

采购需求

★号条款为实质性指标，不满足将导致废标。

一. 需求一览表

包号	标的名称/服务名称	数量
1	苏世民书院国际学生保险	1 项

二. 服务内容和要求

(一) 项目概况

本项目坐落位置：北京市海淀区清华大学校内。

清华大学苏世民学者项目是专门为未来的世界领导者持续提升全球领导力而精心设计的硕士学位项目。项目面向全球选拔学业优秀、诚实正直、视野开阔、富有责任感和使命感、具备领导潜质的青年人才，到清华大学进行研究生课程学习，以此培养具有宽广的国际视野、优秀的综合素质和卓越的领导能力，并了解中国社会、理解中国文化，有志于为促进人类文明与进步、世界和平与发展贡献聪明才智的未来领袖，为崛起中的中国与变化中的世界作出重要贡献。

国际学生人数：国际学生比例约占学生总数的 80%。2022 级学生 113 人，2023 级学生 113 人，2024 级学生 114 人。2025 级拟入学国际学生为 120 人

全部在读及毕业学生国籍信息可参照清华大学苏世民书院官方网站-学生信息栏(<https://www.sc.tsinghua.edu.cn/xsxx1/a2024j.htm>)。

学生每年 8 月入学，于次年 7 月结束学习。每位学生保险保障期为一年，于学生入学当年 8 月 1 日生效，至次年 7 月 31 日结束。所有学生在中国大陆地区的常驻时间不少于 6 个月，因每位学生课程安排、书院日程安排不同，每位学生常驻中国大陆地区时间可能有差异。

参考：2019、2020、2021 三年保费均价：人民币 20,000 元/人。2022、2023、2024 年三年保费均价：23,140 元/人。

(二) 保险服务要求（投标人须在投标文件中的★号条款响应表、非★号技术或服务相应偏离表中对以下内容分别、逐项应答是否满足）

1、★保障地区 Coverage Area: 全球范围 Worldwide Coverage

2、★医疗保险金额 Benefit Limit: 不少于人民币 10,000,000 元/人 No less than

10,000,000Rmb

3、保障人群Eligibility: 所有清华大学苏世民书院在籍国际学生

All International Students registered at Schwarzman College, Tsinghua University

4、★价格包含直付网络, 并且必须包含和睦家医院, 必须提供国内直付医院清单。其它直付医院必须包括(但不仅限于): 北京莱佛士医院 Raffles Hospital Beijing、北京明德医院 Oasis International、中日友好医院国际部 China-Japan Friendship Hospital (International)、天坛普华医院 Tiantan Puhua International Hospital、北京协和医院国际 PUMC Hospital International

Should be able to provide direct billing service at United Family Hospital. Should provide a full list of direct billing hospitals in China mainland. Other direct billing hospitals should include, but not be limited to: 北京莱佛士医院 Raffles Hospital Beijing、北京明德医院 Oasis International、中日友好医院 China-Japan Friendship Hospital、天坛普华医院 Tiantan Puhua International Hospital、北京协和医院 PUMC Hospital

5、★服务团队应在接到用户的服务需求后, 4小时内电话或信息响应, 24小时内到达用户现场与书院师生沟通, 且能够用流利的中文、英文进行沟通与服务。

The service team should respond by phone or message within 4 hours after receiving the service demands from users, and arrive at the user's site within 24 hours to communicate with the contact person who interfaces with the teachers and students of the academy in Beijing, and be able to communicate and provide services fluently in Chinese and English.

