

# City of East Ridge, Tennessee



## Employee Benefits and Consulting Services

### Request for Proposals

Date Issued: January 23, 2022

RFP Response Due: 10:00 a.m. on February 23, 2022

## Introduction

The City of East Ridge is requesting proposals for group health insurance, group dental insurance, and group vision insurance along with Benefits Consulting Services. All submissions are due by 10:00 a.m. on Wednesday, February 23, 2022. Proposal should be submitted in a sealed envelope (package) to Michelle Siningaglio, East Ridge City Hall, 1517 Tombras Avenue, East Ridge, TN 37412. All envelopes containing proposals must be marked “East Ridge Benefits RFP.” Envelopes not properly marked or received after the deadline of 10:00 am will not be accepted.

## General Conditions

1. Your agency must submit by hard copy (submit to City Hall) or by email at [msinigaglio@eastridgetn.gov](mailto:msinigaglio@eastridgetn.gov) the broker's name, agency name, and address before current provider, Cigna, may be notified so that the prospective broker may have access to requested materials from the city's insurance provider.
2. Your agency agrees to carry a minimum of \$1,000,000 Insurance Agents Errors & Omissions Coverage. Yes \_\_\_ No\_\_\_
3. You will provide a Certificate of Insurance evidencing the above if awarded any portion of this proposal. Yes \_\_\_ No\_\_\_
4. The participants agree that the claims information contained in this RFP was used to supply this quote and that NO additional information will be required other than an updated census. Yes \_\_\_ No\_\_\_
5. You understand that each proposal submitted **will use** the forms provided and that failure to do so will cause immediate rejection of your proposal. Yes \_\_\_ No\_\_\_
6. You understand that if additional information is requested and if that information is provided that it becomes part of this proposal and does not change or alter any unrelated part of this proposal release. Yes \_\_\_ No\_\_\_
7. You understand that the Insured or their representative reserve the right to contact any individual participant, after the proposals are opened for clarification. Yes \_\_\_ No\_\_\_
8. The following information will be submitted by each Agent, Broker or Carrier as indicated:

- a. Years in business as an Employee Benefit agent/broker: \_\_\_\_\_
- b. Total number of individual lives administered (employee and dependent) by agent. (Not the carrier): \_\_\_\_\_
- c. Total number of individual lives administered for your largest client: (answered for agent/broker): \_\_\_\_\_
- d. Associated Professional Organizations in which you participate (no initials please): (agent/broker)  
 \_\_\_\_\_  
 \_\_\_\_\_

A list of other municipal clients that the agent/broker administers including the name, phone number, and email of a reference contact (must submit with proposal): \_\_\_\_\_  
 \_\_\_\_\_  
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- 9. Will the carrier provide a web-based portal for the employer and the employee to view claims, add and delete employees, etc.: Yes\_\_\_ No\_\_\_
- 10. The proposing agent understands that if quotes are submitted from the same insurance company through two or more different agents, that City of East Ridge will choose an agent based on years of experience in handling public entity accounts and their reputation with other public entity accounts. Yes\_\_\_ No\_\_\_
- 11. You understand that the City of East Ridge will make their award based on your sealed submitted quote that is received in a timely manner and in strict compliance with these specifications: Yes\_\_\_ No\_\_\_
- 12. It is understood that the purchase of life insurance or other non-proposal insurance will not be tied to your proposal rates: Yes \_\_\_ No\_\_\_
- 13. Non-Proposal items to include with proposal (this section is required for consideration of proposal, though the cost/amount is considered a non-proposal item):

Life insurance is considered non-proposal insurance for the purpose of this Request for Proposals. Include a proposal for group life insurance coverage and the total group premium amount for group life insurance.

- a) Provide a proposal for life insurance coverage for city employees at the following levels of coverage:
  - \$20,000 per Employee
  - \$5,000 per Spouse
  - \$2,000 per Child
- b) Coverage shall be effective July 1, 2022. Coverage shall be guaranteed for a minimum of 12 months from the effective date at the same premium rate specified in the proposal.
- c) If exceptions from coverage are made, exceptions must be clearly stated on each coverage.
- d) The proposer is required to carefully examine the specifications and risks to be covered. It will be assumed that the proposer has made such investigations and is fully informed as to the extent and character of the hazards and requirements of the specifications. No warranty is made or implied as to information contained in these specifications.
- e) All proposals shall show or conform to the following, in addition to other information required upon the proposal form:
  - Name of Proposed Life Insurance Company.
  - Insurance Company rating as per A.M. Best's Insurance Guide or appropriate financial documents to assure the proposer is a stable, sound, and responsible company. Only A OR BETTER rated companies will be considered.
  - Life insurance companies must be authorized to do business in the State of Tennessee.

**Request for Proposal for Employee Benefits Consulting Services**

Please respond to each of the following by inserting your answer immediately after the request.

**Information Regarding your Firm:**

A. Your firm name: \_\_\_\_\_

1. Company Structure: \_\_\_\_\_

\_\_\_\_\_

2. Annual Revenue: \_\_\_\_\_

3. Employee Count: \_\_\_\_\_

4. Ownership: \_\_\_\_\_

5. Include Company Organizational Chart

B. Describe your organizational philosophy/approach to providing health and welfare consulting/brokerage services, including your commitment to providing excellent customer service. \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Please describe any organizational changes (mergers, acquisitions, divestitures) that have occurred within the past three years or are scheduled to occur within the next year that may have an impact on your business and the way in which you deliver service to your clients.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Describe your average client relationship duration. Briefly explain how your organization differentiates itself from its competitors.

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E. Provide 3 references of similarly sized clients as City of East Ridge. Please include name, address, phone number, services being provided, and the length of time you have serviced the client.

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F. How does your firm evaluate potential vendors prior to making recommendations?

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G. What type of educational programs do you provide/make available to your clients? Provide examples of educational materials used in the last 12 months. \_\_\_\_\_

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**Client Information**

A. How many current clients do you serve that are similar to City of East Ridge? \_\_\_\_\_

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B. Describe your experience in providing health and welfare consulting/brokerage services to organizations similar to City of East Ridge? \_\_\_\_\_

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- C. Identify account service team members (include bios) that will service our account, highlighting each service team member's experience in servicing accounts. \_\_\_\_\_
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**Vendor Management and Reporting**

- A. How will your organization help with the management of our employees benefit programs, including supervision and/or preparation of claims activity reports from carriers; executive summary reports, underwriting analysis for annual renewal, and annual financial projections for budgeting purposes. \_\_\_\_\_
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- B. How do you provide employee support with respect to claims issues?
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- C. Do you provide wellness initiatives? \_\_\_\_\_
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**Compliance**

A. How will you ensure that our plan remains in legal compliance?

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B. How do you assist with reporting required by ERISA and ACA?

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C. What is your process for communicating legislative updates?

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D. Detail any compliance letters or documents that you provide for your clients. \_\_\_\_\_

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**Fees**

A. Describe the commission structure or other payment method you will use for each product offering. ? \_\_\_\_\_

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B. What is the length of your standard contract for services?

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**Technology & Enrollment Services**

A. What is your open enrollment process?

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B. Describe your capability regarding on-line enrollment?

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C. Who will be conducting the enrollment and benefit communication?

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1. Who employs the enrollment team?

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2. How are members of the enrollment team paid?

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D. How many enrollers will be provided to the City of East Ridge during open enrollment?

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E. Describe any technology services provided by your firm.

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**PLEASE PRINT**

Broker Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Broker Signature**

**Date**