



Finance and Administration Services Department

PURCHASING DIVISION

115 S. Andrews Avenue, Room 212, Fort Lauderdale, Florida 33301 | 954-357-6066 | FAX 954-357-8535 | broward.org/Purchasing
Hours of Operation: Monday through Friday 8:30 a.m. to 5:00 p.m.

ATTENTION

Dear Vendor:

Thank you for your interest in doing business with Broward County. We look forward to a very successful procurement process.

Please take notice of the response submittal requirements outlined in this solicitation. Read and follow the instructions very carefully, as any misinterpretation or failure to comply with instructions could lead to your submittal being rejected. Any change(s) to this solicitation will be conveyed through the written addenda process. Notifications of addenda are sent electronically to vendors registered under the applicable commodity codes at the time the original solicitation was created. In addition, all addenda are posted on the Purchasing Division's website, www.broward.org/purchasing which can be accessed by selecting Current Solicitations. Please read carefully and follow all instructions provided on the addendum, as well as the instructions provided in the original solicitation. **It is the responsibility of all potential vendors to monitor the Purchasing Division's website for any changing information prior to submitting their reply.**

It is the intent of the Purchasing Division to provide quality services. If you have any questions, please visit our website to view the information provided on "How to Do Business with Broward County – A Vendor's Guide," or feel free to contact the agent of concern. Again, thank you for your continued interest in doing business with Broward County.

Sincerely,

Brenda J. Billingsley, Director
Broward County Purchasing Division

A Service of the Broward County Board of County Commissioners
Excellence in Public Procurement – Our Best. Nothing Less.

Broward County Purchasing Division

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Request for Proposals (RFP)

RFP Number: R1223429P1
Personal Income Protection Plans

Procurement Authority

Unchecked boxes do not apply to this solicitation.

☒ Pursuant to the Broward County Procurement Code, the Broward County Commission invites qualified firms to submit Proposals for consideration to provide services on the following project:

☒ **Standard** Request for Proposals

☐ **Construction General Contractor:** Two-Step Process - (Step 1) Issue RFP to Short list firms - (Step 2) Issue Invitation for Bids to Shortlisted firms to obtain bids

☐ Establish **Library** of Firms for Services

☐ Pursuant to the Broward County Procurement Code, the Broward County Commission invites qualified firms to submit Proposals for consideration to provide **Construction Manager at Risk** Services on the following project.

☐ Standard Construction Manager at Risk

☐ Construction Manager at Risk (Modified): Two Step Process - (Step 1) Issue RFP to Short list firms (Step 2) Issue Invitation for Bids to Shortlisted firms to obtain bids

Project Funding Source

County Funds

X

Scope of Service

The purpose of the solicitation is to engage the services of a qualified firm to provide voluntary Personal Income Protection Plans (PIP) to County employees and eligible dependents. Currently PIP plans are with AFLAC. As noted in Exhibit 1, Background Information, there are currently six (6) plans that employees may select from. The County is seeking to consolidate the offerings into four (4) plans that cover the same services as being currently offered. If applicable a firm may submit one alternative "Level" of coverage for one of the four specific plan types.

See Exhibit "1" – Scope of Service and Background information

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Submittal Instructions

Unchecked boxes do not apply to this solicitation.

- ☐ Only interested firms from the Sheltered Market may respond to this solicitation.
- ☒ This solicitation is open to the general marketplace.

Interested firms may supply requested information in the "Evaluation Criteria" section by typing right into the document using Microsoft Word. Firms may also prepare responses and any requested ancillary forms using other means but following the same order as presented herein.

Submit eight [8] CDs, containing the following files:

CD or DVD discs included in the submittal **must be finalized or closed** so that no changes can be made to the contents of the discs.

IT IS IMPORTANT THAT EACH CD BE LABELED WITH THE COMPANY NAME, RFP NUMBER AND TITLE, AND THEN PLACED IN AN INDIVIDUAL DISC ENVELOPE.

1. A single PDF file that contains your entire response, including documents that are also being provided in Word format, with each page of the response in the order as presented in the RFP document, including any attachments.
 - a. Responses to the Evaluation Criteria questions and Pricing are to be provided in Microsoft Word.

Submit five [5] total printed copies (hard copies) of your response.

It is the responsibility of each firm to assure that the information submitted in both its written response and CDs are consistent and accurate. If there is a discrepancy, the information provided in the written response shall govern.

This is of particular importance in the implementation of the County's tiebreaker criteria. As set forth in Section 21.31.d of the Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the firm's response to the solicitation. Therefore, in order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the written submittal.

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Required Forms

This Request for Proposal requires the following CHECKED forms to be returned:
(Please initial each Attachment being returned)

Documents submitted to satisfy responsiveness requirement(s) indicated with an **(R)** must be attached to the RFP submittal and returned at the time of the opening deadline.

Verification of return
(Please Initial)

Attachment A	Proposers Opportunity List	<input type="checkbox"/>	Removed – Not Included
Attachment B	Letter of Intent (CBE)	<input type="checkbox"/>	Removed – Not Included
Attachment D	Application For Evaluation of Good Faith Effort	<input type="checkbox"/>	Removed – Not Included
Attachment B	Letter of Intent (DBE)	<input type="checkbox"/>	Removed – Not Included
Attachment D	DBE Unavailability Report	<input type="checkbox"/>	Removed – Not Included
Attachment E	Vendor's List (Non-Certified Subcontractors and Suppliers Information)	<input type="checkbox"/>	Removed – Not Included
Attachment F	Domestic Partnership Certification (R)	<input checked="" type="checkbox"/>	_____
Attachment G	Lobbyist Registration – Certification (R)	<input checked="" type="checkbox"/>	_____
Attachment H	Employment Eligibility Verification Program Contractor Certification	<input type="checkbox"/>	Removed – Not Included
Attachment I	Litigation History	<input checked="" type="checkbox"/>	_____
Attachment J	Insurance Requirements	<input checked="" type="checkbox"/>	_____
Attachment K	Cone of Silence Certification	<input checked="" type="checkbox"/>	_____
Attachment L	Living Wage Ordinance	<input type="checkbox"/>	Removed – Not Included
Attachment M	Drug Free Workplace Policy Certification	<input checked="" type="checkbox"/>	_____
Attachment N	Non-Collusion Statement Form	<input checked="" type="checkbox"/>	_____
Attachment O	Scrutinized Companies List Certification	<input type="checkbox"/>	Removed – Not Included
Attachment P	Local Vendor Certification	<input checked="" type="checkbox"/>	_____
Attachment Q	Volume of Work Over Five Years	<input checked="" type="checkbox"/>	_____
Attachment R	Proposal Bond	<input type="checkbox"/>	Removed – Not Included
Attachment S	Certificate As To Corporate Principal	<input type="checkbox"/>	Removed – Not Included
Attachment T	Pricing Sheets (R)	<input checked="" type="checkbox"/>	_____
Attachment U	Self-Certification: Owner Ethnicity/ Gender (Optional)	<input checked="" type="checkbox"/>	_____

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Send all requested materials to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301
RE: RFP Number: R1223429P1

The Purchasing Division must receive submittals no later than 5:00 pm on insert due date. Purchasing will not accept electronically transmitted, late, or misdirected submittals. If fewer than three interested firms respond to this solicitation, the Director of Purchasing may extend the deadline for submittal by up to four (4) weeks. Submittals will only be opened following the final submittal due date.

For Additional Project Information Contact:

Additional Project Specific Information Contact:

Lisa Morrison, Project Manager
Phone: 954-357-6720
Email: lmorrison@broward.org

Procurement Process Related Information Contact:

Mitch Cohen, Purchasing Agent
Phone: 954-357-5517
E-mail: micohen@broward.org

Evaluation Process

An Evaluation Committee (EC) will be responsible for recommending the most qualified firm(s). The process for this procurement may proceed in the following manner:

Review Responses

The Purchasing Division delivers the RFP submittals to agency staff for summarization for the Evaluation Committee members. The Office of Economic and Small Business Development staff evaluates submittals to determine compliance with the Office of Economic and Small Business Development Program requirements, if applicable. Agency staff will prepare an analysis report which includes a matrix of responses submitted by the firms. This may include a technical review, if applicable.

Staff will also identify any incomplete responses. The Director of Purchasing will review the information provided in the matrix and will make a recommendation to the Evaluation Committee as to each firm's responsiveness to the requirements of the RFP. The final determination of responsiveness rests solely on the decision of the Evaluation Committee.

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At any time prior to award, the awarding authority may find that an offeror is not responsible to receive a particular award. The awarding authority may consider the following factors, without limitation: debarment or removal from the authorized vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the offeror has breached or failed to perform a contract, claims history of the offeror, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of an offeror.

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Evaluation Criteria

The following list of Evaluation Criteria total 100 points. Subsequent pages will further detail and define the Evaluation Criteria which are summarized with their numerical point ranges.

LOCATION (5 Points)	
1. A proposer with a primary business Location within Broward County will receive five (5) points. A proposer not having its primary business location within Broward County will receive zero (0) points. Submit your firm's State of Florida Department of Corporations website listing as evidence of your firm's primary business location.	5
COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING (25 Points)	
2. Provide basic information for proposing company: <ul style="list-style-type: none"> a. Number of years in Personal Income Protection Plan business b. Total number of current employees c. Average seniority of current employees d. Describe the company's organization, philosophy, management. 	5
3. List Key Members of proposed Account Team who will provide professional, customer service and/or technical support services on this contract. Include: <ul style="list-style-type: none"> a. Name and contact information. b. Job title and number of years of service with your organization and brief resume covering at least the last 5 years. c. Location of the office they will be working from 	5
4. How does your Company rank nationally – <ul style="list-style-type: none"> a. By case/premium and products offered? b. Provide your firms Industry Rating by either AM Best, Moodys, or Standard and Poors 	5
5. Provide a list of the governmental and or public entities, similar or greater in size (number of insured) to Broward County, that the Company has provided Personal Income Protection Plan coverage and benefit services to over the last five (5) years. <ul style="list-style-type: none"> a. Provide address, and verified current contact information including telephone number and e-mail address. 	5
6. What is the total number of: <ul style="list-style-type: none"> a. In force employers b. # covered lives Personal Accident c. # covered lives Cancer d. # covered lives Hospital Protection (Medical Bridge) e. # covered lives Specified Health/Critical Care 	5

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QUALITY OF SERVICE AND CUSTOMER SERVICE (10 Points)	
7. Please describe your overall customer service strategy for Personal Income Protection Plan coverage and benefit services a. Include location, hours of operation and duties of any call centers and their toll free number. b. Please provide available call-center metrics. c. Will the client be provided with an administrative manual? d. Describe the role of the Internet and customer service? e. What materials/services do you provide to support non-English speaking employees and hearing impaired callers?	10
ENROLLMENT AND IMPLEMENTATION (10 Points)	
8. What role does your company play during implementation? a. Describe the role of the Implementation Manager at your company. How do they interact with the County enrollment team? b. Will dedicated support be provided for ongoing service phases? Describe.	10
9. Explain how you will work with the County to ensure a smooth enrollment experience? a. What are your recommended number and methods of communications to ensure employee engagement? b. Are Production and mailing costs for standard enrollment materials included in your rates?	
10. Are production mailing costs for standard enrollment materials included in your rates?	
QUESTIONNAIRE AND PERFORMANCE GUARANTEES (25 Points)	
11. Exhibit 2 - Questionnaire	20
12. Exhibit 3 – Performance Guarantees	5
PRICE (25 Points)	
13. Submit your pricing using the Microsoft Excel posted price sheets, Attachment T	25
TOTAL NUMBER OF POINTS	100

*** Total points awarded for price will be determined by applying the following formula:**

(Lowest Proposed Price/Proposer's Price) x 25 = Price Score

Please note that prices may be negotiated in the best interest of the County after the scoring is completed.

