

RFQ for Benefits Consulting and Broker Services
September 4, 2019

CALHOUN COUNTY BOARD OF EDUCATION
10877 Dickey St., Morgan GA 39866

TO: Qualified Prospective Vendors

DATE: September 4, 2019

SUBJECT: Request for Qualifications for Benefits Consulting and Broker Services

Calhoun County Schools (CCS) are hereby soliciting sealed proposals from financially stable, experienced, qualified Benefits Consulting and Broker Services who are willing to provide CCS with Benefits Consulting and Broker Services for Health, Dental, Vision, Life and Ancillary/Voluntary Benefits for the CCS. Please note that this is NOT a request for insurance coverage.

Below are the general conditions, technical specifications, and submittal format.

The written requirements contained in this Request for Qualifications (RFQ) shall not be changed or superseded except by written addendum from the CCS. Failure to comply with the written requirements for this RFQ may result in disqualification of the submittal by CCS.

Submittals are to be sealed, marked with the submitting firm's name and address and labeled:

"Benefits Consulting and Broker Services" and delivered to:

Calhoun County Schools
Attention: Dr. Marty Bray, Director of Administrative Services
10877 Dickey St.
Morgan, GA 39866

No later than October 21, 2019 at 12:00 P.M. Eastern DLST.

CCS reserves the right to reject any and all submittals, to waive any technicalities or irregularities and to award contracts based on the highest and best interest of CCS.

Any inquiries regarding this Request for Qualifications (RFQ) should be directed to Dr. Marty Bray at (229) 213-0189 or by e-mail at martybray@calhoun.k12.ga.us

Inquiries made to personnel other than those stated above may result in disqualification of the vendor by CCS.

SECTION I – REQUEST FOR QUALIFICATIONS OVERVIEW

PURPOSE

The purpose of this Request for Qualifications (RFQ) is to seek qualified brokers to provide CCS with Benefits Consulting and Broker Services for Health, Dental, Vision, Life and Ancillary/Voluntary Benefits for CCS, Georgia.

It is anticipated by CCS that services resulting from this Request for Qualifications (RFQ) will commence on or about December 1, 2019.

INFORMATION TO OFFERORS RFQ TIMETABLE

The anticipated schedule for the RFQ is as follows:

RFQ Released September 11, 2019

Deadline for questions, October 10, 2019

Submittal deadline October 21, 2019 12:00 PM EDST

BID SUBMISSION:

One printed (1) original one (1) digital USB flash drive copy, and one electronic copy transmitted via email to martybray@calhoun.k12.ga.us of the complete and signed submittal must be received by October 21, 2019 by 12:00 P.M. EDST. Proposals must be submitted in a sealed envelope or package stating on the outside, the submitting firm name, address and title (Benefits Consulting and Broker Services) to:

Calhoun County Schools
Attention: Dr. Marty Bray
10877 Dickey St., Morgan GA 39866

Emailed copies should be sent to martybray@calhoun.k12.ga.us with the subject line RFQ. Hand delivered copies may be delivered to the above address ONLY between the hours of 8:30 a.m. and 4:30 p.m. EDST, Monday through Friday, excluding holidays observed by CCS.

Submitting firms are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

The Submittal must be signed by a company representative that is legally authorized to enter into a contractual relationship in the name of the submitting firm.

CONTACT PERSON:

Submitting firms are encouraged to contact Marty Bray by email address martybray@calhoun.k12.ga.us with questions on the RFQ requirements. All questions that arise prior to the DEADLINE FOR QUESTIONS due date shall be directed to the contact person in writing via email. Any unauthorized contact shall not be used as a basis for responding to this RFQ and also may result in the disqualification of the prospective vendor's submittal.

ADDITIONAL INFORMATION/ADDENDA

CCS will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Submitting firms should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail.