6、预计人数与单期合同时间、预算单价等数据如下:

序号	单期合同起始时间	单期合同终止时间	期限	预算单价 (在采购人保额保证不低于人民币10,000,000元/人情况下, 任何情况下, 单人价格不得高于以下预算单价, 若超出预算则投标无效)	人数	年度预算总价(人民币: 元)
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第一期	2025 年 8 月 1 日	2026 年 7 月 31 日	1 年	29,000 元	120 人	3,480,000 元
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第一期（2025 年 8 月 1 日至 2026 年 7 月 31 日）预估人数为 120 人，实际合同签订时固定单价，总价以当年实际入学的国际学生人数为准进行计算。

合同履行期限：本期为 2025 年 8 月 1 日至 2026 年 7 月 31 日，合同期满前经双方协商同意可按原单价续签第二期和第三期合同，但最多可续签两次。如协商不一致也可不续签合同，但需要提前 150 天通知对方。

第二期（2026 年 8 月 1 日至 2027 年 7 月 31 日）、第三期（2027 年 8 月 1 日至 2028 年 7 月 31 日）预估人数均为 120-135 人，实际合同签订时单价同第一期单价，总价以当年实际入学的国际学生人数为准进行计算。

7、医疗保险责任及要求 Requirements of Benefits for Medical Insurance

年度最低保额、终身保额、免赔额、自付比例、保障区域 Lifetime & Annual Minimum, Co-payments, Geographic Coverage and Deductibles	
年度个人最低保额 Individual Overall Policy Year Minimum	10,000,000 元 RMB 10,000,000
保障区域 Geographic Coverage	全球保障 Worldwide
终身保额 Overall Lifetime	无限制 None
住院医疗 Overall Inpatient	限于年度最高保额 Up to Overall Policy Maximum
最低门诊医疗 Overall Outpatient Minimum	50,000 元 RMB 50,000
个人年免赔额/次免赔额 Individual Annual Deductible / Per Claim Deductible	0 元 RMB 0
保险自付比例 Policy Co-payment	0%
昂贵医院自付比例 Luxury Provider Co-payment	0%
等待期 Waiting Period	无 No
既往症、先天疾病及症状、重大疾病治疗 Pre-Existing Conditions, Congenital Conditions or birth anomalies, Catastrophic Illnesses	

既往症 Pre-existing Conditions	应承担。若不能完全承保,则需要提供详细说明,何种疾病在何种情况下不能保障 It should be covered. If it cannot be fully covered, a detailed explanation is required on what kind of diseases and under what circumstances cannot be guaranteed.
先天性疾病和症状 Congenital Conditions or birth anomalies	应承担。若不能完全承保,则需要提供详细说明,何种疾病在何种情况下不能保障 It should be covered. If it cannot be fully covered, a detailed explanation is required on what kind of diseases and under what circumstances cannot be guaranteed.
重大疾病 Catastrophic Illnesses	应承担。且应对重大疾病在保险方案中的定义予以说明 It should be covered. And the definition of catastrophic illnesses in the insurance plan should be explained.
住院医疗保险责任 Hospitalization and Inpatient Benefits	
重症监护病房费 Intensive Care, Cardiac Units	无单独上限 No separate limit
护理费 Nursing Care	无单独上限 No separate limit
治疗费、药品费、手术敷料费、检查费、X光检查费、化验费、吸氧费,输血、血浆、血浆扩容药物以及所有相关化验、操作设备和服务费用 Medical treatment, drugs, medications, laboratory, x-rays, diagnostic procedures and tests, biological anesthesia and oxygen services, blood products and their administration, dressings 病理检查、影像检查、放射检查 Pathology, Radiography, Radiology	无单独上限 No separate limit
放射治疗、呼吸治疗、化学治疗、物理治疗、	无单独上限

职业疗法费 Radiation therapy, inhalation therapy, respiratory therapy, chemotherapy, physical and occupational therapy 电子喉镜检查费 Video Laryngoscope	No separate limit
急诊室费、手术室和恢复室费,手术费, 外科 医生费, 麻醉医生费, 医生诊疗费/医生费 Emergency Room, operating room and recovery room, Inpatient Surgery, Inpatient Surgeon, Anesthesiologist, consulting fee/doctor fee	无单独上限 No separate limit
紧急治疗费 Medical Emergency Services	无单独上限 No separate limit
日间留院治疗 Daytime hospitalization	无单独上限 No separate limit
康复治疗和专业护理费 Extended Care Facility, Skilled Nursing, and Inpatient Rehabilitation	应承担。如有单独上限或要求应予以说明 It should be covered. And a detailed plan or limitation should be provided if there is any.
移植费 被保险人作为受体接受器官、骨髓、干细胞移 植费 Transplant Services Medically Necessary human organ, blood, bone marrow transplants, and other similar procedures	应承担。如有单独上限或要求应予以说明 It should be covered. And a detailed plan or limitation should be provided if there is any.
精神和心理障碍治疗费 住院医疗和咨询费用,包括但不限于神经性贪 食症、神经性厌食症、悲伤辅导和悲伤治疗、 失眠症、注意力缺陷障碍、注意缺陷多动障碍。 Mental Health as an Inpatient Psychotherapeutic treatment and psychiatric counseling and treatment in a Hospital or approved facility; Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions.	无单独上限 No separate limit