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Cone of Silence

At the time of the Evaluation Committee appointment (which is typically prior to the advertisement of the solicitation document) in this RFP process, a Cone of Silence will be imposed. Section 1-266, Broward County Code of Ordinances as revised, provides that after Evaluation Committee appointment, potential vendors and their representatives are substantially restricted from communicating regarding this RFP with the County Administrator, Deputy and Assistants to the County Administrator and their respective support staff, or any person appointed to evaluate or recommend selection in this RFP process. For communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the Initial Evaluation Committee Meeting. After the application of the Cone of Silence, inquiries regarding this RFP should be directed to the Director of Purchasing or designee.

The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

Demonstrations

☐ If this box is checked, then this project will lend itself to an additional step where all firms demonstrate the nature of their offered solution. After receipt of submittals, all firms will receive a description of, and arrangements for, the desired demonstration. A copy of the demonstration (hard copy, DVD, CD or a combination of both) should be given to the Purchasing Agent at the meeting to retain in the Purchasing files.

Presentations

☒ If this box is checked, all firms that are found to be both responsive and responsible to the requirements of the RFP will have an opportunity to make an oral presentation to the EC on the firm's approach to this project and the firm's ability to perform. The EC may provide a list of subject matter for the discussion. The firms will have equal time to present but the question-and-answer time may vary.

Pricing

Unchecked boxes do not apply to this solicitation.

- ☒ **Price will be considered in the final evaluation and rating of the qualified firms. Included in this RFP solicitation is a Price Sheet which must be completed and returned with the RFP Submittal at the time of the opening deadline.**
- ☐ County staff and the top ranked firm will negotiate fees for pre-construction services during the Negotiation Phase of this process. Generally, the Parties negotiate a Guaranteed Maximum Price (GMP) for construction services during the course of pre-construction services.

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Negotiation and Award

The Purchasing Negotiator, assisted by County staff, will attempt to negotiate a contract with the first ranked firm. If an impasse occurs, the County ceases negotiation with the firm and begins negotiations with the next-ranked firm. The final negotiated contract will be forwarded to the awarding authority for approval.

Public Art and Design Program

Unchecked boxes do not apply to this solicitation.

- ☐ Section 1-88, as amended, of the Broward County Code (of Ordinances) contains the requirements for the Broward County's Public Art and Design Program. It is the intent of Broward County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The proposer may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. (For additional information contact the Broward County Cultural Division).

Posting of Solicitation and Proposed Contract Awards

The Broward County Purchasing Division's website is the official location for the County's posting of all solicitations and contract award results. It is the obligation of each vendor to monitor the website in order to obtain complete and timely information. The website is located at <http://www.broward.org/Purchasing/Pages/SolicitationResult.aspx>

Vendor Protest

Sections 21.118 and 21.120 of the Broward County Procurement Code set forth procedural requirements that apply if a vendor intends to protest a solicitation or proposed award of a contract and state in part the following:

- (a) Any protest concerning the proposal or other solicitation specifications or requirements must be made and received by the County within seven (7) business days from the posting of the solicitation or addendum on the Purchasing Division's website. Such protest must be made in writing to the Director of Purchasing. Failure to timely protest solicitation specifications or requirements is a waiver of the ability to protest the specifications or requirements.
- (b) Any protest concerning a solicitation or proposed award above the award authority of the Director of Purchasing, after the proposal opening, shall be submitted in writing and received by the County within five (5) business days from the posting of the recommendation of award on the Purchasing Division's website.
- (c) Any actual or prospective proposer or offeror who has a substantial interest in and is aggrieved in connection with the proposed award of a contract which does not exceed the amount of the award authority of the Director of Purchasing, may protest to the Director of Purchasing. The protest shall be submitted in writing and received within three (3) business days from the posting of the recommendation of award on the Purchasing Division's website.

- (d) For purposes of this section, a business day is defined as Monday through Friday between

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8:30 a.m. and 5:00 p.m. Failure to timely file a protest within the time prescribed for a solicitation or proposed contract award shall be a waiver of the vendor's right to protest.

(e) Protests arising from the decisions and votes of an Evaluation Committee shall be limited to protests based upon the alleged deviations from established Committee procedures set forth in the Broward County Procurement Code and existing written Guidelines. Any allegations of misconduct or misrepresentation on the part of a competing vendor shall not be considered a protest.

(f) As a condition of initiating any RFP protest, the protestor shall present the Director of Purchasing a nonrefundable filing fee in accordance with the table below.

Estimated Contract Amount	Filing Fee
\$30,000 - \$250,000	\$ 500
\$250,001 - \$500,000	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	\$5,000

If no contract proposal amount was submitted, the estimated contract amount shall be the County's estimated contract price for the project. The County may accept cash, money order, certified check, or cashier's check, payable to Broward County Board of Commissioners.

Rejection of Responses

The Evaluation Committee may recommend rejecting all proposals in the best interests of the County. The rejection shall be made by the Director of Purchasing except when a solicitation was approved by the Board, in which case the rejection shall be made by the Board.

Public Records and Exemptions

Broward County is a public agency subject to Chapter 119, Florida Statutes. As required by Chapter 119, Florida Statutes, the Contractor and all sub-contractors for services shall comply with Florida's Public Records Law. To the extent Contractor is acting on behalf of the COUNTY pursuant to Section 119.0701, Florida Statutes, the Contractor and its subcontractors shall:

1. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the service;
2. Provide the public with access to such public records on the same terms and conditions that the County would provide the records and at a cost that does not exceed that provided in Chapter 119, Fla. Stat., or as otherwise provided by law;
3. Ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed except as authorized by law; and
4. Meet all requirements for retaining public records and transfer to the County, at no cost, all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the County in a format that is compatible with the information technology systems of the agency.

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Upon receipt, all response submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes.

Any firm that intends to assert any materials to be exempted from public disclosure under Chapter 119, Florida Statutes must submit the document(s) in a separate bound document labeled "Name of Firm, Attachment to Proposal Package, RFP# - Confidential Matter". The firm must identify the specific statute that authorizes the exemption from the Public Records Law. CD or DVD discs included in the submittal must also comply with this requirement and separate any materials claimed to be confidential.

Failure to provide this information at the time of submittal and in the manner required above may result in a recommendation by the Director of Purchasing that the response is non-responsive.

Any claim of confidentiality on materials that the firm asserts to be exempt and placed elsewhere in the submittal will be considered waived by the firm upon submission, effective after opening.

Please note that the financial statement exemption provided for in Section 119.071(1) c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

Please be aware that submitting confidential material may impact full discussion of your submittal by the Evaluation Committee because the Evaluation Committee will be unable to talk about the details of the confidential material(s) at the public Evaluation Committee meeting.

Copyrighted Materials

Copyrighted material will be accepted as part of a submittal only if accompanied by a waiver that will allow the County to make paper and electronic copies necessary for the use of County staff and agents. It is noted that copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Therefore, such material will be subject to viewing by the public, but copies of the material will not be provided to the public.

Local Preference

In accordance with Broward County Ordinance No. 2004-29, the Broward County Board of County Commissioners provides a local preference. This preference includes any county with which the Broward County Board of County Commissioners has entered into an inter-local agreement of reciprocity.

Except where otherwise provided by federal or state law or other funding source restrictions, a local proposer whose submittal is within 5% of the highest total ranked proposer outside of the preference area will become the firm with whom the County will proceed with negotiations for a final contract.

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Local business means the vendor has a valid occupational license issued by the county within which the vendor conducts their business at least one year prior to bid or proposal opening, that authorizes the business to provide the goods, services or construction to be purchased and a physical address located within the limits of said county, in an area zoned for the conduct of such business, from which the vendor operates or performs business on a day-to-day basis that is a substantial component of the goods or services being offered. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing a physical address.

State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the County's Local Preference Ordinance and Procurement Code will not be applied in the procurement process.

Right of Appeal

Pursuant to Section 21.83 of the Broward County Procurement Code, any vendor that has a substantial interest in the matter and is dissatisfied or aggrieved in connection with the Evaluation Committee's determination of responsiveness may appeal the determination pursuant to Section 21.120 of the Code.

The appeal must be in writing and sent to the Director of Purchasing within ten (10) calendar days of the determination by the Evaluation Committee to be deemed timely.

As required by Section 21.120, the appeal must be accompanied by an appeal bond by a person having standing to protest and must comply with all other requirements of this section. The institution and filing of an appeal is an administrative remedy to be employed prior to the institution and filing of any civil action against the County concerning the subject matter of the appeal.

Negotiations

It is the County's intent to conduct the first negotiation meeting no later than two (2) weeks after approval of the final ranking as recommended by the Committee. At least one of the representatives for the firm participating in negotiations with the County must be authorized to bind the firm.

In the event that the negotiations are not successful within a reasonable timeframe (notification will be provided to the firm) an impasse will be declared and negotiations with the first-ranked firm will cease. Negotiations will begin with the next ranked firm, etc. until such time that all requirements of Procurement Code, Section 21.85.c.8 have been met.

Projected Schedule

RFP Advertised Date:
Pre-Submittal Conference:
RFP Open Date:

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Initial Evaluation Meeting:

Final Evaluation Meeting:

If three (3) or fewer responses are received, a combination Initial and Final Evaluation meeting may be held.

<http://www.broward.org/Commission/Pages/SunshineMeetings.aspx> Please check this website for any changes to the above tentative schedule.

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Responsiveness Criteria

Definition of a Responsive Proposer:

In accordance with Broward County Procurement Code Section 21.8.b.66, a Responsive Proposer means a person who has submitted a proposal which conforms in all material respects to a solicitation. The proposal of a Responsive Proposer must be submitted on the required forms, which contain all required information, signatures, notarizations, insurance, bonding, security, or other mandated requirements required by the solicitation documents to be submitted at the time of proposal opening.

Failure to provide the information required below, at the time of submittal opening may result in a recommendation of non-responsive by the Director of Purchasing. The Evaluation Committee will determine whether the firm is responsive to the requirements specified herein. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.30.f.1(c) of the Broward County Procurement Code.

*****NOTICE TO PROPOSERS*****

Proposers are invited to pay strict attention to the following requirements of this RFP. The information being requested in this section is going to be used by the Evaluation Committee during the evaluation process and further consideration for contract award. Please be aware that proposers have a continuing obligation to provide the County with any material changes to the information being requested in this RFP.

1. Domestic Partnership Act

The Broward County Domestic Partnership Act (Section 16-1/2 – 157 of the Broward County Code of Ordinances, as amended) requires that, for projects where the initial contract term is valued at more than \$100,000, that at the time of RFP submittal, the vendor shall certify that the vendor currently complies or will comply with the requirements of the Domestic Partnership Act by providing benefits to Domestic Partners of its employees on the same basis as it provides benefits to employee's spouses.

