



PASCO COUNTY BOARD OF COMMISSIONERS  
PURCHASING DEPARTMENT  
8919 GOVERNMENT DRIVE  
NEW PORT RICHEY, FLORIDA 34654  
TELEPHONE: (727) 847-8194  
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[www.PascoCountyFL.net](http://www.PascoCountyFL.net)

## REQUEST FOR PROPOSALS (RFP)

RFP NO. 07-153

### GROUP LIFE AND DISABILITY INSURANCE

Pasco County, Florida (the County), is seeking proposals from qualified firms for group life and disability insurance for approximately 2,000 eligible public employees, effective October 1, 2007.

The Pasco County Purchasing Department will receive sealed responses until **4:00 p.m.**, local time, (our clock) on **June 29, 2007**, in the Pasco County Purchasing Department, 8919 Government Drive, New Port Richey, Florida. Responses received after this time will not be accepted. Responses will be publicly opened at the above stated time and date, with only the names of the offerors submitting proposals being read. All interested parties are invited to attend. Offerors shall submit EIGHT (8) proposal copies. Each copy of the proposal shall be bound in a single volume.

Questions concerning the scope of work, response submittal, or process should be directed, in writing, to the Purchasing Director, Scott Stromer. Questions may be faxed to (727) 847-8065.

Copies of the RFP Documents may be obtained from the Purchasing Department at no cost. The County is not responsible for expenses incurred in prior to award by the Board of County Commissioners. Pasco County reserves the right to reject any and all responses and to waive any irregularities or informalities. We look forward to receiving your response.

Scott Stromer  
Purchasing Director

## **IMPORTANT! - PLEASE READ CAREFULLY BEFORE RESPONDING**

### **GENERAL PROVISIONS**

#### **ACKNOWLEDGMENT OF AMENDMENTS**

Offerors shall acknowledge receipt of any amendment to the solicitation by letter, by returning a copy of the issued amendment with the submittal, or notation on the submitted proposal. The acknowledgment must be received by Pasco County by the time and at the place specified for the receipt of proposals. Failure to acknowledge an issued amendment may result in submittal rejection and disqualification.

#### **ADDITIONAL INFORMATION**

Questions concerning this request must be submitted in writing to Scott P. Stromer, Purchasing Director, Pasco County Purchasing Department; 8919 Government Drive; New Port Richey, Florida 34654; fax machine number (727) 847-8065. Offerors are cautioned that any statements made by individuals, or employees of Pasco County, that materially change any portion of this request shall not be relied upon unless subsequently ratified by a formal written amendment. No questions will be accepted after ten (10) days prior to the date set for opening.

#### **ASSIGNMENT**

The contractor shall not assign, transfer, convey, sublet, or otherwise dispose of any award or any or all of its rights, title, or interest therein, or delegate the duties hereunder without the prior written consent of Pasco County.

#### **APPLICABLE LAW**

The resulting contract shall be governed in all respects by the laws of the State of Florida, and any litigation with respect thereto shall be brought in the courts of Pasco County, Florida. The contractor shall comply with all applicable Federal, State, and local laws and regulations. Lack of knowledge by the offeror will in no way be a cause for relief from responsibility.

#### **CANCELLATION**

Pasco County reserves the right to cancel a resulting contract, without cause, by giving thirty (30) days' prior written notice to the contractor of the intention to cancel, or with cause if at any time the contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the contractor to comply with any of the provisions of a resulting contract will be considered a material breach of contract and shall be cause for immediate termination of the contract at the sole discretion of Pasco County. In addition to all other legal remedies available to the County, Pasco County reserves the right to cancel and obtain from another source any services which have not been provided within the required period of time, or if no such time is stated, within a reasonable period of time from the date of order or request, as determined by the County.

#### **CONFLICT OF INTEREST**

The contractor, by responding to this request, certifies that to the best of his/her knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the offer of services specified in this request.

#### **CONTRACT TERM AND REQUIREMENTS**

It is the County's intent to develop an ongoing contract for the services specified herein, contingent upon the appropriation of funds. The contents of the proposal submitted by the successful firm, with any amendments or subsequent revisions, will become part of the resulting contract.

### DEBARMENT

By submitting a response, the offeror certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Florida and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any subdivision or agency of the State of Florida.

### EXPENSES INCURRED IN PREPARING PROPOSAL

Pasco County accepts no responsibility for any expense incurred by the offeror in the preparation and presentation of a proposal. Such expenses shall be borne exclusively by the offeror.