酒精和药物滥用的住院戒断治疗费 Inpatient rehabilitation treatment for alcohol and drug abuse	
耐用医疗设备费 购买或租赁费，以及随后修理、更换费	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
专科医生费用 Specialists Consulting Fee	无单独上限； No separate limit
自杀或自残造成的损伤或治疗 该项意为因自杀或自杀未遂致自残产生的实际治疗费用。该项不含任何补偿费用 Injury or treatment caused by suicide or self-mutilation This item refers to the actual treatment costs resulting from self-harm caused by suicide or attempted suicide. This item does not include any compensation fees.	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
门诊医疗保险责任 Outpatient Benefits	
急诊室费 Emergency Room	无单独上限 No separate limit
紧急治疗费 Medical Emergency Services	无单独上限 No separate limit
医生诊疗费/专家诊疗费 Outpatient Physician Visit/Consultation by Specialist 门诊室手术费, 门诊手术费, 外科医生费, 麻醉医生费 Outpatient operating room, Outpatient or Ambulatory Surgery, Outpatient Surgeon, Outpatient Anesthesiologist	无单独上限 No separate limit
检查费 包括但不限于： Medical Examination. Including but not limited to: 超声波心动描记术费、超声波检查费/计算机断层扫描、正电子发射计算机断层扫描、核磁共振检查费/ X 光检查费	无单独上限 No separate limit

<p>Echocardiography, Ultrasound, CAT Scan, PET Scan or MRI, X-Rays</p> <p>内窥镜检查费（如，胃镜检查，结肠镜检查，膀胱镜检查等）</p> <p>Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy)</p>	
<p>化验费</p> <p>Laboratory</p>	<p>无单独上限</p> <p>No separate limit</p>
<p>处方药费</p> <p>Outpatient Prescription Drugs</p>	<p>应承担。如有详细方案应予以说明</p> <p>It should be covered. And a detailed plan should be provided if there are any requirements.</p>
<p>中医费</p> <p>由注册中医医师处方开具的中草药费用、挂号费</p> <p>Traditional Chinese Treatment Consultation fee, diagnostic fee, Traditional Chinese Medicines prescribed by a registered traditional Chinese physician</p>	<p>应承担。如有详细方案应予以说明</p> <p>It should be covered. And a detailed plan should be provided if there are any requirements.</p>
<p>理疗费</p> <p>Therapeutic Services</p> <p>物理治疗是指应用人工物理因子（如光、电、磁、声等）来治疗疾病，具体疗法包括电疗、光疗、磁疗、热疗等；</p> <p>Physiotherapy refers to the therapies using manpower physical factors (such as ray, electricity, magnetism and sound), including electrotherapy, phototherapy, magnet therapy and thermotherapy;</p>	<p>应承担。如有详细方案应予以说明</p> <p>It should be covered. And a detailed plan should be provided if there are any requirements.</p>
<p>传统中医治疗（包括针灸，推拿，拔罐，中药外敷，小针刀治疗）、整脊治疗、正骨疗法、顺势疗法</p> <p>Traditional Chinese Treatment (including acupuncture, massage, cupping, external application of traditional Chinese medicine, needle-knife therapy), chiropractic treatment, orthopedic</p>	