The Domestic Partnership Certification Form (**Attachment F**) should be completed, for all submittals over \$100,000, and returned with the RFP Submittal Response at the time of the opening deadline, but no later than five (5) business days from request of the Purchasing agent. Failure to meet this requirement shall render your submittal non-responsive.

2. Lobbyist Registration - Certification

A vendor who has retained a lobbyist(s) to lobby in connection with a competitive solicitation shall be deemed non-responsive unless the firm, in responding to the

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competitive solicitation, certifies, see **Attachment G**, that each lobbyist retained has timely filed the registration or amended registration required under Section 1-262, Broward County Code of Ordinances. If, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the vendor, the County may, on the basis, exercise any contractual right to terminate the contract for convenience.

The Lobbyist Registration Certification Form (**Attachment G**) should be completed and returned at the time of the RFP opening deadline and included within the submittal document.

3. Certificate of Authority

Provide the applicable certificate(s) of authority from the Florida Office of Insurance Regulation to provide Personal Income Protection Plan coverage and benefit services.

4. Price Sheets

Attachment T – Price sheet, posted separately in Excel format, must be provided at the same time as your submittal. Failure to return the price sheet with your submittal will result in a finding of non-responsiveness and your submittal will not be considered for final evaluation and scoring. The Cover Page of Attachment T should be signed and returned with you submittal

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Responsibility Criteria

Definition of Responsible Proposer

In accordance with Broward County Procurement Code Section 21.8.b.65, a Responsible Proposer or Offeror means an offeror who has the capability in all respects to perform the contract requirements, and the integrity and reliability which will assure good faith performance.

The Evaluation Committee will recommend to the awarding authority a determination of a firm's responsibility. At any time prior to award, the awarding authority may find that an offeror is not responsible to receive a particular award. The following criteria shall be evaluated in making a determination of responsibility:

1. Office of Economic and Small Business Development Program

Office of Economic and Small Business Development Program Requirements

In accordance with Ordinance No. 2012-33, Broward County Business Opportunity Act of 2012, the County Business Enterprise (CBE) Program shall apply to this contract. All proposers responding to this solicitation shall utilize, or attempt to utilize, CBE firms in performing the contract in at least the assigned percentage amount for this solicitation. The assigned CBE participation goal for this contract is listed below.

In accordance with the Acts, participation for this contract is as follows:

Business Enterprise Category	Assigned Participation Goal
County Business Enterprise (CBE)	0%

No participation goals have been assigned to this project.

2. Financial Information

All firms are required to provide Broward County the firm's financial statements at the time of submittal in order to demonstrate the firm's financial capabilities. Failure to provide this information at the time of submittal may result in a recommendation by the Director of Purchasing that the response is non-responsive. Each firm shall submit its most recent two (2) years of financial statements for review. The financial statements are not required to be audited financial statements.

Although the review of a vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements as stated in the Evaluation Criteria and Public Record and Exemptions sections may result in a recommendation of non-responsive by the Director of Purchasing.

3. Litigation History

A The County will consider a vendor's litigation history information in its review and determination of responsibility. All vendors are required to disclose to the County all "material"

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cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the vendor, any parent or subsidiary of the vendor, or any predecessor organization. If the vendor is a joint venture, the information provided should encompass the joint venture (if it is not newly-formed for purposes of responding to the solicitation) and each of the entities forming the joint venture.

Although the review of a vendor's litigation history is an issue of responsibility, the failure to provide litigation history as required in the Evaluation Criteria may result in a recommendation of non-responsive by the Director of Purchasing.

4. Authority to Conduct Business in Florida

A Florida corporation or partnership is required to provide evidence with its response that the firm is authorized to transact business in Florida and is in good standing with the Florida Department of State. If not with its response, such evidence must be submitted to the County no later than 5 business days from request of the Purchasing agent.

A foreign (out-of-state) corporation or partnership is required to provide evidence with its response that the firm is authorized to transact business in Florida and is in good standing with the Florida Department of State. If not with its response, such evidence must be submitted to the County no later than 5 business days from request of the Purchasing agent.

A joint venture is required to provide evidence with its response that the joint venture, or at least one of the joint venture partners, is authorized to transact business in Florida and is in good standing with the Florida Department of State. If not with its response, such evidence must be submitted to the County no later than 5 business days from request of the Purchasing agent. However, the joint venture is required to provide evidence prior to contract execution that the joint venture is authorized to transact business in Florida and provide the County with a copy of the joint venture Agreement. A joint venture is also required to provide with its response a Statement of Authority indicating that the individual submitting the joint venture's proposal has the legal authority to bind the joint venture. If not with its response, such evidence must be submitted to the County no later than 5 business days from request of the Purchasing agent.

Failure to provide the County with any of the above referenced information at the required time may be cause for the response to the solicitation to be deemed non-responsible. An acceptable document of evidence may be similar to the document attached as Exhibit A.

Additionally, the awarding authority may consider the following factors, without limitation: debarment or removal from the authorized vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the offeror has breached or failed to perform a contract, claims history of the offeror, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of an offeror.

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Evaluation Criteria

With regard to the Evaluation criteria, each firm has a continuing obligation to provide the County with any material changes to the information requested. The County reserves the right to obtain additional information from interested firms.

<p>Evaluation Criteria –</p> <p>Project-Specific Criteria</p>	<p><i>Provide answers below. If you are submitting a response as a joint venture, you must respond to each question for each entity forming the joint venture. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</i></p>
<p>1. Location – Provide evidence of where your Primary Business is located.</p>	
<p>2. Provide basic information for proposing company:</p> <ul style="list-style-type: none"> a. Number of years in Personal Income Protection Plan business b. Total number of current employees c. Average seniority of current employees d. Describe the company's organization, philosophy, management. 	
<p>3. List Key Members of proposed Account Team who will provide professional, customer service and/or technical support services on this contract. Include:</p> <ul style="list-style-type: none"> a. Name b. Job title and number of years of service with your organization and brief resume covering at least the last 5 years. c. Location of the office they will be working from 	
<p>4. How does your Company rank nationally –</p> <ul style="list-style-type: none"> a. By case/premium and products offered? b. Provide your firms Industry Rating by either AM Best, Moodys, or Standard and Poors 	

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<p>5. Provide a list of the governmental and or public entities, similar or greater in size (number of insured) to Broward County, that the Company has provided Personal Income Protection Plan coverage and benefit services to over the last five (5) years.</p> <p>a. Provide address, and verified current contact information including telephone number and e-mail address.</p>	
<p>6. What is the total number of:</p> <p>a. In force employers</p> <p>b. # covered lives Personal Accident</p> <p>c. # covered lives Cancer</p> <p>d. # covered lives Hospital Protection (Medical Bridge)</p> <p>e. # covered lives Specified Health/Critical Care</p>	
<p>7. Please describe your overall customer service strategy Personal Income Protection Plan clients.</p> <p>a. Include location, hours of operation and duties of any call centers and their toll free number.</p> <p>b. Please provide available call-center metrics.</p> <p>c. Will the client be provided with an administrative manual?</p> <p>d. Describe the role of the Internet and customer service?</p> <p>e. What materials/services do you provide to support non-English speaking employees and hearing impaired callers?</p>	
<p>8. What role does your company play during implementation?</p> <p>a. Describe the role of the Implementation Manager at your company. How do they interact with the County enrollment team?</p> <p>b. Will dedicated support be provided for ongoing service phases? Describe.</p>	
<p>9. Explain how you will work with the County to ensure a smooth enrollment experience?</p> <p>a. What are your recommended number and methods of communications to ensure employee engagement?</p>	

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10. Are production and mailing costs for standard enrollment materials included in your rates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Evaluation Criteria – Company Profile	<i>Provide answers below. If you are submitting a response as a joint venture, you must respond to each question for each entity forming the joint venture. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</i>
1. Supply legal firm name, headquarters address, local office addresses, state of incorporation, and key firm contact names with their phone numbers and e-mail addresses.	
2. Supply the interested firm's federal ID number and Dun and Bradstreet number.	
3. Is the interested firm legally authorized, pursuant to the requirements of the Florida Statutes, to do business in the State of Florida?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. All firms are required to provide Broward County the firm's financial statements at the time of submittal in order to demonstrate the firm's financial capabilities. Failure to provide this information at the time of submittal may result in a recommendation by the Director of Purchasing that the response is non-responsive. Each firm shall submit its most recent two (2) years of financial statements for review. The financial statements are not required to be audited financial statements. With respect to the number of years of financial statements required by this RFP, the firm must fully disclose the information for all years available; provided, however, that if the firm has been in business for less than the required number of years, then the firm must disclose for all years of the required period that the firm has been in	

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business, including any partial year-to-date financial statements. The County may consider the unavailability of the most recent year's financial statements and whether the firm acted in good faith in disclosing the financial documents in its evaluation. Any claim of confidentiality on financial statements should be asserted at the time of submittal. (see below)

*******ONLY "IF" claiming Confidentiality*******

The financial statements should be submitted in a separate bound document labeled "Name of Firm, Attachment to Proposal Package, RFP# - Confidential Matter". The firm must identify the specific statute that authorizes the exemption from the Public Records Law. CD or DVD discs included in the submittal must also comply with this requirement and separate any materials claimed to be confidential.

Failure to provide this information at the time of submittal and in the manner required above may result in a recommendation by the Director of Purchasing that the response is non-responsive. Furthermore, proposer's failure to provide the information as instructed may lead to the information becoming public.

Please note that the financial statement exemption provided for in Section 119.071(1) c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

Litigation History Requirement:

5. The County will consider a vendor's litigation history information in its review and determination of responsibility. All vendors are required to disclose to the County all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the vendor, any parent or subsidiary of the vendor, or any

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predecessor organization. If the vendor is a joint venture, the information provided should encompass the joint venture (if it is not newly-formed for purposes of responding to the solicitation) and each of the entities forming the joint venture. For purpose of this disclosure requirement, a "case" includes lawsuits, administrative hearings and arbitrations. A case is considered to be "material" if it relates, in whole or in part, to any of the following:

1. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
2. An allegation of negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
3. A vendor's default, termination, suspension, failure to perform, or improper performance in connection with any contract;
4. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
5. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.

Notwithstanding the descriptions listed in paragraphs 1 – 5 above, a case is **not** considered to be "material" if the claims raised in the case involve only garnishment, auto negligence, personal injury, workers' compensation, foreclosure or a proof of claim filed by the vendor.

For each material case, the vendor is required to provide all information identified, on the attached "Litigation History" form.

(Attachment I)

A Vendor is also required to disclose to the County any and all case(s) that exist between the County and any of the vendor's subcontractors/subconsultants proposed to work on this project.

