Timonium, MD 21094-5375; by calling: (800) 537-2029 (toll-free) or (410) 453-6300; and by telefaxing: (410) 453-6301. Applications may be taken by telephone or facsimile and coverage can be effective the same day. Applicants should request coverage in accordance with USAID Contract No. FAO-0000-Q-00-2041-00 with MEDEX. MEDEX will require the employee's name, name of dependents, dates of travel, and destination (for short term coverage), and the applicable USAID contract number under which the employee is working.

Upon receipt of the completed enrollment form with the appropriate premium, the contractor will be provided a certificate of coverage and an identification card. The I.D. card contains the MEDEX assistance access numbers worldwide and all instructions necessary to gain immediate assistance in the event of an emergency.

For medical assistance in a country that is not listed on the MEDEX I.D. card, call MEDEX collect in Brighton, England at [44]1273-202141 or Timonium, MD at (410) 453-6330 [emergency fax no.: (410) 453-6331].

2) The Family annual premium under "Cost of Coverage" is incorrect. The rate should be $200.00, not $200.60.

FURTHER INFORMATION

Any questions or requests for further information regarding this amendment should be referred to M/OP/E at (703) 875-1535.