### FAILURE TO DELIVER

In the event of failure of the contractor to deliver the services in accordance with the contract terms and conditions, Pasco County may procure the services from other sources and hold the contractor responsible for any resulting additional costs. A failure to deliver will result in immediate termination of a resulting contract, and immediate disqualification and debarment from submitting quotations, bids or proposals to Pasco County for a maximum of three (3) years. These remedies shall be in addition to any other remedies that Pasco County may have available.

### INSURANCE REQUIREMENTS

Prior to execution of a contract and prior to the time the contractor is entitled to commence any part of the project, work, or services under such a contract, contractor should procure, pay for, and maintain the insurance coverages and limits, as required by the County. Said insurance shall be evidenced by delivery to the County of 1) certificates of insurance executed by the insurers listing coverages and limits, expiration dates and terms of policies and all endorsements whether or not required by the County, and listing all carriers issuing said policies; and 2) upon request, a certified copy of each policy, including all endorsements. The insurance requirements shall remain in effect throughout the term of this contract. Exact insurance coverage and limits will be specified in the resulting contract.

### INFORMALITIES AND IRREGULARITIES

The Pasco County Board of Commissioners reserves the right to reject any or all responses in whole or in part; and/or accept the responses/proposals which are most advantageous and in the best interest of Pasco County.

### NONAPPROPRIATION

All funds for payment by Pasco County under this contract are subject to the availability of an annual appropriation for this purpose by Pasco County. In the event of nonappropriation of funds by Pasco County for the services provided under the contract, Pasco County will terminate the contract, without termination charge or other liability, on the last day of the then-current fiscal year or when the appropriation made for the then-current year for the services covered by this contract is spent, whichever event occurs first. If at any time funds are not appropriated for the continuance of this contract, cancellation shall be accepted by the contractor on thirty (30) days' prior written notice, but failure to give such notice shall be of no effect and Pasco County shall not be obligated under this contract beyond the date of termination.

### NONCONFORMING TERMS AND CONDITIONS

A response that includes terms and conditions that do not conform to the terms and conditions in the proposal document is subject to rejection as nonresponsive. Pasco County reserves the right to permit the offeror to withdraw nonconforming terms and conditions from its response prior to a determination by Pasco County of nonresponsiveness based on the submission of nonconforming terms and conditions.

### PRINCIPAL PERSONNEL

Principal or key personnel included in the proposal may not be substituted without prior written approval of Pasco County. Replacements for key personnel under contract must have equivalent professional qualifications and experience as those individuals listed in the proposal. Approval of substituted personnel will not be unreasonably withheld by Pasco County.

### PROPOSAL ENVELOPES

Envelopes containing responses must be sealed and marked in the lower left hand corner with the request number, and date and hour of opening. Failure to do so may cause the offeror's proposals not to be considered. Express Company, or Express Mail envelopes containing a sealed response shall also be sealed and marked in the lower left hand corner with the request number, and date and hour of opening.

### PUBLIC INFORMATION

Upon public opening of all responses presented to Pasco County as a result of this solicitation, any and all information contained therein is considered public and may be reviewed by any persons interested in doing so.

### RECOVERY OF MONEY

Whenever, under the contract, any sum of money shall be recoverable from or payable by the contractor to Pasco County, the same amount may be deducted from any sum due the contractor under the contract or under any other contract between the contractor and Pasco County. The rights of Pasco County are in addition and without prejudice to any other right Pasco County may have to claim the amount of any loss or damage suffered by Pasco County on account of the acts or omissions of the contractor.

### RESERVATION OF RIGHTS

Pasco County may (1) amend or modify this RFP, (2) revise requirements of this RFP, (3) require supplemental statements or information from any firm, (4) accept or reject any or all responses, (5) extend the deadline for submission of responses, (6) negotiate or hold discussions with any offeror and to waive defects and allow corrections of deficient responses which do not completely conform to the instructions contained herein, and (7) cancel this RFP, in whole or in part, if Pasco County deems it in its best interest to do so. Pasco County may exercise the foregoing rights at any time without notice and without liability to any offering firm or any other party for their expenses incurred in the preparation of response or otherwise.