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<p>Failure to disclose any material case, or to provide all requested information in connection with each such case, may result in the vendor being deemed non-responsive. Prior to making such determination, the vendor will have the ability to clarify the submittal and to explain why an undisclosed case is not material.</p>	
<p>6. Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last three (3) years? If yes, provide details.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Has your company ever failed to complete any work awarded to you? If so, where and why?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8. Has your company ever been terminated from a contract? If so, where and why?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Insurance Requirements:</p> <p>9. Attached is a sample Certificate of Insurance Attachment J. It reflects the insurance requirements deemed necessary for this project. It is not necessary to have this level of insurance in effect at the time of submittal but it is necessary to submit certificates indicating that the firm currently carries the insurance or to submit a letter from the carrier indicating upgrade availability.</p>	

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<p>Evaluation Criteria – Legal Requirements</p>	<p><i>Provide answers below. If you are submitting a response as a joint venture, you must respond to each question for each entity forming the joint venture. When an</i></p>
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	<i>entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</i>
<p>1. Standard Agreement Language: Identify any standard terms and conditions with which the interested firm cannot agree. The standard terms and conditions for the resulting contract can be located at:</p> <p>http://www.broward.org/Purchasing/Pages/StandardTerms.aspx</p> <p>If you do not have computer access to the internet, call the Project Manager for this RFP to arrange for mailing, pick up, or facsimile transmission.</p>	<p><input type="checkbox"/> YES (Agree)</p> <p><input type="checkbox"/> NO</p> <p>If no, you need to specifically identify the terms and conditions with which you are taking exception since they will be discussed with the Evaluation Committee. Please be aware that taking exceptions to the County's standard terms and conditions may be viewed unfavorably by the Evaluation Committee and ultimately impact the overall evaluation of your submittal.</p>
<p>2. Cone of Silence: This County's ordinance prohibits certain communications among vendors, county staff, and Evaluation Committee members. Identify any violations of this ordinance by any members of the responding firm or its joint venturers. The firm(s) submitting is expected to sign and notarize the Cone of Silence Certification (Attachment K).</p>	
<p>3. Public Entity Crimes Statement: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit an offer to perform work as a consultant or contract with a public entity, and may not transact business with Broward County for a period of 36 months from the date of being placed on the convicted vendor list. Submit a statement fully describing any violations of this statute by members of the interested firm or its joint venturers.</p>	
<p>4. No Contingency Fees: By responding to this solicitation, each firm warrants that it has not and will not pay a contingency fee to any company or person, other than a bona fide employee working solely for the firm, to secure an agreement pursuant to this solicitation. For Breach or violation of this provision, County</p>	

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<p>shall have the right to reject the firm's response or terminate any agreement awarded without liability at its discretion, or to deduct from the agreement price or otherwise recover the full amount of such fee, commission, percentage, gift, or consideration. Submit an attesting statement warranting that the Responder has not and will not pay a contingency fee to any company or person, other than a bona fide employee working solely for the firm, to secure an agreement pursuant to this solicitation.</p>	
<p>5. DRUG FREE WORKPLACE:</p> <p>1. Do you have a drug free workplace policy?</p> <p>2. If so, please provide a copy of your drug free workplace policy in your proposal.</p> <p>3. Does your drug free workplace policy comply with Section 287.087 of the Florida Statutes?</p> <p>4. If your drug free workplace policy complies with Section 287.087 of the Florida Statutes, please complete the Drug Free Workplace Policy Certification Form. (Attachment M)</p> <p>5. If your drug free workplace policy does not comply with Section 287.087 of the Florida Statutes, does it comply with the drug free workplace requirements pursuant to Section 21.31.a.2 of the Broward County Procurement Code?</p> <p>6. If so, please complete the attached Drug Free Workplace Policy Certification Form (Attachment M).</p> <p>7. If your drug free workplace policy does not comply with Section 21.31.a.2 of the Broward County Procurement Code, are you willing to comply with the requirements Section 21.31.a.2 of the Broward County Procurement Code?</p> <p>8. If so, please complete the attached Drug Free Workplace Policy Certification Form (Attachment M)</p> <p>Failure to provide a notarized Certification Form in your proposal indicating your compliance or willingness to comply with Broward County's Drug Free Workplace requirements as stated in Section 21.31.a.2 of the Broward County Procurement Code</p>	<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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<p>may result in your firm being ineligible to be awarded a contract pursuant to Broward County's Drug Free Workplace Ordinance and Procurement Code</p>	
<p>6. Non-Collusion Statement: By responding to this solicitation, the vendor certifies that this offer is made independently and free from collusion. Vendor shall disclose on the attached "Non-Collusion Statement Form" (Attachment N) to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135(1) (c), Florida Statutes (1989), who is an officer or director of, or had a material interest in, the vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor. Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.</p>	

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<p>Evaluation Criteria –</p> <p>Tiebreaker Criteria</p>	<p><i>Provide answers below. If you are submitting a response as a joint venture, you must respond to each question for each entity forming the joint venture. Furthermore, to receive credit for a tiebreaker criterion, each entity forming the joint venture must meet the tiebreaker criteria. When an entire response cannot be entered, a summary, followed with a page number reference where a complete response can be found is acceptable.</i></p>
<p>LOCATION in BROWARD COUNTY</p> <p>1. Is your firm located in Broward County?</p> <p>2. Does your firm have a valid current Broward County Local Business Tax Receipt?</p> <p>3. Has your firm (a) been in existence for at least six (6) months prior to the proposal opening (b) providing services on a day to day basis (c) at a business address physically located within the limits of Broward County (d) in an area zoned for such business and (e) the services provided from this location are substantial component of the services offered in the firm's proposal?</p> <p>If so, please provide the interested firm's business address in Broward County, telephone number(s), email address, evidence of the Broward County Local Business Tax Receipt and complete the attached Local Vendor Certification Form. (Attachment P)</p> <p>Failure to provide a valid Broward County Local Business Tax Receipt and the attached notarized Certification Form in your proposal shall prevent your firm from receiving credit under Broward County's tiebreaker criteria of Section 21.31.d of the Broward County Procurement Code and, if applicable, shall prevent your firm from receiving any preference(s) allowed under Broward County's Local Preference Ordinance.</p>	<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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<p style="text-align: center;">DOMESTIC PARTNERSHIP ACT</p> <p>1. Do you have a domestic partnership program?</p> <p>2. If so, please provide a copy of your domestic partnership program in your proposal and complete Attachment F "Domestic Partnership Certification Form."</p> <p>Failure to provide a notarized Certification Form indicating in your proposal shall prevent your firm from receiving credit for having such a program under Broward County's tiebreaker criteria of Section 21.31.d of the Broward County Procurement Code.</p> <p>3. Does your domestic partnership program provide benefits which are the same or substantially equivalent to those benefits offered to other employees in compliance with the Broward County Domestic Partnership Act of 2011, Broward County Ordinance # 2011-26, as amended?</p> <p>Failure to provide a notarized Certification Form in your proposal indicating that the company provides domestic partnership benefits which are the same or substantially equivalent to the requirements of the Broward County Domestic Partnership Act of 2011, Broward County Ordinance # 2011-26, as amended, shall prevent your firm from receiving any preference(s) allowed under the Act if applicable to this solicitation.</p>	<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>VOLUME OF WORK OVER FIVE YEARS</p> <p>Vendor that has the lowest dollar volume of work previously awarded by the County over a five (5) year period from the date of the submittal will receive the tie breaker preference. The work shall include any amount awarded to any parent or subsidiary of the vendor, any predecessor organization and any company acquired by the vendor over the past five (5) years. If the vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture. Volume of work</p>	<p>\$</p>

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includes Amendments, Purchase Orders, and
Work Authorizations.

If applicable complete Attachment Q. (Report
only amounts awarded as Prime Vendor)
To be considered for the Tie Break preference,
this completed Attachment Q must be included
with the RFP Submittal Response at the time of
the opening deadline.

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Required Forms to be Returned

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Attachment "F" - Domestic Partnership Certification

NOTE: This Form must be completed in order to be considered for a contract award.

Additionally, in order to receive credit for "tie breaker" purposes, this Form must be returned with the RFP submittal at the time of the opening.

The Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, (Section 16-1/2 -157 of the Broward County Code of Ordinances, as amended); and certifies the following: **(Please check only one below).**

- ☐ 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- ☐ 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- ☐ 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award
- ☐ 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: **(Please check only one below).**
- ☐ The Vendor's price proposal for the initial contract term is \$100,000 or less.
- ☐ The Vendor employs less than five (5) employees.
- ☐ The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
- ☐ The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
- ☐ The Vendor does not provide benefits to employees' spouses.
- ☐ The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent.)
- ☐ The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation. (State the law, statute or regulation and attach explanation of its applicability.)

I, _____, _____ of _____
(Name) (Title) (Vendor)

hereby attests that I have the authority to sign this notarized certification and certify that the above-referenced information is true, complete and correct.

Signature

Print Name

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____

STATE OF _____ COUNTY OF _____

Notary Public

(Print, type or stamp commissioned name of Notary Public)

My commission expires: _____ (SEAL)

Personally Known _____ or Produced Identification _____ Type of Identification Produced: _____



Attachment "G" - Lobbyist Registration – Certification

This certification form should be completed and submitted with your proposal. If not included with the RFP submittal at the time of the RFP opening deadline, the Lobbyist Certification Form must be completed and returned by a date and time certain established by the County.

The Vendor, by virtue of the signature below, certifies that:

- a. It understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Section 1-262, Broward County Code of Ordinances; and
- b. It understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

Based upon these understandings, the vendor further certifies that: (Check One)

1. _____ It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified..

2. _____ It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Section 1-262, Broward County Code of Ordinances.

3. _____ It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Print Name of Lobbyist

Print Lobbyist's Firm

Print Name of Lobbyist

Print Lobbyist's Firm

(Vendor Signature)

STATE OF _____

(Print Vendor Name)

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

_____ as _____ of
(Name of person whose signature is being notarized) (Title)

_____ known to me to be the person described herein, or who produced
(Name of Corporation/Company)

_____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

My commission expires: _____

(Print Name)

Attachment "I" - Litigation History

RFP#: _____ MATERIAL CASE SYNOPSIS	<input type="checkbox"/> Vendor : _____ <input type="checkbox"/> Vendor's Parent Company: _____ <input type="checkbox"/> Vendor's Subsidiary Company: _____ <input type="checkbox"/> Vendor's Predecessor Organization: _____
Party	Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/>
Case Name	
Case Number	
Date Filed	
Name of Court or other tribunal	
Type of Case	Civil <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/> Criminal <input type="checkbox"/> Bankruptcy <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	
Brief description of the Subject Matter and Project Involved	
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Opposing Counsel	Name: _____ Email: _____ Phone number: _____

NAME OF COMPANY: _____



Attachment "J" - Insurance Requirements

Insurance Requirement Consultant Services

The following coverage is deemed the minimum insurance required for this project. The selected firm must be prepared to provide proof of insurance commensurate with or in excess of this requirement. Any deviation is subject to the approval of Risk Management.