Offers' must acknowledge any issued addenda by including the Addenda Acknowledgement with the submittal. Proposals that fail to acknowledge the offer's receipt of any addendum will result in the rejection of the offer if the addendum contains information that substantively changes the

Owner's requirements

LATE SUBMITTAL, LATE MODIFICATIONS AND LATE WITHDRAWALS

Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. CCS assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

REJECTION OF PROPOSALS

CCS may reject any and all proposals and reserves the right to waive any irregularities or informalities in any proposal or in the submittal procedure.

Submittals received after said time or at any place other than the time and place as stated in the notice will not be considered.

MINIMUM RFQ ACCEPTANCE PERIOD

Proposals shall be valid and may not be withdrawn for a period of 60 days from the date specified for receipt of proposals.

NON COLLUSION AFFIDAVIT

By submitting a Proposal, the offeror represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the offeror has not directly or indirectly induced or solicited any other offeror to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the offeror has not in any manner sought by collusion to secure to that offeror any advantage over any other offeror.

By submitting a proposal, the offeror represents and warrants that no official or employee of CCS has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to arise therefrom. The offeror further represents and warrants that no official or employee of CCS that has not been specifically authorized to speak for or act on behalf of CCS by the governing authority of CCS has been engaged in dialogue, either by verbal, written or electronic communication, about any subject material relating either directly or indirectly to this request during the period of this Request for Qualification, specifically the period of September 11, 2019 through October 21, 2019.

COST INCURRED BY OFFERORS

All expenses involved with the preparation and submission of the RFQ to CCS, or any work performed in connection therewith is the responsibility of the offeror(s).

RFQ OPENING

Submitted proposals will not be opened or read aloud publicly. A list of names of firms providing qualifications may be obtained from Dr. Marty Bray, Director of Business Services, within two (2) business days after the due date and time stated herein.

GENERAL PROCUREMENT INSTRUCTIONS

CCS must receive all proposals not later than the date and time listed on the cover sheet of this proposal. Proposals must be sealed with "Benefits Consulting and Broker Services" clearly marked on the outside of the envelope or shipping package. One (1) printed original, one (1) digital USB flash drive, and one emailed copy of the proposal must be received from each

digital USB flash drive, and one emailed copy of the proposal must be received from each offeror. Each proposal must be signed and dated by an official authorized to bind the firm. Late proposals will not be considered for award.

Proposals will be evaluated according to completeness, content, experience with similar projects, ability of the broker and its staff. The award to one broker does not mean that the other proposals lacked merit, but that, all factors considered, the selected proposal was deemed to be in the best interest of CCS.

Brokers are cautioned that this is a request for offers, not a request to contract and the County reserves the unqualified right to reject any and all offers when such rejection is deemed to be in the best interest of the County.

Elaborate proposals in the form of brochures or other presentations beyond that necessary to present a complete and effective proposal are not desired.

Any costs incurred by a broker in preparing or submitting offers are the broker's sole responsibility; CCS will not reimburse any broker for any costs incurred prior to award.

Proposals must be submitted in accordance with the requirements of the RFQ. Failure to include any required information may cause rejection of the proposal.

All respondents must complete the forms "References", "Execution of Proposal", "E-verify Contractor Affidavit", and "Addenda Acknowledgement", and submit these forms with their proposal. Failure to complete and return these forms will automatically disqualify a respondent.

SECTION II – GENERAL CONDITIONS

Purpose:

The purpose of this Request for Qualifications (RFQ) is to seek qualified brokers to provide CCS with Benefits Consulting and Broker Services for Health, Dental, Vision, Life and Ancillary/Voluntary Benefits for CCS, Georgia.

Contract Period:

Any contract resulting from this proposal shall be effective beginning on the first of the month following consultant/broker selection resulting from this RFQ. It is the intent of CCS to continue services for three additional one-year extensions should it remain in the best interest of the County and its employees to retain said services.

Respondent Qualifications:

To participate in this solicitation, the Provider should have a minimum of five (5) years' worth of verifiable experience in the administration of Benefits Consulting and Broker Services preferably this experience shall involve public entities, specifically counties. In addition, the Provider must be able to demonstrate a broad range of knowledge and expertise in providing all of the services requested herein.