### RESPONSE RECEIPT AND OPENING

Pasco County will receive sealed responses until the date and time indicated on the cover. Responses must be delivered, by hand or mail, to the Pasco County Purchasing Department, located at 8919 Government Drive, New Port Richey, Florida, where they will be opened at the stated time, **READING ONLY THE NAMES OF THE SUBMITTING OFFERORS**. Responses must be time stamped in the Purchasing Department before or on the hour and date indicated on the cover. Responses received after the date and time of the opening will be received, date stamped, and returned to the offeror unopened. It is the responsibility of the offeror to ensure that responses arrive at the designated opening place on time. Late or non-delivery due to mail or express delivery company failure will not be considered adequate reason for consideration of late responses. **FACSIMILE (FAXED) RESPONSES WILL NOT BE ACCEPTED, AND SHALL NOT BE CONSIDERED FOR EVALUATION OR AWARD.**

#### RIGHT TO AUDIT

The contractor shall maintain such financial records and other records as they relate to the purchase of goods and/or services by Pasco County from the subject vendor. The contractor shall retain these records for a period of three (3) years after final payment, or until they are audited by Pasco County, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three (3) year period for examination, transcription, and audit by Pasco County, its designees, or other authorized bodies.

#### UNSATISFACTORY WORK

If, at any time during the contract term, the service performed or work done by the contractor is considered by Pasco County to create a condition that threatens the health, safety, or welfare of the community, the contractor shall, on being notified by Pasco County, immediately correct such deficient service or work. In the event the contractor fails, after notice, to correct the deficient service or work immediately, Pasco County shall have the right to order the correction of the deficiency by separate contract or with its own resources at the expense of the contractor. Notwithstanding the above, Pasco County reserves the right to cancel a resulting contract, without cause, by giving thirty (30) days' prior written notice to the contractor of the intention to cancel.

#### VERBAL COMMUNICATIONS

No oral statement of any person shall modify or otherwise affect the terms, conditions, requirements, or scope of work specified herein. All modifications must be made in writing by Pasco County.

### **END OF GENERAL PROVISIONS**

## STATEMENT OF WORK AND QUESTIONNAIRE

### 1. BACKGROUND INFORMATION

#### BACKGROUND:

Pasco County Board of County Commissioners is a Public Entity with its County seat headquartered in Dade City, Florida. The County also has offices in New Port Richey and Land O'Lakes. For the purposes of this Request For Proposal, the Board of County Commissioners also encompasses the Pasco County Tax Collector, Property Appraiser and Supervisor of Elections. There are approximately 2,000 eligible employees. Of this number approximately 400 are represented by a collective bargaining unit and therefore may be removed from the group at a later date.

#### CURRENT ISSUES:

The Basic Life, AD & D, Voluntary Life and Voluntary Disability for Pasco County are currently insured by Florida Combined Life Insurance. The Basic Life Insurance is non-contributory. The current plan designs are in the appendix.

#### PROSPECTIVE PLAN:

Pasco County is seeking competitive proposals from life insurance and disability carriers to replace the current arrangement with Florida Combined Life Insurance. Initially, please propose benefits that duplicate the current benefit levels as close as possible, and then propose your other plan benefit options. See attached Pasco County Life Insurance exhibit for detailed information on optional quotes desired. **COVERAGE MUST BECOME EFFECTIVE ON OCTOBER 1, 2007.**

#### KEY ISSUES:

The assessment of an appropriate carrier will be based upon the ability and willingness to:

- Provide competitive rates
- Offer a multi-year rate commitment
- Guarantee "No loss of coverage" on the transition date for employees and their dependents (whether actively at work or disabled). Current disabled life insurance continues until normal retirement age. The current plan contains a waiver of premium provision for disability.

### 2. QUESTIONNAIRE

This portion of the RFP is intended to gather critical information about your firm and the offered insurance product. Please review this information and respond to each question in your proposal.

- 2.1 Have you provided a duplication of the requested plan design? Are there product alternatives available from your organization that would lower costs? Please identify the product variations in your proposal and the associated rate decrease.
- 2.2 Have you provided a multi-year rate guarantee (five [5] year term preferred)? If not, what mechanism (cap, index, etc.) will be used to determine rate increases/decreases in subsequent years?
- 2.3 Please do not use generic proposal language in lieu of answering questions.
- 2.4 Pasco County Board of County Commissioners reserves the right to eliminate any and all proposals from consideration for any reason.
- 2.5 Will you guarantee that no plan participant will lose or gain coverage or benefits due to this change in administration? Please confirm that you will continue with coverage for all those currently covered.