TYPE OF INSURANCE	MINIMUM LIABILITY LIMITS		
		Each Occurrence	Aggregate
COMMERCIAL GENERAL LIABILITY Broad form or equivalent <i>With no exclusions or limitations for:</i> <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> Explosion, Collapse, Underground Hazards <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Other:	Bodily Injury		
	Property Damage		
	Combined single limit Bodily Injury & Property Damage	\$ 1 mil	\$ 2 mil
	Personal Injury		
BUSINESS AUTO LIABILITY* COMPREHENSIVE FORM <input checked="" type="checkbox"/> Owned <i>*May be waived</i> <input checked="" type="checkbox"/> Hired <i>if no driving will be</i> <input checked="" type="checkbox"/> Non-owned <i>done in performance</i> <input checked="" type="checkbox"/> Scheduled <i>of services.</i> <input checked="" type="checkbox"/> Any Auto	Bodily Injury (each person)		
	Bodily Injury (each accident)		
	Property Damage		
	Combined single limit Bodily Injury & Property Damage	\$ 500 k	
EXCESS/UMBRELLA LIABILITY <i>May be used to supplement minimum liability coverage requirements.</i>	Follow form basis or Add'l insd endorsement is required		
<input checked="" type="checkbox"/> WORKERS' COMPENSATION <i>If exempt: State Exemption Certificate or letter on company letterhead is required.</i> <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	Chapter 440 FS	STATUTORY	U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water
	(each accident)	\$ 500 k	
<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY ~ E&O	(each accident)	\$ 1 mil	\$2 mil
	Extended reporting period	2 years	
<input type="checkbox"/> BUILDER'S RISK (PROPERTY) "ALL RISK" WITH WIND AND FLOOD Coverage must remain in force until written final acceptance by County.	Maximum Deductible: \$10 k DED for WIND or WIND & FLOOD not to exceed 5% of completed value CONTRACTOR IS RESPONSIBLE FOR DEDUCTIBLE		Completed Value form
<input type="checkbox"/> Installation floater Coverage must be "All Risk", completed value. Coverage must remain in force until written final acceptance by County.	Maximum Deductible: \$10 k CONTRACTOR IS RESPONSIBLE FOR DEDUCTIBLE		Completed Value form
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES BROWARD COUNTY IS LISTED AS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY REFERENCE: HR- TPA for Personal Income Protection Plans			
CERTIFICATE HOLDER: Broward County 115 South Andrews Avenue Fort Lauderdale, FL 33301 Attn: Lisa Morrison - HR		FRANCISCO VASQUEZ Digitally signed by FRANCISCO VASQUEZ DN: cn=FRANCISCO VASQUEZ, ou=Organization, BCC, RM, Users, dc=cty, broward, bc Date: 2014.02.20 10:00:56 -05'00' Risk Management Division	

Revised 2013



Attachment "K" - Cone of Silence Certification

The undersigned vendor hereby certifies that:

1. _____ the vendor has read Broward County's Cone of Silence Ordinance, Section 1-266, Article xiii, Chapter 1 as revised of the Broward County Code; and
2. _____ the vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Evaluation Committee (for Requests for Proposals - RFPs) or Selection Committee (for Request for Letters of Interest - RLIs) for communication regarding this RFP/RLI with the County Administrator, Deputy and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
3. _____ the vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

(Vendor Signature)

(Print Vendor Name)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

_____ as _____ of
(Name of person whose signature is being notarized) (Title)

_____ known to me to be the person described herein, or who produced
(Name of Corporation/Company)

_____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires: _____



Attachment "M" - Drug Free Workplace Policy Certification

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. _____ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY AS IDENTIFIED IN THE COMPANY POLICY ATTACHED TO THIS CERTIFICATION.

AND/OR

2. _____ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY THAT IS IN COMPLIANCE WITH SECTION 287.087 OF THE FLORIDA STATUTES.

AND/OR

3. _____ THE VENDOR HAS A DRUG FREE WORKPLACE POLICY THAT IS IN COMPLIANCE WITH THE BROWARD COUNTY DRUG FREE WORKPLACE ORDINANCE # 1992-08, AS AMENDED, AND OUTLINED AS FOLLOWS:

- (a) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- (b) Establishing a continuing drug-free awareness program to inform its employees about:
 - (i) The dangers of drug abuse in the workplace;
 - (ii) The offeror's policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph (a);
- (d) Notifying all employees, in writing, of the statement required by subparagraph (a), that as a condition of employment on a covered contract, the employee shall:
 - (i) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five (5) days after such conviction.
- (e) Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision (d) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (f) Within 30 calendar days after receiving notice under subparagraph (d) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - (i) Taking appropriate personnel action against such employee, up to and including termination; or
 - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs (a) through (f).

OR

4. _____ THE VENDOR DOES NOT CURRENTLY HAVE A DRUG FREE WORKPLACE POLICY BUT IS WILLING TO COMPLY WITH THE REQUIREMENTS AS SPECIFIED IN NO. 3

(VENDOR SIGNATURE)

(PRINT VENDOR NAME)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____ as _____ of
(Name of person whose signature is being notarized) (Title)

_____ known to me to be the person described herein, or who produced
(Name of Corporation/Company)

_____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires: _____



Attachment "N" - Non-Collusion Statement Form

By signing this offer, the vendor certifies that this offer is made independently and free from collusion. Vendor shall disclose below, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Fla. Stat. (1989), who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

<u>NAME</u>	<u>RELATIONSHIP</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(Vendor Signature)

(Print Vendor Name)

In the event the vendor does not indicate any names, the County shall interpret this to mean that the vendor has indicated that no such relationships exist.

(Form is to be signed even if no names are listed)



Attachment "P" - Local Vendor Certification

Tiebreaker Criteria (or Local Preference if Applicable)

THE UNDERSIGNED VENDOR HEREBY CERTIFIES THAT:

1. _____ THE VENDOR IS A LOCAL VENDOR IN BROWARD COUNTY AND HAS A VALID BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT WHICH IS ATTACHED TO THIS CERTIFICATION

AND

2. _____ THE VENDOR IS A LOCAL VENDOR IN BROWARD COUNTY AND:

- (a) Has been in existence for at least six (6) months prior to the proposal opening;
- (b) Provides services on a day to day basis at a business address physically located within the limits of Broward County and in an area zoned for such business; and
- (c) The services provided from this location are a substantial component of the services offered in the vendor's proposal.

AND/OR

3. _____ THE VENDOR IS A LOCAL VENDOR IN BROWARD OR MIAMI-DADE COUNTY AND HAS A VALID CORRESPONDING COUNTY LOCAL BUSINESS TAX RECEIPT WHICH IS ATTACHED TO THIS CERTIFICATION AND:

- (a) Has been in existence for at least ONE YEAR prior to the proposal opening;
- (b) Provides services on a day to day basis at a business address physically located within the limits of Broward or Miami-Dade County and in an area zoned for such business; and
- (c) The services provided from this location are a substantial component of the services offered in the vendor's proposal.

(VENDOR SIGNATURE)

(PRINT VENDOR NAME)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

_____ as _____ of
(Name of person whose signature is being notarized) (Title)

_____ known to me to be the person described herein, or who produced
(Name of Corporation/Company)

_____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires: _____



Attachment "Q" - Volume of Work Over Five Years

Tie Breaker Criteria Broward County Projects

The work shall include any amount awarded to any parent or subsidiary of the vendor, any predecessor organization and any company acquired by the vendor over the past five (5) years. If the vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture. **(Report only amounts awarded as a Prime Vendor including any Amendments, Purchase Orders, and Work Authorizations) IF no work has been performed, show a Grand Total of \$0**

Item No.	Project Title	Solicitation Contract Number Bid – Quote – RLI - RFP	Broward County Department or Division	Date Awarded	Awarded Dollar Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
				Grand Total	



Attachment "T" - Pricing Sheet

Must be returned at time of submittal

PERSONAL INCOME PROTECTION PLANS

All rates are to be guaranteed for three (3) years. All rates are Bi-Weekly.
All quotes will be compared to the current plan designs referenced in the RFP material.

NOTE: INCOMPLETE OR ALTERED PRICE SHEET MAY RECEIVE ZERO (0) POINTS

If there is no cost for an item use 0

(TO BE COMPLETED IN POSTED MICROSOFT EXCEL FORMAT)

NOTE: INCOMPLETE OR ALTERED PRICE SHEET MAY RECEIVE ZERO (0) POINTS

If there is no cost for an item use 0

THIS COVER PAGE IS PART OF ATTACHMENT "T"
A signed original should be returned with the proposal

Company Name

(Print) Officer able to bind the company

(Signature) Officer able to bind the company

THIS COVER PAGE IS PART OF ATTACHMENT "T"
A signed original should be returned with the proposal



Attachment "U" - Self-Certification: Owner Ethnicity/Gender (Optional)

The information requested is voluntary and not a requirement to respond to a Broward County solicitation. However, in the event that your company becomes the recommended vendor for award, this information will be required prior to award. Recommended vendor for award must submit within three business days of County's request.

In order for the County to ensure that all prospective vendors have an equal opportunity to participate in County procurements, the following information is requested regarding each prospective vendor. Please read the following and determine which is applicable.

The following gender applies to the primary owner of firm:

☐ Female ☐ Male ☐ Equally-Owned (Female and Male)

The following ethnicity applies to the primary owner of firm:

☐ African American/Black/Afro-Caribbean ☐ Native American
☐ Asian Pacific ☐ Subcontinent Asian
☐ Caucasian/White ☐ Other
☐ Hispanic/Latino

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

(Vendor signature)

(Print vendor name)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

_____ as _____ of
(Name of person who's signature is being notarized) (Title)

_____ known to me to be the person described herein, or who produced
(Name of Corporation/Company)

_____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires: _____



Exhibits

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Exhibit - A - Evidence of Authorization to do Business

State of Florida Department of State

I certify from the records of this office that
CORPORATION is a *Delaware* corporation authorized to transact business in
the State of Florida, qualified on November 7, 2012.

The document number of this corporation is -

I further certify that said corporation has paid all fees due this office through
December 31, 2013, that its most recent annual report/uniform business report
was filed on March 26, 2013, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of July, 2013*



Ken Detjen
Secretary of State

Authentication ID: *110299912

To authenticate this certificate, visit the following site, enter this
ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



Exhibit - 1 - Detailed Scope of Service

1. BACKGROUND

The Broward County Board of County Commissioners, Human Resources Division, is soliciting proposals for the insurance and administration of its voluntary Personal Income Protection Plans with a January 1, 2015 effective date. Current Personal Income Protection Plans include:

Personal Income Protection Plans

- Personal Accident Indemnity Plan – Level 1 (contributory)
- Personal Cancer Indemnity – Level 1 (contributory)
- Personal Cancer Indemnity – Level 2 (contributory)
- Personal Hospital Intensive Care Protection Plan 1 (contributory)
- Hospital Protection Plan 3 (contributory)
- Specified Health Event Protection Plan 1 (contributory)

1.1. Personal Income Protection Plans

1.1.1. Eligibility

The voluntary Personal Income Protection Plans are available to approximately 5,300 benefit-eligible active County employees. A benefit-eligible position is defined as a Part-Time 20 or Full-Time employee.

1.1.2. Coverage

Benefit-eligible employees may apply for Personal Income Protection Plans at any time during the year. Once coverage is approved by the carrier, notification of the premium amount will be sent to the County for payroll deductions.

Discounted rates are offered for insured employees when the program is offered as an employer group plan through payroll deduction.

Upon separation or retirement from County employment, employees enrolled in the Personal Income Protection Plans may continue coverage at the same premium in effect at the time of separation or retirement through direct bill from the carrier. Future premium increases would be pooled across all employer groups and will not change unless the rates for the pool of business changes.

1.1.3. Voluntary Income Protection Insurance Plan History

AFLAC has been the sole provider of the County's Voluntary Income Protection Insurance Plans since 1998.