It is highly desirable, but not mandatory, that the Benefits Consulting and Broker provider be engaged in the administration of insurance programs only, and not be engaged in the sale of insurance.

The Provider who is deemed by CCS to represent the most responsive, responsible, overall best-valued Provider shall be expected to enter into a contractual arrangement with CCS, to work collaboratively with CCS and key staff members to represent the interest of CCS in regard to the administration of insurances.

Scope of Work:

CCS is seeking a firm that can provide Benefits Consulting and Broker Services. These services will include, but shall not be limited to:

- Auditing resulting contracts for accuracy of coverage, terms and conditions
- Assisting with annual benefits renewals, including negotiation of changes in contracts
- Assisting the County in determining specifications for future insurance coverage
- Marketing the County's desired insurance package through identification of appropriate carriers, analysis of proposals, provisions of recommendations, and assistance in contract negotiation
- Preparing, disseminating, and analyzing bid packages in accordance with County specifications, should formal bidding of insurance packages be deemed necessary
- Reviewing the employee benefit package for quality of benefits provided, cost effectiveness, competitiveness and plan administration on an annual basis.
- Monitor ongoing contracts, including third part administrators, to insure contract compliance.
- Analyzing claims history and insurance utilization at least quarterly
- Providing information on employee benefit issues, trends and proposed or new legislation
- Meeting with the County administrative staff as needed
- Assisting in the design of employee benefits communications and participating in Benefit Fairs and annual enrollment process
- Providing a key contact person to be available to answer questions and resolve issues that arise during the year regarding employee benefits, contract administration, and service provisions
- Evaluating various insurance products submitted for consideration by insurance carriers
- Assist and consult in the design/implementation of an employee wellness program
- Perform other related consultation services as needed or requested.

Vendor Proposal Requirements:

The proposal response must clearly demonstrate the required qualifications, expertise, competence and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the Scope of this document. Costs incurred by firms responding to this RFQ are solely their responsibility. Additionally, please include the answers to the following questions (Address each by number):

- Describe your organizational structure (i.e. publicly held corporation, partnership, etc.).
- Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not employed by any insurance company, third party administrative agency or provider network.
- Briefly describe your company's organization, philosophy, and management. Also, please provide a brief company history.
- Describe your contractual relationships, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, etc.).
- How long has your organization been providing brokerage services in Georgia?
- How many public sector clients does your firm currently provide brokerage services to?
- What is your firm's scheme of communication and customer service interaction with clients?
- Please provide a list of four verifiable public sector references within Georgia, all of whom are able to comment on your organization's relevant experience. Please include group name, contact name, and telephone number.

Please furnish:

- Services you provided
- Benefit programs addressed
- Time period covered
- Number of covered employees
- Contact name and phone number

It is the vendor's responsibility to provide valid reference information and CCS reserves the right to use reference checks in its evaluation of proposals.

Indicate the method of service provision your organization would utilize in implementing your proposal (i.e. individual broker, individual broker with supporting back up, team of brokers).

proposal (one individual broker, two individual brokers with supporting back up, team of brokers). Please provide resumes of individual brokerage staff that would provide services to CCS. Include a brief professional history for each individual and how they are qualified to provide services to CCS.

Briefly describe the level of service and support that would be provided to CCS by your broker(s) on a day-to-day basis.

How does your firm provide continuing education to ensure that each broker is educated on current market trends and legislative developments? How is this information communicated to your clients?

Describe how you would build an understanding of the direction and priorities of the CCS employee benefit program and how you would utilize this information to recommend changes and project future trends.

Detail how your organization assists clients in developing a strategic benefit plan.

Describe your organization's anticipated involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and vendor selection. NOTE: State Health Benefits plan open enrollment begins in November and ends in December and CSS would like to follow this timeframe.

How would your firm assist CCS in developing plan specifications? Explain your process for providing plan recommendations to your clients.

Explain the process your organization would utilize to assist CCS in selecting an insurance vendor. How would your company's experience and expertise benefit CCS in this process?

Please provide a list of the vendors you have relationships with in regard to health, disability, life, supplemental health, and dental insurance plans.