## **LIFE INSURANCE**

### **General**

- 2.6 Will your company underwrite the plan of Basic and Optional (voluntary) Life Insurance as described in the RFP? If not, indicate the specific deviation(s) from this RFP.
- 2.7 What is the name of the individual who would be the account executive on the Pasco County account? Where is the individual located?
- 2.8 Please identify the individuals and their office location that would be involved in servicing this account. How long has each individual been with your Company's group life and disability department?

### **Basic and Optional Life Insurance**

- 2.9 Is your group life insurance proposal conditioned upon minimum participation requirements? If they are not met, what are your underwriting requirements for guaranteed issue?
- 2.10 Describe your "actively at work" requirement. Will this requirement be waived upon initial enrollment for employees and retirees insured by the incumbent carrier prior to the effective date?
- 2.11 Will your Company agree that no covered individual will lose coverage as a result of a change in insurance carriers (no gains or losses)? Are you willing to grandfather all existing life benefits without medical evidence?
- 2.12 How does your Company define "totally disabled" for waiver of premium purposes?
- 2.13 Please describe the settlement options which are available to a beneficiary for payment of death proceeds?
- 2.14 Which claim office will be responsible for the administration of death claims?  
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- 2.15 Please confirm your willingness to administer all beneficiary records, updates and death benefit payments for no additional cost.
- 2.16 Please furnish copies of your group life contract for each funding arrangement proposed.
- 2.17 What charges, if any, do you assess on late premium payments? When are they made? Is this negotiable?
- 2.18 What is your non-medical life insurance maximum for existing and future, basic and optional life participants? How will the participation level affect those requirements?
- 2.19 What is your overall employee maximum life insurance limit?
- 2.20 Please describe your Waiver of Premium Provision.

### **Financial**

- 2.21 Are you willing to guarantee your rate for a fully pooled contract for three years with no deficit recoupment?
- 2.22 What is your current group life insurance conversion charge per \$1,000.00? Does it apply to pooled life insurance coverage?
- 2.23 Do you establish incurred but unreported reserves for death claims? If yes, describe how those reserves are determined, and what interest is credited to those reserves.
- 2.24 Describe the details of how you establish reserves for approved premium waiver claims? What interest rate is used in the reserve calculation?
- 2.25 How do you propose to administer the transfer of absolute life insurance assignments and beneficiary forms?
- 2.26 Do you pay interest on death claims? If yes, for what period of time? At what rate? Do you or Pasco County pay the interest cost?
- 2.27 Describe your willingness to pay accelerated benefits and how it is administered and what is the financial impact to Pasco County?

### **LONG TERM DISABILITY (LTD) AND SHORT TERM DISABILITY (STD)**

#### **Pricing & Financial**

- 2.28 Please provide Pasco County with a Voluntary STD and LTD quote using the exhibits provided on the pages following this section.
- 2.29 Describe in detail the voluntary STD plan in your quote.
- 2.30 Describe in detail the voluntary LTD plan in your quote.



- 2.31 What is your minimum participation for the initial STD/LTD enrollment? For renewals? What happens if the minimum participation levels aren't met? Please provide specific rate adjustment tables, employee communication and other applicable information.
- 2.32 Pasco County is looking for a fully insured, nonparticipating 5-year guaranteed rate for its LTD and STD program. Describe in detail the rating approach Pasco County will use for future rate renewals after this guarantee period.
- 2.33 Describe your reserving policies for long term disability claims. Include information on how often claims are reviewed to adjust the reserve level, how credits are applied and the actuarial table and interest rate used to set the reserve amount.
- 2.34 How do you define recurring disability?
- 2.35 When do you stop and then restart benefit payments in this situation?
- 2.36 Will you require evidence of insurability on any portion of the group?
- 2.37 For how long are your LTD and STD rate quotations valid in the event the effective date is delayed beyond October 1, 2007? What adjustments will be made in rates if the effective date is later than October 1, 2007?
- 2.38 Describe in detail how you will administer the benefit integration provisions of the Pasco County LTD plan.
- 2.39 At what point will LTD premium payments stop for a disabled participant, i.e., when LTD benefit payments begin, during the disability waiting period, etc.?
- 2.40 In the event of contract termination, what is your LTD plan liability for:
  - 2.40.1 Disabled currently in benefit status?
  - 2.40.2 Disabled currently in the 90 day waiting period?
  - 2.40.3 Recurring disability situations?
- 2.41 Please provide a copy of your most recently audited financial statements.
- 2.42 Provide the following ratings for your company:
  - 2.42.1 AM Best
  - 2.42.2 Moody's
  - 2.42.3 Standard & Poors

#### **Short Term Disability— Claims & Vocational**

- 2.43 What information do you require to evaluate and approve a disability? How do you ensure the provided information is valid?
- 2.44 How often do you follow-up on outstanding claims to confirm continued disability? What information do you require at each follow-up?