1.1.4. Voluntary Income Protection Insurance Enrollment

Voluntary Income Protection Insurance Plan	Policy Count	Percentage
Personal Accident Indemnity Plan Level 1	150	38.27%

Personal Cancer Indemnity – Level 1	75	19.13%
Personal Cancer Indemnity – Level 2	47	11.99%
Personal Hospital Intensive Care Protection Plan 1	28	7.14%
Hospital Protection Plan 3	60	15.31%
Specified Health Event Protection Plan 1	32	8.16%

2. SCOPE OF SERVICES

There are currently six Voluntary Income Protection Plans that employees may select from including two levels of Cancer Indemnity and two levels of Hospital Plans. Broward County is seeking to engage the services of a qualified single firm to provide Personal Income Protection Plans (PIP) to employees and eligible dependents, categorized within four Voluntary Income Protection Plan types: Accident, Cancer, Hospital, and Critical Illness (Care) that provide coverage for the same services as are currently offered. Carriers are requested to submit proposals for coverage which duplicate as closely as possible the current coverage provided for each plan type. The County is seeking a Vendor who can sufficiently mirror current plan designs, with equal or enhanced benefits, and are at equivalent or lower rates. Additionally, carriers may submit up to one additional proposal for each of the four plan types: Accident, Cancer, Hospital, and Critical Illness (Care), that the carrier believes has enhanced benefits as compared to the County's current plans and the carriers proposed plan for each category. The submittal of alternatives the County could offer its employees is at the option of the carrier and not a requirement of this RFP. The County reserves the right to unbundle any specific product.

2.1. Voluntary Accident Insurance (See Exhibits “5” and “5a”)

Common covered benefits including, but not limited to:

- Injuries
- Medical services, emergency & treatment
- Hospital-Accident
- Hospital-Sickness
- Accidental death
- Dismemberment, loss of limb, or paralysis
- Dislocation/fracture
- Ambulance and transportation
- Guaranteed issue coverage
- No limitation on number of accidents covered
- No age limitations on coverage for employee or spouse/domestic partner
- Portable (continuation of coverage)

2.2. Voluntary Cancer Insurance (See Exhibits “6” and “6a”)

Common covered benefits including, but not limited to:

- Initial diagnosis benefit
- Hospital confinement
- Radiation and chemotherapy
- Surgical/Anesthesia
- Ambulance and transportation
- Child care
- Lodging and meals
- No waiting periods or age limitations on coverage for employee or spouse/domestic partner
- Health/Cancer screening wellness benefit
- Guaranteed issue coverage
- 3/6 Pre-existing condition limitation
- Recurrence benefit
- Portable (continuation of coverage)

- Full Benefit Cancer – All forms of advanced cancers are covered and qualify for full benefits as defined by the group policy or certificate.
- Partial Benefit Cancer – Most forms of early stage cancers are covered and qualify for partial benefits as defined by the group policy or certificate.

2.3. Voluntary Critical Illness Insurance (See Exhibits “7” and “7a”)

Common covered benefits including, but not limited to:

- Certain cancers
- Coma
- Coronary artery bypass graft
- Stroke
- Kidney failure
- Heart attack
- Alzheimer’s Disease
- Persistent vegetative state
- Paralysis
- Major 3rd degree burns
- End stage renal disease
- Major organ transplant
- Ambulance, transportation, and lodging
- Provides a lump sum benefit payment to be used as the employee chooses
- Offers guarantee coverage provided the employee is actively at work and any dependents to be covered are not under medical restriction as described in the group policy or certificate.
- Issue age and attained age rates
- Recurrence benefit
- Guaranteed issue coverage
- No waiting periods, benefit reductions, or age restrictions
- No limitations between filing claims for covered conditions
- No pre-existing condition for heart attack or stroke
- 3/6 pre-existing condition limitation
- Portable (continuation of coverage)
- Health screening benefit

2.4. Voluntary Hospital Insurance (See Exhibits “8” and “8a”)

Common covered benefits including, but not limited to:

- Accident – Admission and confinement
- Sickness – Admission and confinement
- Surgical
- Physician visits
- Major diagnostic exams
- Intensive care confinement
- Step-down intensive care confinement
- Rehabilitation unit
- Ambulance and transportation
- Major organ transplant
- Supplemental Benefits – health screening and lodging
- No age limitations on coverage for employee or spouse/domestic partner
- Portable (continuation of coverage) Guarantee issue coverage



Exhibit - 2 - Vendor Questionnaire

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

There should be a response to all questions in this document (NO BLANK QUESTIONS). Failure to respond to a question may negatively impact the review of your proposal.

Information must either be provided or an indication of “none” (if appropriate). Do not use “n/a” as a response to any question. Note: Provide responses to all questions, for each Plan type based on the Plan that your firm offers that most closely correlates to the Plan in question.

ANSWER ALL QUESTIONS
***IF YOU ANSWER: NO - PLEASE PROVIDE A BRIEF EXPLANATION.**

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
Section A – General Questions & Information			
1.	Vendor agrees to a premium rate guarantee for the first three years of the contract for Personal Income Protection Plans.	YES / NO*	
2.	Vendor agrees to provide renewal notice 270 days before rate guarantee expiration date. Plan analysis and current experience reports will accompany renewal, providing explanation of proposed rate action.	YES / NO*	
3.	Broward County will award a contract under this RFP directly to the carriers or companies that provide the requested services and will require a signature from an authorized representative with the authority to commit the carrier or company to all requirements of the RFP. Awardee may contract with independent agents or brokers separately from its contract with Broward County. Nothing in this RFP will be construed to restrict compensation, contractual or employment arrangements that an Awardee may grant to a licensed insurance agent or to otherwise violate Section 624.1275 or Section 624.428, Florida Statutes.	YES / NO*	
4.	Vendor agrees that no minimum participation requirements will apply to any proposed plan.	YES / NO*	
5.	Vendor agrees to submit with proposal response a current license as a carrier to sell Personal Income Protection Plans in the State of Florida.	YES / NO*	
6.	Vendor agrees to accept all insured's enrolled in the current Personal Income Protection Plans with no actively at work, pre-existing exclusions, or waiting periods.	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
7.	Vendor agrees to extend the same terms and conditions of this contract to any County sub-group that is currently insured under the expiring contract.	YES/NO*	
8.	Vendor agrees to accept insured's currently on Waiver of Premium.	YES/NO*	
9.	Vendor agrees to cover Domestic Partners based on the Broward County Domestic Partner Ordinance.	YES / NO*	
Section B – Claims Administration			
10.	Has the company changed claims processing and adjudication systems within the last three years?	YES / NO*	
11.	Will you ensure that Broward County will be notified prior to any change in any claim processing procedure that could impact the level of payment received by employees? Please describe your process to ensure this.	YES / NO*	
12.	Is your review of claim payments for correctness an internal or external process?		
13.	Is your firm using any subcontractors?	YES / NO*	
14.	If your firm is using any subcontractors, please list the name of any subcontractors used.		
15.	What are the scopes of services the subcontractors will perform?		
16.	What are the reasons you are subcontracting these services?		
17.	What is the benefit of subcontracting these services?		
18.	How do you monitor quality assurance for subcontractors?		
Section C - Eligibility Files/Electronic Data Exchanges			
19.	Vendor agrees that all data exchanges (file transmission, e-mail, media, etc.) between Vendor and County should be encrypted and only de-encrypted by the specified recipient. In addition, Vendor is required to use a secure venue to exchange files to and from third party vendors outside of the organization. All electronic files will be in the most current HIPAA compliant format.	YES / NO*	
Section D - Employee Communications			
20.	Vendor agrees that the County will approve all member communication materials prior to distribution, including Insurance Certificate, brochures, summary of modifications, etc.	YES / NO*	
21.	Vendor is responsible for all costs of printing, producing and mailing Insurance Certificates to employee's home address at inception of contract and throughout the year for newly eligible employees.	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
22.	Vendor agrees to provide a toll-free number for members to contact Member Services.	YES / NO*	
23.	Vendor agrees to host an ADA compliant (Section 508 of the Rehabilitation Act of 1973) web portal/micro site designed specifically for County members to include general plan information, provider search, by location and specialty, educational tools, Certificate of Coverage, Benefit Summary and the ability for the member to sign on to their own secure account. Vendor must be able to provide statistical reports on use of the website.	YES / NO*	
24.	Vendor agrees to provide the following web-based portals: a) Employer Portal/Dashboard with capability of running de-identified reports b) Member Portal c) Is there a demonstration site available? If yes, please indicate web address and instructions to view site.	YES / NO* a) b) c)	
25.	Vendor agrees to provide an interactive, on-line, decision-making tool that will allow County employees to access plan designs and determine the premium based on benefit levels selected?	YES / NO*	
26.	Vendor agrees to provide documents for posting on the County's website or distribution through electronic media in an ADA compliant format.	YES / NO*	
27.	Vendor agrees to provide assistance, technically and creatively, in the on-going development and preparation of various employee communication materials including printed and video.	YES / NO*	
28.	Vendor agrees to provide representation at their own expense to attend County open enrollment meetings, wellness events and fairs. (To be determined by County).	YES / NO*	
29.	Vendor agrees to review and update annually applicable sections of the County's annual benefit summary book, (currently titled Your Benefits & You) to ensure information is compliant with the plan documents.	YES / NO*	
30.	Vendor agrees to provide access to your website for authorized representatives of Broward County Government during the bid evaluation process?	YES / NO*	
31.	Vendor agrees to provide Broward County with a link from their website through secure single sign-on?	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
32.	Vendor agrees to provide a dedicated toll-free Customer Service number at no charge to Broward County prior to the Plan Effective date to answer questions to potential enrollees?	YES / NO*	
33.	What will be the days and hours of operation for the customer service unit?		
34.	Vendor agrees to provide an electronic application submission?	YES / NO*	
35.	Do you allow/offer telephonic enrollment by participants?	YES / NO*	
36.	Do the customer service representatives have the authority to resolve problems immediately? What percentage of problems is resolved during the initial call?	YES / NO*	
37.	Do you have Frequently Asked Questions on your web site?	YES / NO*	
38.	Can participants view a summary of their benefit plan on your website?	YES / NO*	
39.	Can members download educational material and information from your website?	YES / NO*	
40.	Can employees have access to proposed plan material and rates on the County's website?	YES / NO*	
41.	Can printed and electronic versions of all plan material and rates be provided to the County?	YES / NO*	
42.	Do you provide follow up materials distributed to participants after the program is in place?	YES / NO*	
43.	Vendor agrees to provide customer service representatives for hearing impaired participants	YES / NO*	
44.	Vendor agrees to provide customer service representatives and communication material for non-English speaking participants.	YES / NO*	
Section E - Account Management, Payment, Reporting And Auditing			
45.	Vendor agrees to provide an account manager for the group contract who will visit the County's Employee Benefits Section no less than quarterly.	YES/NO*	
46.	Vendor agrees to establish an account management and servicing relationship with the County that emphasizes proactive, regular contact, timely responses to administrative issues and employee complaints.	YES / NO*	
47.	Vendor agrees to accept the County's remittance for active employees on a bi-weekly basis, in arrears, after each payroll is run. The County will remit premium payments based on its records.	YES / NO*	
48.	Vendor agrees to provide quarterly, annualized and ad hoc utilization reports as follows:	YES / NO*	
	a. Customer Call log detailing types of call, type of complaint and resolution.	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
	b. Utilization	YES / NO*	
	c. Group plan activity	YES / NO*	
	d. Claims to Premium Report	YES / NO*	
	e. Claims experience	YES / NO*	
	f. Claims duration by closure reason	YES / NO*	
49.	Vendor agrees to periodically provide reasonable access to County-appointed auditor(s) to perform audits to determine accuracy of claims payments and appropriate grievance administration for vendor and subcontractors. Vendor agrees to make the County whole financially for errors identified and, in the event errors are discovered that exceed industry standards, pay for the cost of such audit.	YES / NO*	
50.	The proposed effective date for the Plans is January 1, 2015. Vendor confirms that all rates and fees quoted herein are valid for this effective date?	YES / NO*	
51.	In lieu of using employee's Social Security Number can the county use an County's 10 digit ID number for eligibility transmission?	YES / NO*	
52.	Describe your member grievance and appeals process for claim denials or reductions and pre-service denials as well as other disputes.		
Section F - Personal Income Protection Plans			
53.	Will you accept existing enrollment forms/eligibility data, or do you require a complete re-enrollment?	YES / NO*	
54.	Will you agree to waive all medical evidence requirements for existing plan participants at existing benefit levels? If you are unwilling to confirm this agreement, please explain.	YES / NO*	
55.	Will you agree to offer an open enrollment period allowing existing members to increase or change enrollments without medical underwriting?	YES / NO*	
56.	Will you agree to offer an open enrollment period allowing existing members to increase or change enrollments without a pre-existing clause?	YES / NO*	
57.	Will you agree to offer an open enrollment period allowing non-enrolled employees to enroll in any of the Personal Income Protection Plans without medical underwriting?	YES / NO*	
58.	Will you agree to offer an open enrollment period allowing non-enrolled employees to enroll in any of the Personal Income Protection Plans without a waiting period?	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
59.	Will you agree to offer an open enrollment period allowing non-existing members to enroll in any of the Personal Income Protection Plans without a without a pre-existing clause?	YES / NO*	
60.	Will you agree to offer ongoing enrollment allowing members to enroll in any of the Personal Income Protection Plans without medical underwriting?	YES / NO*	
61.	Will you agree to offer ongoing enrollment allowing members to enroll in any of the Personal Income Protection Plans without a waiting period?	YES / NO*	
62.	Will you agree to offer an ongoing enrollment allowing members to enroll in any of the Personal Income Protection Plans without a pre-existing clause?	YES / NO*	
63.	Vendor agrees to pay County an open enrollment administrative fee for communication and distribution of informational materials to each benefit eligible employee. The fee will be calculated by calculating the first class mail cost of the packet and multiplying it by the number of benefit-eligible employees. Fee is due and payable within 15 days after receipt of County invoice.	YES / NO*	
64.	Please confirm that all employees enrolled in any of the group's Personal Income Protection Plans, who are currently not "actively at work" due to disability, FMLA, or any other reasons, will be covered under the plans implemented for the effective date of this contract if they elect coverage. If you are unwilling to confirm this agreement, please explain.	YES / NO*	
65.	Do you have any limitations and exclusions in any policy that would result in non-payment of benefits (i.e., Acts of War, attempted suicide, etc.). Include a specimen policy that describes all of the exclusions and limitations that would apply to this group.	YES / NO*	
66.	Do you offer a Waiver of Premium Benefit? If so, please describe briefly.	YES / NO*	
67.	Do you provide any rate discounts for the recognition of company sponsored wellness programs (such as smoking cessation programs, disease management programs, etc.)?	YES / NO*	
68.	Do you accept electronic signatures for purposes of enrollment designations?	YES / NO*	
69.	Do you have a conversion or portability for all of the plans? Attach the rates you would charge for such conversion?	YES / NO*	
70.	Do you have a conversion or portability plan for retirees? Attach the rates you would charge for such conversion?	YES / NO*	