therapy, Homeopathy	
睡眠检查和治疗费 发作性睡眠或阻塞性呼吸暂停症状的检查和 治疗费 Sleep Studies/Tests and Treatment for suspected conditions of Narcolepsy or Obstructive Sleep Apnea	无单独上限 No Separate Limit
精神疾病的门诊治疗费 涵盖门诊医疗和咨询费用, 包括但不限于神经 性贪食症、神经性厌食症、悲伤辅导和悲伤治 疗、失眠症、注意力缺陷障碍、注意缺陷多动 障碍 Mental Health Outpatient Psychotherapeutic treatment and psychiatric counseling and treatment; Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
酒精和药物滥用的门诊戒断治疗费 Outpatient Rehabilitation treatment for alcohol and drug abuse	
耐用医疗设备费 购买或租赁费, 以及随后修理、更换费 Durable Medical Equipment Purchase, Rental Up to Purchase Price (as described in the Policy); Repairs or replacements for Durable Medical Equipment originally obtained under this Policy.	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
救护车费 Ground Ambulance	无单独上限 No Separate Limit
紧急牙科医疗费/牙科意外伤害医疗费 对原本完整无损、未经过任何医疗的牙齿因遭 受意外伤害而受损或者缺失而接受的紧急治 疗、修复和置换。 Emergency Dental treatment Emergency treatment to restore or replace sound, natural teeth damaged in an	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.

Accident.	
特殊检查费 Examinations/Screenings Benefits	
荷尔蒙替代疗法 Hormone Therapy	无单独上限 No Separate Limit
节育（仅限女性被保险人） 意为医生开具处方避孕药费及相关诊疗费。此处节育保险责任不包括检查和治疗不孕症（包括人工授精、体外受精、胚胎移植）、绝育、绝育恢复、变性手术或其它相关治疗。 Birth Control (For Female Insured only) It means that the contraceptive fees prescribed by the doctor and related diagnosis and treatment fees. The birth control insurance liability here does not include the examination and treatment of infertility (including artificial insemination, in vitro fertilization, embryo transfer), sterilization, restoration of sterilization, sex reassignment surgery or other related treatments.	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
旅行疫苗 Travel Immunization	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
自杀或自残造成的损伤或治疗 该项意为因自杀或自杀未遂致自残产生的实际治疗费用。该项不含任何补偿费用 Injury or treatment caused by suicide or self-mutilation This item refers to the actual treatment costs resulting from self-harm caused by suicide or attempted suicide. This item does not include any compensation fees.	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
性疾病筛查（梅毒、HIV 检测）和甲肝、乙肝筛查及相关诊疗费	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan

STI screening (syphilis, HIV testing) and hepatitis A, hepatitis B screening and related medical expenses	should be provided if there are any requirements.
视频、电话问诊 Video or Telephone Consultation	全年累计赔付最少三次且不受地域限制 Covered at least 3 times per policy year with no area restrictions
特殊门诊医疗保险责任 Special Outpatient Benefits	
癌症门诊治疗包括化学治疗、放射治疗 Outpatient cancer treatment including Chemotherapy, Radiotherapy, Radiation Therapy	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
门诊肾透析 Outpatient kidney dialysis	应承担。如有详细方案应予以说明 It should be covered. And a detailed plan should be provided if there are any requirements.
Worldwide emergency assistance 全球紧急救援服务	
Reimbursement ratio. 赔付比例	100%
紧急医疗转送, 直系亲属探病及住宿, 随行未成年子女回国或居住地, 医疗转送回国或居住地, 紧急回国或居住地料理直系亲属后事, 直系亲属前往处理后事, 遗体安排。 Emergency medical evacuation, visitation by and lodging of direct relative, return of accompanying minor children to the home country or the place of residence, medical transfer to the home country or the place of residence, emergent return to the home country or the place of residence to handle funeral affairs of direct relative, travel of direct relative for the Insureds' funeral affairs, and arrangement of mortal remains.	具体服务内容以救援机构实际提供为准 Subject to the specific services provided by the assistance agency