- 2.45 Describe your claims payment procedures – the way you want to be notified about a disability, the review approval process, employee notification/interaction, benefit check production, banking arrangements, check stock security, audit and reconciliation procedures.

**Long Term Disability— Claims & Vocational**

- 2.46 How will you coordinate your short term disability claims operation when a claimant reaches the LTD benefit period?
- 2.47 What are the advantages of Pasco County using the same administrator for STD and LTD claim payment services?
- 2.48 Describe your LTD claims payment procedures – notification of potential claims, review/approval process, required medical information, periodic follow-up, employee notification/interaction, etc.
- 2.49 Do you treat certain disabilities, such as mental and nervous disorders, alcoholism or drug addition differently in your review, approval and follow-up procedures?
- 2.50 When do you integrate with Social Security – before Social Security approves disability or after?
- 2.51 How do you assist claimants in filing for Social Security disability benefits?
- 2.52 In the event that a Social Security disability claim is disallowed initially, or is disallowed after initial approval, do you notify the policy holder of such action? What procedures do you follow in such circumstances?
- 2.53 Do you assist the LTD claimant in the process of appealing the Social Security denial? If so, who pays the legal expenses of such an appeal, you or the claimant?
- 2.54 If your company has adopted procedures for legal assistance to Social Security claimants in denial circumstances, what percentage of success have you achieved in the appeal process?
- 2.55 When do you integrate with the Florida Retirement System – before Florida Retirement approves disability retirement or after?
- 2.56 How do you assist claimants in filing for Florida Retirement System disability benefits?
- 2.57 In the event that a Florida Retirement System disability claim is disallowed initially, or is disallowed after initial approval, do you notify the policy holder of such action? What procedures do you follow in such circumstances?
- 2.58 Do you assist the LTD claimant in the process of appealing the Florida Retirement System disability denial? If so, who pays the legal expenses of such an appeal, you or the claimant?

- 2.59 If your company has adopted procedures for legal assistance to Florida Retirement System claimants in denial circumstances, what percentage of success have you achieved in the appeal process?
- 2.60 Please describe your commitment to meet periodically with Pasco County representatives to review outstanding LTD claims and the reserving and management of these claims.

### **Disability Management Capabilities—Organization and Staffing**

- 2.61 Do you subcontract for disability management services? If yes, describe the disability management organization in detail, including ownership, the nature of your relationship and their track record in serving your clients.
- 2.62 If you have an internal disability management unit, please describe its organization, indicating the structure, chain of command and performance measurement on a local, regional and national level. Include an organizational chart.
- 2.63 List each of the key types of positions and factions within your disability management program that will assist Pasco County. Please provide the minimum training, experience and other qualifications of the field case managers that would be handling Pasco County cases.
- 2.64 Discuss any staff specialization (by clinical service areas) within the disability management program that would service Pasco County.
- 2.65 Discuss the role of Medical Directors or physician advisors in your disability management service delivery. Also, please provide brief biographies of the key Medical Directors that would be involved with Pasco County.
- 2.66 What are the advantages and/or disadvantages to using a different firm for disability management services and for insurance/claims administration services?
- 2.67 List the office location from which STD and LTD disability management activities would be conducted for Pasco County.

### **Program Design**

- 2.68 Describe the criteria employed to identify the necessary type of case management services. Please discuss how this evaluation process is conducted.
- 2.69 Are these criteria automated? Discuss any specialized system that supports this evaluation and decision process.
- 2.70 What percentage of disability management assessments and activities are performed on site and by telephone. Please explain the rationale for your approach.
- 2.71 Describe the follow up information and reporting of case data from the local field staff to supervisory staff central reporting systems. Also, please discuss the role and functions of management staff overseeing field case managers' activities.