	VENDOR QUESTIONNAIRE	COMPLY? YES/NO	*If you answered: NO – <u>Briefly</u> Explain why:
71.	Age-Banded rate changes should be effective with the Plan year?	YES / NO*	
72.	Confirm you have attached samples of your standard enrollment package?	YES / NO*	
73.	Do you measure participant satisfaction? If Yes or No please explain?	YES / NO*	
Section G - Response Verification			
74.	HAVE YOU ANSWERED EVERY QUESTION IN THE VENDOR QUESTIONNAIRE?	YES / NO*	

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Exhibit - 3 - Performance Guarantees

IMPLEMENTATION GUARANTEES

(TO BE COMPLETED AS IS IN MICROSOFT WORD FORMAT)

	PERFORMANCE MEASURE	ACCEPTABLE PERFORMANCE	PENALTY	AGREE YES/NO	IF NO, PROPOSED PENALTY
	Implementation Guarantees				
1.	<p>Implementation Commitment: Implementation meetings will be held with the County to discuss program details and implementation strategy. Implementation will be managed in accordance with a customized implementation plan, that will include:</p> <ul style="list-style-type: none"> • Time parameters • Pertinent steps • Agreed upon timeframes for each step • Plan adjustments made from time to time as mutually agreed upon by Policyholder and Vendor <p>At least 95% of action items assigned to Vendor will be completed or delivered by the due date indicated in the implementation plan</p>	95%	.50% of annual premium	YES/NO	
2.	<p>Certificate of Coverage: Provide a Certificate of Coverage within 60 days of approval from County.</p>	100%	.25% of annual premium	YES/NO	
3.	<p>Implementation Satisfaction: Benefits staff will be satisfied that the service delivered by the assigned Implementation Team qualifies as a “solid performance that generally meets requirements” (3.0) or higher as defined in the survey defined below.</p>	<p>Based on average Score: $5.0 - 3.0 = 0$ $2.9 - 2.5 = \frac{1}{2}$ $2.4 - 2.0 = \frac{3}{4}$ 1.9 & below = all of category penalty.</p>	.50% of annual premium	YES/NO	

	PERFORMANCE MEASURE	ACCEPTABLE PERFORMANCE	PENALTY	AGREE YES/NO	IF NO, PROPOSED PENALTY
	Implementation Guarantees				
4.	Open Enrollment Meetings: COUNTY will provide Vendor with a complete list of locations and times. COUNTY requires that at a minimum two (2) representatives participate in every information session requested by COUNTY to explain benefits and plan information. Representatives must have excellent knowledge of the COUNTY's Personal Income Protection Plans and plan information.	100%	.25% of annual premium	YES/NO	

SAMPLE - Implementation Satisfaction Assessment Tool

Implementation	Score	Comments
1. Exhibits knowledge of, and acts to meet County's needs. Is viewed as a valuable resource.		
2. Proactively offers useful information and ideas to help manage benefit plans.		
3. Responds to questions and requests in a timely manner.		
4. Communicates clearly and professionally.		
5. Is well prepared for meetings.		
6. Delivers on commitments and proactively provides updates on issues.		
7. Effective and timely escalated issue resolution.		
8. Identifies and implements process changes to avoid potential errors.		
9. Implementation process successfully completed.		
Additional comments:		

Rating Scale

5.0	Exceptional performance with extraordinary results that exceed requirements.
4.0 – 4.9	Outstanding performance that generally exceeds requirements.
3.0 – 3.9	Solid performance that generally meets requirements.
2.0 – 2.9	Marginal performance that generally does not meet requirements
1.0 – 1.9	Unsatisfactory performance that consistently does not meet requirements

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PERFORMANCE GUARANTEES

(TO BE COMPLETED AS IS IN MICROSOFT WORD FORMAT)

	PERFORMANCE MEASURE	ACCEPTABLE PERFORMANCE	PENALTY	AGREE YES/NO	IF NO, PROPOSED PENALTY
	Performance Guarantees				
1.	Speed to Answer calls: 90% of incoming calls will be answered by customer service within 35 seconds. (Measured quarterly)	90%	.25% of quarterly premium	YES/NO	
2.	Abandonment Rate: 95% of all telephone calls in queue will connect to a customer service representative. (Measured quarterly)	95%	.25% of quarterly premium	YES/NO	
3.	Claims Processing Standards: 95% of "clean" claims (in-network and out-of-network) will be processed within 30 calendar days of receipt. (Measured quarterly)	95%	.25% of quarterly premium	YES/NO	
4.	Financial accuracy standard will be 95%. (Measured annually)	95%	.25% of annual premium	YES/NO	
5.	Procedural accuracy standard will be 95%. (Measured annually)	95%	.25% of annual premium	YES/NO	
	Account Management:				
6.	Reporting: Provide quarterly and annual reports within forty-five (45) days after the end of the reporting period. (Measured quarterly)	100%	.50% of quarterly premium	YES/NO	
7.	Service Meetings: Quarterly meetings will be prescheduled with Policyholder to review plan performance and service delivery. (Measured quarterly)	100%	.25% of quarterly premium	YES/NO	
8.	Renewal Notification: Renewal notice will be provided to Policyholder 270 days before rate guarantee expiration date. Plan	100%	.25% of annual premium	YES/NO	

	PERFORMANCE MEASURE	ACCEPTABLE PERFORMANCE	PENALTY	AGREE YES/NO	IF NO, PROPOSED PENALTY
	Performance Guarantees				
	analysis and current experience reports will accompany renewal, providing explanation of proposed rate action. (Measured annually beginning 4 th year of contract)				
9.	Event Representation: Vendor will provide representation at their own expense to attend annual County open enrollment meetings, wellness events and fairs. (To be determined by County). (Measured annually)	100%	.25% of annual premium	YES/NO	
10	Client Annual Satisfaction: Benefits staff will be satisfied that the service delivered by the Account Management Team qualifies as a "solid performance that generally meets requirements" (3.0) or higher as defined in the survey defined below. (Measured annually) SEE SAMPLE BELOW	Based on average Score: 5.0 – 3.0 = 0 2.9 – 2.5 = ½ 2.4 – 2.0 = ¾ 1.9 & below = all of category penalty.	.50% of annual premium	YES/NO	
11	Member Satisfaction Survey: 80% satisfaction score based on % responding as Very Satisfied, Satisfied, Somewhat Satisfied. (Measured annually)		.50% of annual premium	YES/NO	
RESPONSE VERIFICATION					
	HAVE YOU ANSWERED EVERY QUESTION?			YES/NO	

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SAMPLE - Annual Satisfaction Assessment Tool

Account Management	Score	Comments
1. Exhibits knowledge of, and acts to meet County's needs. Is viewed as a valuable resource.		
2. Proactively offers useful information and ideas to help manage benefit plans.		
3. Responds to questions and requests in a timely manner.		
4. Provides accurate and timely information.		
5. Communicates clearly and professionally.		
6. Is well prepared for meetings.		
7. Delivers on commitments and proactively provides updates on issues.		
8. Effective and timely escalated issue resolution.		
9. Provides the right resources to effectively manage County's account.		
Additional comments:		

Rating Scale

5.0	Exceptional performance with extraordinary results that exceed requirements.
4.0 – 4.9	Outstanding performance that generally exceeds requirements.
3.0 – 3.9	Solid performance that generally meets requirements.
2.0 – 2.9	Marginal performance that generally does not meet requirements
1.0 – 1.9	Unsatisfactory performance that consistently does not meet requirements.

END of EXHIBIT 3

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Exhibit - 4 - Client References

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

CLIENT REFERENCES Provide contact information for five current and comparable, in scope and size, clients. Governmental/public entities are preferred.		
1.	Agency Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Email:	
	Total Benefit Eligible Employees:	
	Total Enrolled Insured's:	
	Sole Provider or Split Provider:	
	Public Sector or Private Sector:	Choose an item.
	Products Offered:	
	Length of Contract:	Choose an item.
2.	Agency Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Email:	
	Total Benefit Eligible Employees:	
	Total Enrolled Insured's:	
	Sole Provider or Split Provider:	
	Public Sector or Private Sector:	Choose an item.
	Products Offered:	
	Length of Contract:	Choose an item.
3.	Agency Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Email:	
	Total Benefit Eligible Employees:	
	Total Enrolled Insured's:	
	Sole Provider or Split Provider:	
	Public Sector or Private Sector:	Choose an item.
	Products Offered:	
	Length of Contract:	Choose an item.