8、人数及常驻地情况

文件中列明的人数是招生计划人数, 由于每年招生计划不同, 因此可能比预计招生

人数略高或略低。保险合同签订以实际入学人数计算。若参保人数减少至 100 人（不含）以下，或因疫情等不可抗力导致大部分被保险人常驻地变化对保费有影响，须提供明确、唯一的上浮比例，上浮比例须综合考虑参保人数减少至 100 人（不含）以下，以及参保人员常驻地变化等情况，**否则投标无效**。投标人须针对保费上浮的情况提供明确的、唯一的方案。

The number of students listed in the document is based on the College enrollment plan. Because enrollment plans vary from year to year, the actual enrolled number can be higher or lower than the estimated number. The insurance contract is based on the actual number of students enrolled. If the number of insured persons decreases to less than 100 (excluding 100), or if most of the insured persons' usual residences change due to force majeure such as the epidemic, which has an impact on the premium, a clear and unique upward adjustment ratio must be provided. The upward adjustment ratio must comprehensively consider the situation where the number of insured persons decreases to less than 100 and the change of the usual residences of the insured persons. Otherwise, the bid will be invalid. Bidders must provide a clear insurance service plan for the case of premium increase.

9、中标后，中标人提交的所有保险手册、相关说明性文件以及服务人员沟通要求双语，英文为主。

The bid winner must provide a bilingual insurance manual, explanation documents, and communication, mainly in English.

10、服务团队人员配置要求：拟派本项目实际服务总人数不少于 3 人，其中负责与书院师生对接工作的接洽人员不少于 2 人（其中至少 1 人是直接面向学生提供服务的接洽人员，且该人员负责在评标现场进行述标）。拟派本项目人员应为中标后实际服务团队人员。

Personnel allocation requirements of the service team: The total number of actual service personnel proposed for this project should be no less than 3, among which the number of contact personnel responsible for the connection work with teachers and students of the academy should be no less than 2 (at least 1 of them is a contact person directly providing services to students, and this

person is responsible for presenting the project at the bid evaluation site).
The personnel proposed for this project should be the actual service team personnel after winning the bid.

11、除外责任内容说明：对于除外责任，例如：高风险运动、战乱地保障等，需要给予详细说明。

Content description of exclusion clauses: For exclusion clauses, such as high-risk sports, protection in war-torn areas, etc., detailed explanations and policies should be provided.

(三) 以往保险方案相关参考内容（以往方案均为全球范围保障）

1、2024-2025 年保险方案相关内容截图

<div>既往症</div> <div>Pre-Existing Conditions</div> <div>(限于门诊医疗和住院医疗上限)</div> <div>(Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)</div>	
在保险人对其保险责任生效前被保险人已就此接受诊断、医学咨询或治疗，或服用药物，或显现症状的疾病或损伤	若非重大疾病则全额理赔；重大疾病须经医学核保
Pre-existing conditions	Fully covered if not catastrophic illness. Catastrophic illness is subjected to underwriting.
Any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date	
<div>先天性疾病和症状</div> <div>Congenital Conditions, Birth Anomalies</div> <div>(限于门诊医疗和住院医疗上限)</div> <div>(Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)</div>	
有关先天性疾病和症状的治疗费	60,000 元
All treatment costs for Congenital Conditions or birth anomalies	RMB 60,000
<div>重大疾病和症状</div> <div>Catastrophic Illnesses</div> <div>(限于门诊医疗和住院医疗上限)</div> <div>(Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)</div>	
有关癌症，脑中风，心脏病，艾滋病和其并发症等的治疗费	无单独上限
Catastrophic Illnesses, as defined in the Policy	No Separate Limit
精神和心理障碍治疗费	无单独上限
住院医疗和咨询费用，包括但不限于神经性贪食症、神经性厌食症、悲伤辅导和悲伤治疗、失眠症、注意力缺陷障碍、注意缺陷多动障碍。	
Mental Health as an Inpatient	
Psychotherapeutic treatment and psychiatric counseling and treatment in a Hospital or approved facility; Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions.	No separate limit
酒精和药物滥用的住院戒断治疗费	
Inpatient rehabilitation treatment for alcohol and drug abuse	