Describe how your organization strives to streamline benefit administration for your clients. Include any services you provide for automation of the benefit process (i.e. electronic capabilities, outsourcing options). Attach any associated costs for these services on a separate fee schedule.

Detail how you develop a benefit communication strategy with your clients. Include what tools or resources you have available to assist your clients in effectively communicating not only the specific plan details but also the value of the benefits offered?

What training resources does your organization provide to assist your clients in educating and training their benefit staff?

What makes your organization unique from other organizations that may submit proposals for CCS's consideration?

Provide any additional information regarding your organization or services that you feel would be beneficial in helping CCS to select a benefits broker.

Please detail your administrative capabilities on benefits plan compliance issues

Criteria for Evaluation:

All proposals will be evaluated according to, but not necessarily limited to, the following:

Your firm's indicated ability to provide a level of service sufficient to meet CCS's needs, as stated in your response to item D. (Scope of Services) and E. (Vendor Proposal Requirements).

Extent and success of previous work your firm has provided to organizations similar in nature and size to CCS, as determined by CCS's contact with listed references.

The proposal itself as an example of your firm's work product.

Qualifications/experience of key personnel to be assigned to the project.

Adherence to RFQ requirements, including completion of all required forms; provision of all requested information; adequacy of responses, and return of the RFQ by the stated deadline.

Pricing:

It is CCS's expectation that brokerage fees and commissions will be borne by the selected insurance carrier/provider. If additional brokerage fees are expected of CCS, or if your firm offers additional fee-supported services which are supplemental to your proposal, please clearly outline such costs and services on a separate fee addendum.

Oral Presentations:

During the evaluation process, CCS may at its discretion, request oral presentations from any or all respondents for the purpose of clarification or amplifying the materials presented. However, respondents are cautioned that the County is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker.

Final Selection:

Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to CCS. Following approval, CCS will complete contract negotiations. The selected vendor should be prepared to commence working on the employee benefit package immediately following contract execution.

Note: CCS reserves the right to accept the response that is determined to be in the best interest of the County and its employees. The County reserves the right to reject any and or all proposals.

COMPANY _____
NAME _____
REFERENCES _____

PROPOSALS MUST LIST FOUR (4) PUBLIC SECTOR REFERENCES FOR WHOM SIMILAR WORK HAS BEEN PERFORMED DURING THE PAST THREE (3) YEARS.

(1) CLIENT NAME _____
ADDRESS (Street) _____
ADDRESS (City, St, Zip) _____
CONTACT NAME _____
TELEPHONE/E-MAIL _____

(2) CLIENT NAME _____
ADDRESS (Street) _____
ADDRESS (City, St, Zip) _____
CONTACT NAME _____
TELEPHONE/E-MAIL _____

(3) CLIENT NAME _____
ADDRESS (Street) _____
ADDRESS (City, St, Zip) _____
CONTACT NAME _____
TELEPHONE/E-MAIL _____

(4) CLIENT NAME _____
ADDRESS (Street) _____
ADDRESS (City, St, Zip) _____
CONTACT NAME _____
TELEPHONE/E-MAIL _____

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

EXECUTION OF PROPOSAL

DATE: _____

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- ___ That this proposal was signed by an authorized representative of the firm.
- ___ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- ___ That all labor costs associated with this project have been determined, including all direct and indirect costs.
- ___ That the potential Contractor agrees to the conditions as set forth in this Request for Proposal with no exceptions.

Therefore, in compliance with the foregoing Request for Qualifications, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within

sixty (60) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

Business Contact

Representative

Operational Contact

Representative

Vendor's Name

Federal ID #

Address

Phone Fax

Email

Authorized Signature Date

Typed Name & Title

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires _____

My Commission Expires:

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

ADDENDA ACKNOWLEDGEMENT

The Offeror has examined and carefully studied the Request for Qualifications and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Authorized Representative/Title Authorized Representative (Print or Type)

(Date)

(Signature)

Offers' must acknowledge any issued addenda. Proposals which fail to acknowledge the offer's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes CCS's requirements.