	CLIENT REFERENCES Provide contact information for five current and comparable, in scope and size, clients. Governmental/public entities are preferred.	
4.	Agency Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Email:	
	Total Benefit Eligible Employees:	
	Total Enrolled Insured's:	
	Sole Provider or Split Provider:	
	Public Sector or Private Sector:	Choose an item.
	Products Offered:	
	Length of Contract:	Choose an item.
5.	Agency Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Email:	
	Total Benefit Eligible Employees:	
	Total Enrolled Insured's:	
	Sole Provider or Split Provider:	
	Public Sector or Private Sector:	Choose an item.
	Products Offered:	
	Length of Contract:	Choose an item.

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Exhibit - 5 - Voluntary Accident Insurance

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

This worksheet requests summary information only – Proposers must fully disclose all benefits, exclusions and limitations in force January 1, 2015, as part of their proposal in **Microsoft Word** format separately by plan type in Exhibit 5a. Provide responses to all questions for each plan type, based on the plan that your firm offers that most correlates to the plan in question. Besides any additional benefit or rate information included in your proposal, please complete the following grids for each product quoted. If coverage listed is not offered, please write "None".

VOLUNTARY ACCIDENT INSURANCE			
COVERAGE	Example:	RESPONSE:	COVERAGE EXCLUSIONS & LIMITATIONS (Briefly explain as required)
Policy Type	Group / Individual		
Guarantee Issue	Yes / No		
Coverage Type	Non-Occupational / Occupational		
Portability	Yes / No		
KEY BENEFITS	(List all plan options offered) Plan A		
Wellness	\$\$\$ / None		
Accidental Death (AD&D)			
Employee	\$\$\$		
Spouse/Domestic Partner	\$\$\$		
Children	\$\$\$		
Common Carrier	# times AD&D		
Dismemberment	Up to \$\$\$		
Catastrophic	Up to \$\$\$		
Paralysis	Up to \$\$\$		
Accidental Injury			
Ambulance – Ground (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Ambulance – Air (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Initial Doctor Visit	\$\$\$		
Emergency Room	\$\$\$		
Hospital Admission	\$\$\$		
Follow-up Treatment	\$\$\$		
Lacerations	Up to \$\$\$		
Dislocation or Fracture	Up to \$\$\$		
Burns	Up to \$\$\$		
Dental	Up to \$\$\$		
Eye	\$\$\$		
Employee Options			
Disability Income	# Months / None		
Hospital – Sickness	\$\$\$ per day / None		
Wellness	\$\$\$ per visit / None		
Comments:			

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Exhibit “5a” Proposed Plan Enhancements

VOLUNTARY ACCIDENT INSURANCE

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

- List any enhanced (additional) benefits for Voluntary Accident Insurance

PROPOSED ENHANCEMENTS	BENEFIT PARAMETERS AND COVERAGE LIMITATIONS	BRIEF EXPLANATIONS AS REQUIRED

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Exhibit - 6 - Voluntary Cancer Insurance

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

This worksheet requests summary information only – Proposers must fully disclose all benefits, exclusions and limitations in force January 1, 2015, as part of their proposal in **Microsoft Word** format separately by plan type in Exhibit 6a. Provide responses to all questions for each plan type, based on the plan that your firm offers that most correlates to the plan in question.

Besides any additional benefit or rate information included in your proposal, please complete the following grids for each product quoted. If coverage listed is not offered, please write “None”.

VOLUNTARY CANCER INSURANCE			
GUARANTEE ISSUE	Example:	RESPONSE:	COVERAGE EXCLUSIONS & LIMITATIONS (Briefly explain as required)
Takeover – No Underwriting or Pre-X	Yes / No		
Participation Requirement	None / %		
Open Enrollment	Yes / No		
Pre-Existing Condition Limitation	E.g. 12/12		
KEY BENEFITS	(List all plan options offered)		
	Plan A Plan B		
Number of Benefit Categories	## ##		
Radiation/Chemotherapy	Up to \$\$\$ Up to \$\$\$		
Initial Diagnosis	\$\$\$ \$\$\$		
Hospital Confinement	\$\$\$ / Day-## Days \$\$\$ / Day-## Days		
Intensive Care	\$\$\$ / Day-## Days \$\$\$ / Day-## Days		
Surgery	Up to \$\$\$ Up to \$\$\$		
Experimental Treatment	Up to \$\$\$ Up to \$\$\$		
Blood	Up to \$\$\$ Up to \$\$\$		
Anti-Nausea Benefit	\$\$\$ per Month \$\$\$ per Month		
At-Home Nursing	\$\$\$ per Day \$\$\$ per Day		
Physical/Speech Therapy	\$\$\$ per Visit \$\$\$ per Visit		
Outpatient Lodging	\$\$\$ / Day-## Days \$\$\$ / Day-## Days		
Non-Local Transportation	\$\$\$ per Mile \$\$\$ per Mile		
Family Lodging	\$\$\$ / Day-## Days \$\$\$ / Day-## Days		
Bone Marrow/Stem Cell Transplant	Up to \$\$\$ Up to \$\$\$		
Cancer Screening	\$\$\$ \$\$\$		
Other Specified Diseases	Yes – ## Diseases Yes – ## Diseases		
Comments:			

Exhibit “6a” Proposed Plan Enhancements

VOLUNTARY CANCER INSURANCE

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

- List any enhanced (additional) benefits for Voluntary Cancer Insurance

PROPOSED ENHANCEMENTS	BENEFIT PARAMETERS AND COVERAGE LIMITATIONS	BRIEF EXPLANATIONS AS REQUIRED

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Exhibit - 7 - Voluntary Critical Illness Insurance

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

This worksheet requests summary information only – Proposers must fully disclose all benefits, exclusions and limitations in force January 1, 2015, as part of their proposal in **Microsoft Word** format separately by plan type in Exhibit 7a. Provide responses to all questions for each plan type, based on the plan that your firm offers that most correlates to the plan in question.

Besides any additional benefit or rate information included in your proposal, please complete the following grids for each product quoted. If coverage listed is not offered, please write "None".

VOLUNTARY CRITICAL ILLNESS INSURANCE			
GUARANTEE ISSUE	Example:	RESPONSE:	COVERAGE EXCLUSIONS & LIMITATIONS (Briefly explain as required)
Takeover – No Underwriting or PreX	Yes / No		
Guarantee Issue			
Participation Requirement	% / None		
Employee	\$\$\$		
Spouse/Domestic Partner	\$\$\$		
Open Enrollment	Yes / No		
KEY BENEFITS			
Minimum Benefit			
Employee	\$\$\$		
Spouse	\$\$\$		
Maximum Benefit			
Employee	\$\$\$		
Spouse	\$\$\$		
Child	\$\$\$		
Major Disease Categories	E.g. Heart, Organ, Cancer, Alzheimer, Etc.		
Recurrence/Restoration Benefit	% After ## Months		
Pre-Existing Condition Limitation	E.g. 12/12		
Annual Wellness Benefit	\$\$\$		
Portability	Yes / No		
Comments:			

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Exhibit “7a” Proposed Plan Enhancements

VOLUNTARY CRITICAL ILLNESS INSURANCE

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

- List any enhanced (additional) benefits for Voluntary Critical Illness Insurance

PROPOSED ENHANCEMENTS	BENEFIT PARAMETERS AND COVERAGE LIMITATIONS	BRIEF EXPLANATIONS AS REQUIRED

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Exhibit - 8 - Voluntary Hospital Insurance

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

This worksheet requests summary information only – Proposers must fully disclose all benefits, exclusions and limitations in force January 1, 2015, as part of their proposal in **Microsoft Word** format separately by plan type in Exhibit 8a. Provide responses to all questions for each plan type, based on the plan that your firm offers that most correlates to the plan in question.

Besides any additional benefit or rate information included in your proposal, please complete the following grids for each product quoted. If coverage listed is not offered, please write "None".

VOLUNTARY HOSPITAL INSURANCE			
GUARANTEE ISSUE	Example:	RESPONSE:	COVERAGE EXCLUSIONS & LIMITATIONS (Briefly explain as required)
Takeover – No Underwriting or Pre-X	Yes / No		
Participation Requirement	None / %		
Open Enrollment	Yes / No		
Pre-Existing Condition Limitation	E.g. 12/12		
HOSPITAL PROTECTION KEY BENEFITS			
Annual Hospitalization Confinement			
Sickness	\$\$\$ per Day - # Days per Calendar Year		
Injury	\$\$\$ per Day - # Days per Calendar Year		
Daily Hospital Confinement	\$\$\$ per Day		
Medical Diagnostic and Imaging	\$\$\$ per Calendar Year		
Covered Exams	E.g. CT scan, MRI, EEG, thallium stress test, angiogram, arteriogram, etc.		
Invasive Diagnostic Exam	\$\$\$		
Covered Exams	E.g. arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laryngoscopy, etc.		
Surgical	Up to \$\$\$		
Outpatient Surgical Room Charge			
Surgical operation or invasive diagnostic exam with general anesthesia	\$\$\$		
Surgical operation or invasive diagnostic exam without general anesthesia	\$\$\$		

VOLUNTARY HOSPITAL INSURANCE			
GUARANTEE ISSUE	Example:	RESPONSE:	COVERAGE EXCLUSIONS & LIMITATIONS (Briefly explain as required)
Ambulance			
Ground (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Air (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Wellness	\$\$\$		
Waiver of Premium Benefit Carrier will waive from month to month, for the named insured only, any premium(s) falling due during the named insured's continued hospital confinement.	Yes / No		
HOSPITAL INTENSIVE CARE KEY BENEFITS			
Hospital Intensive Care Unit*			
Sickness	\$\$\$ per Day		
Injury	\$\$\$ per Day		
Confinement in a Step-Down Intensive Care Unit			
Sickness	\$\$\$ per Day		
Injury	\$\$\$ per Day		
Ambulance			
Ground (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Air (List Limitations – e.g. trips/year, distance, etc.)	\$\$\$		
Major Human Organ Transplant	\$\$\$		
Covered Organs	E.g. Kidney, liver, pancreas, heart, lung, etc.		

* Hospital confinement is defined as a covered person's confinement to a bed in a hospital for which a room charge is made. The confinement must be on the advice of a physician and medically necessary. The confinement must be as a result of injuries sustained in a covered accident or for rehabilitative care for injuries sustained in a covered accident. Benefits are also payable for confinement in hospitals operated by or for the United States government. Confinement must start within 30 days of the accident.

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Exhibit “8a” Proposed Plan Enhancements

VOLUNTARY HOSPITAL INSURANCE

(TO BE COMPLETED IN MICROSOFT WORD FORMAT)

- List any enhanced (additional) benefits for Voluntary Hospital Insurance

PROPOSED ENHANCEMENTS	BENEFIT PARAMETERS AND COVERAGE LIMITATIONS	BRIEF EXPLANATIONS AS REQUIRED

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Exhibit - 9 - Current Plan Information

**SEE THE POSTED PDF FILE
OF THE RFP FOR ALL CURRENT PLAN BROCHURES**