- 2.72 Please provide statistics on the case mix (i.e., the percentage distribution by types of cases) handled by your disability management program in 2006 and 2007.
- 2.73 Describe the standard disability management and review procedures and reports a case manager completes from the initial assessment of a patient to the closing of a case.
- 2.74 Do you routinely secure written patient/family acceptance of the proposed disability management program?

### **Quality Control**

- 2.75 What approach does your program take to identifying cost effective, high quality providers for disability management referrals in order to speed up the achievement of maximum medical improvement?
- 2.76 Does the program employ quality of care indicators as part of its disability management activities? If yes, describe these indicators and how apparent sub-quality care is investigated. How is apparent sub-quality medical care reported to the patient?
- 2.77 What confidentiality procedures are employed to protect information gathered during the review?
- 2.78 Describe how you assess the performance of your disability management staff.
- 2.79 Do you routinely conduct retrospective audits of closed cases? If yes, please describe the methodology for selecting the sample, the sample size and the nature of the audit activity. Also, please provide any actual reports documenting this activity.
- 2.80 Do you conduct patient satisfaction surveys? If yes, how frequently? Please show summary results of a survey.
- 2.81 Please describe the amount and type of savings you expect to deliver to the STD and LTD programs based upon your disability management program.

### **Vocational Counseling**

- 2.82 Are vocational rehabilitation service provided in-house or by vendors? If you use external vendors, describe the criteria for selecting a vendor.
- 2.83 Please provide information on the vendor(s) that would be used to support Pasco County. Include your description of the vendor(s) nature and length of time of your working relationship, why you selected the particular vendor over alternative vendors, and the vendor's track record in working with you.
- 2.84 What level of education and certification is required of vocational rehabilitation counselors?
- 2.85 How do you determine when it is appropriate to refer disabled employees for vocational evaluations?

- 2.86 What criteria are used in referring a disabled employee for vocational rehabilitation services?
- 2.87 Do vocational rehabilitation counselors provide training in job search skills, for example, resume' writing, interviewing?
- 2.88 Do vocational rehabilitation counselors refer employees to training programs?
- 2.89 Do vocational rehabilitation counselors perform on-site job analyses of the employee's previous job?
- 2.90 Please describe the amount and type of savings you expect to deliver to the STD and LTD programs based upon your vocational counseling services.

#### **Account Administration—Account Service**

- 2.91 Discuss the customer service function, describing the type of personnel that will be the contact person(s) for Pasco County, for employees/claimants.
- 2.92 Include a brief biography of the account manager that will service the Pasco County account (this should include a list of all accounts currently serviced by the proposed Pasco County account manager with names, titles and phone numbers of contacts).
- 2.93 How will you assist a claimant and Pasco County in filing a STD/LTD claim?
- 2.94 Where will claims be processed and paid? Where will the accounting and general service work be handled?
- 2.95 Will you agree to accept Pasco County's enrollment materials for all current enrollees or will you require the use of new enrollment materials? If yes, will you provide all necessary enrollment materials?
- 2.96 What enrollment forms and startup procedures will you require?
- 2.97 Will you agree to provide Pasco County with a copy of the Explanation of Benefits (EOB) form sent to each STD/LTD claimant? Please enclose a sample EOB.
- 2.98 Please provide a copy of the administrative manual that will be made available to Pasco County.

#### **Implementation**

- 2.99 Please include a schedule of the activities typically conducted by your organization to implement a new program such as this, including an indication of the responsibilities of your firm and Pasco County.
- 2.100 Provide a sample of employee communication materials used for the STD/LTD program.

## **Reporting**

- 2.101 Provide a copy of standard reports that would be provided to Pasco County. What is the scheduled frequency for producing each report?
- 2.102 Do you provide custom reports at the request of the client? Are these provided at no cost to Pasco County?
- 2.103 Describe the methodology you utilize to estimate the savings from the disability management program. How often will you report such information to Pasco County?
- 2.104 Are your standard reports available for specific employer locations or divisions, as well as on a consolidated basis?

## **References**

- 2.105 Please provide at least three references of companies with over 1,000 employees who are utilizing your company for their basic and optional life insurance program. For each reference provide the name of the group, number of employees and contact person (name, title and telephone number).
- 2.106 Please provide at least three references of companies with over 1,000 employees who are utilizing your company for their STD/LTD programs. For each reference provide the name of the group, number of employees and contact person (name, title and telephone number).
- 2.107 Please provide the name and contact person (name, title and telephone number) of two companies, each having at least 1,000 employees that ceased doing business with your company during the past year.