精神疾病的门诊治疗费 ⁴² 涵盖门诊医疗和咨询费用 ⁴² 包括但不限于神经性贪食症、神经性厌食症、悲伤辅导和悲伤治疗、失眠症、注意力缺陷障碍、注意缺陷多动障碍 ⁴² Mental Health Outpatient ⁴² Psychotherapeutic treatment and psychiatric counseling and treatment; ⁴² Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions ⁴²	20,000 元（此项保险责任限额不属于门诊医疗保险责任限额的一部分，单独出来） ⁴² Up to RMB 20,000 per insurance period (this limit doesn't form a part of the Limit for Out-patient Insurance Benefit) ⁴²
酒精和药物滥用的门诊戒断治疗费 ⁴² Outpatient Rehabilitation treatment for alcohol and drug abuse ⁴²	
生育（仅限女性被保险人） ⁴² Birth Control (For Female Insured only) ⁴²	无单独上限（由医生开具处方避孕药费及相关诊疗费，仅限医疗服务网络内范围，不承担医疗服务网络外发生的费用） ⁴² No Separate Limit (The cost of prescription contraceptives and related consulting fees is limited to the scope of medical service network. Expenses incurred outside the medical service network is not covered.) ⁴²
旅行疫苗 ⁴² Travel Immunization ⁴²	无单独上限 ⁴² No Separate Limit ⁴²
自杀或自残造成的损伤或治疗 ⁴² Injury or treatment caused by suicide or self-mutilation ⁴²	保单整体限额 80 万元 ⁴² Overall policy limit RMB 800,000 ⁴²

2、过往理赔率等相关参考数据

Policy Period 保障期间	2023. 8. 1-2024. 7. 31
Status 在保状态	结束
Overall Loss Ratio Actual 总赔付率	约 86%
Total Premium 总保费	2, 500, 000-2, 700, 000RMB
Number of Insured 保障人数	113ppl

三. 验收要求

3.1 验收时间:

☒ 一次性验收时间 每保险年度中期

☐ 分期验收时间 _____

3.2 验收方式:

可采用一种验收方式或多种验收方式相结合:

☒ 使用单位考核

☐ 组织使用单位、专家、其他同行单位联合考核

☐ 其他方式:

3.3 验收程序:

书院根据学生使用保险的满意程度进行验收，每保险年度中期进行一次。

3.4 验收内容及标准:

验收内容: 书院根据学生使用保险的满意程度进行验收，每保险年度中期进行一次。

书院对学生进行问卷调研，从保险使用介绍、理赔流程、理赔效率、服务态度等方面调研学生使用保险的满意程度。

验收标准：总体评价分为“非常满意”、“满意”、“一般”、“不满意”、“非常不满意”。

若超过 50%的学生评价为“不满意”或“非常不满意”，则保险公司须在收到书院反馈后的一个月内，针对剩余保单时间提出行之有效的整改方案。若方案未通过书院评估，则书院有权不续签下一年度合同。

四. 述标要求

投标人须在评标过程中进行述标。述标人员要求为 1 人，在评标过程中该人员进行中英双语述标（述标人员要求详见团队配置），述标时间 15 分钟（中文 5 分钟、英文 5 分钟、回答评标委员会问题 5 分钟（涉及双语）），具体要求如下：

1. 述标开始时间：评标期间，根据评审情况安排，按递交投标文件的顺序开始。

2. 述标方式：线上述标，使用“腾讯会议”软件，请投标人提前下载并熟悉软件使用方式，述标会议链接由采购代理机构于 2025 年 月 日通过邮件提前发送给投标人。投标人于述标当日通过会议链接进入“会议等候室”，等待安排述标。

3. 述标程序：

（1）准备好安静的述标环境。

（2）通过链接进入“会议等候室”，打开摄像头和麦克风，改名（格式：姓名+公司名称），等待安排述标。

（3）述标开始前，将述标人员本人身份证原件清晰展示在镜头前，并读出身份证号以核对身份。

（4）开始述标。

（5）结束后退出会议室。

其他：请投标人自行调试设备（确保电脑的麦克风和扬声器等设备正常可用）并熟悉软件使用方式。