**END OF STATEMENT OF WORK AND QUESTIONNAIRE**

## **APPENDIX – SUMMARY OF PREFERRED LIFE INSURANCE COVERAGE**

### **Basic Life**

The Pasco County Board of County Commissioners and the Pasco County Supervisor of Elections currently provide a \$5,000 basic life benefit to all active, full-time employees working a minimum of 30 hours per week. The basic life benefit for retirees is \$2,500. The employer pays 100% of the employee cost and contributes nothing towards the premium for retirees.

We would like to see a quote matching the above benefits and options showing:

- \$10,000
- \$20,000
- \$1x salary capped at \$50,000

The Pasco County Tax Collector and the Pasco County Property Appraiser currently provide a basic life benefit of 1x salary, capped at \$125,000 for all active, full-time employees working a minimum of 30 hours per week. The employer pays 100% of the employee cost. All retirees fall under the Board of County Commissioners benefit.

We would like to see a quote matching the above benefits.

### **Accidental Death and Dismemberment (A D & D)**

The A D & D benefit mirrors the basic life benefit. A D & D is not available for the retirees.

### **Optional (Voluntary) Life**

Currently all active, full-time employees working a minimum of 30 hours per week are eligible for the optional life benefit. Employee benefits are available in \$10,000 increments to a maximum of \$100,000 and are 100% employee paid.

We would like to see maximum limits of \$250,000 and \$500,000.

### **Dependent Optional (Voluntary) Life**

The employees are given the opportunity to choose optional life insurance coverage for their dependents. The options are as follows:

- |              |  |
|--------------|--|
| Spouse -     | Benefits are available in \$5,000 increments to a maximum of \$50,000.   |
| Child(ren) - | Benefits are available in \$5,000 increments to a maximum of \$25,000. Children 14 days to 6 months of age are limited to \$500. |

The dependent spouse and/or children cannot exceed 50% of the employee's benefit.

## RESPONSE FORMAT

To ensure fair and equitable evaluation, proposals must be organized into the following separate sections:

**Questionnaire:** The offeror shall answer all questions (in numerical order) AND provide explanations for all issues identified in the Statement of Work and Questionnaire.

**Proposal & Cost:**

- (1) A concise statement why the County should select your firm for the specified services.
- (2) A comprehensive description of the proposed plan(s), associated premium (fee) schedule, and copies of all policy and contractual documents that will be necessary to begin coverage. This documentation is for review only. Actual premiums (fees) and plan conditions will be negotiated.

**END OF RESPONSE FORMAT**



## REVIEW AND ASSESSMENT

Professional firms will be evaluated on the following criteria. Firms submitting a proposal in response to the RFP may be required to give an oral presentation to County representatives. The County's request for an oral presentation shall in no way constitute acceptance of a proposal or imply that an agreement is pending. The County reserves the right to award the opportunity to provide the services specified herein based on initial proposal submissions without oral presentations.

1. The firm's qualifications and successful experience providing the specified services local governments, of similar size and scope.
2. The value (costs/benefits) of the firm's offered plan(s) and ability to meet the County's defined needs.
3. The firm's willingness and ability to provide satisfactory plan(s), with a pre-determined and contractual method for rate increases/decreases, for a minimum period of five (5) years.
4. Completeness of firm's response to this RFP.

The offeror may be required before the award of any contract to show to the complete satisfaction of Pasco County that it has the necessary facilities, ability and financial resources to provide the service specified therein in a satisfactory manner. The offeror may also be required to give past work history and references in order to satisfy Pasco County with regard to the offeror's assigned personnel. Pasco County may make reasonable investigations deemed necessary and proper to determine the ability of the same to perform the work, and the offeror shall furnish to the County all information for this purpose that may be requested. The County reserves the right to reject any response if the evidence submitted by, or investigation of, the offeror and assigned personnel fails to satisfy the County that such is(are) properly qualified to carry out the obligations of the contract and to complete the work described therein. Evaluation of the offeror's proposal shall include:

1. The ability, capacity, skill, and financial resources to perform the work or provide the service required;
2. The ability of the offeror and assigned personnel to perform the work or provide the service promptly or within the time specified, without delay or interference;
3. The character, integrity, reputation, judgment, experience, and efficiency of the offeror; and
4. The quality of performance of previous contracts or services.