

DIXIE DISTRICT SCHOOL BOARD

**823 SE 349 HWY
OLD TOWN, FLORIDA 32680**

APRIL 20, 2017

REQUEST FOR INFORMATION

FOR

**QUALIFIED BROKERAGE/CONSULTANT SERVICES
FOR EMPLOYEE BENEFIT PLAN**

RFI No. 2017-01

SEALED RESPONSES DUE BY:

MAY 15, 2017, AT 2:00 PM

SEALED RESPONSES DUE TO:

**TONYA HOWELL, ASSISTANT SUPERINTENDENT OF FINANCE
823 SE 349 HWY
OLD TOWN, FLORIDA 32680**

All questions should be addressed to Tonya Howell, Assistant Superintendent of Finance, via email at proposal@dixie.k12.fl.us. All available information concerning this Request for Information: Brokerage/Consultant Services for Employee Benefits Plan, including any received questions and answers, will be posted to the Dixie County School Board (DCSB) website. This website is located at <http://www.dixie.k12.fl.us>

I. INTRODUCTION / OVERVIEW

The Dixie County School Board (DCSB) is seeking information regarding the services of a broker/consultant firm. The purpose for this is to determine available services for strategic planning, designing, negotiating, and communicating a comprehensive benefits package designed in response to employees' needs and desires that will allow for financial security and affordable benefits. The ideal firm would assume responsibility for the education, communication, and delivery of the benefits package to employees in a competent and innovative approach, and provide day-to-day consultation on plan interpretation, problem resolution, and other compliance-related administrative services.

The DCSB has approximately 300 benefit eligible employees and offers the following individual and group benefits plans through various insurance carriers:

- Group health
- Group term life and accidental death and dismemberment insurance including optional employee life, spouse life, and child coverage;
- Optional group dental insurance for employees and family coverage;
- Optional group vision insurance for employees and family coverage;
- Optional short-term and long-term disability plans;
- Optional cancer, critical illness, and accident insurance;
- Optional universal life insurance;
- Optional long-term care insurance;
- Administration of flexible spending accounts (FSA), i.e., medical and dependent care reimbursement accounts that qualify under Section 125 of the Internal Revenue Code

II. RFI PROCESS AND TIMELINE

Release of RFI	April 20, 2017
Deadline for submission of questions by applicants	April 25, 2017
Final posting of answers to questions via DCSB website	April 28, 2017
RFI responses due	May 15, 2017
Review responses to RFI	Through June 9, 2017
On-site presentations/interviews of selected applicants	Complete by June 30, 2017
Insurance Committee Recommendation to Board	July 2017 Board Meeting
Notification to all applicants of Board's decision	2 days after July 2017 Board Meeting

The dates, times, and sequence of events related to this RFI shall ultimately be determined by the DCSB and is subject to change.

The DCSB reserves the right to decline to respond to any question if, in the DCSB's assessment, the information cannot be obtained and posted to the website in a timely manner. Applicants are encouraged to monitor the website for updates. Applicants may not discuss needs and/or requirements of the DCSB, any aspect of this RFI, the

existing employee benefit package, or any technical questions with any employee of the DCSB other than with Mrs. Tonya Howell, who is the only individual authorized to answer any questions submitted in writing from applicants.

All responses must follow the format outlined in this RFI. Applicants must respond to each question and information request. Failure to comply with this directive may result in disqualification of the applicant response.

The DCSB shall not be liable for any expenses incurred by any party in connection with this RFI. This RFI is not a bid for any type of insurance and does not obligate the DCSB to award a contract or agreement to any individual or company. The DCSB reserves the right to amend, modify, or cancel this RFI without prior notice, at any time, with sole discretion.

The DCSB reserves the right to reject any or all submissions of response and to waive any technicalities or informalities. The DCSB reserves the right to seek clarification of a response and verification of information contained in the response.

All responses will be evaluated to determine if the applicant can meet the minimum qualifications set forth in this RFI.

Although the primary intent of this RFI is to evaluate potential services available to the district, the DCSB reserves the right to select and hire based on this RFI as determined by the district Insurance Committee's evaluations and recommendation to the School Board.

III. Scope of Services

The DCSB is seeking information in the area of Broker/Insurance Agent of Record to provide continuity of services in the rapidly changing area of employee benefits. The applicant will provide the following services at a minimum:

Analyze the current employee benefits package as to degree of sufficiency to meet current faculty and staff needs. Recommend needed changes to increase the value and quality of the employee benefits package.

Evaluate, compare, and market the plans to secure the best products, services, and value for all employees.

Partner with the DCSB Finance and Human Resource departments for the administration of all insurance plans and assist benefits-related advisory services throughout the plan year. This includes but is not limited to, carrier billing reconciliation and dependent eligibility audits, claims review service, and claim administration to ensure maximum benefit to plan participants, and **an in-bound call center or 24 hour call service with reporting** as to resolution, monthly new hire, and exiting strategies for termed employees or retirees.

Prepare and maintain compliance regulations with the Section 125 Cafeteria Plan document as a continuum ensuring compliance with federal legislation and advise current issues to include discrimination testing, COBRA, HIPAA, Medicare, FMLA, FLSA, etc.

Deliver a comprehensive services program to communicate and educate the benefits package in a compliant manner as to assist each employee in determining personal needs during the selection phase of the enrollment.

Assignment of a dedicated account representative team to manage the benefit activities, answer questions, and resolve issues that arise during the year regarding employee benefits, contract administration and service provisions.

Provide strategic planning input, problem resolution, general administration of products and services, metrics, and reporting of enrollment and performance, due diligence in product marketing and recommendations, and enrollment support services.

Establish and maintain a comprehensive benefits web portal, to include online enrollment, hosted by the applicant. The webpage should display as an extension of the DCSB webpage, similar in design and color scheme.

The intent of the DCSB is to seek out an available Agent/Broker/Consultant to accomplish the stated scope of services without incurring direct costs to the DCSB other than the possible flat fee compensation as described in the Conclusion and Compensation section of the Questionnaire.

Note: Any written or verbal communication discrepancies within the responses to this RFI realized by the governance board during and/or at the conclusion of this RFI process will result in immediate disqualification from this RFI process and/or termination of services.

IV. APPLICANT RESPONSE TO RFI

The DCSB recognizes the amount of effort necessary to prepare a response to this RFI and it is the applicant's decision to determine the exact level of detail necessary to demonstrate prerequisite experience and capabilities to perform the DCSB's expectations.

The response to the RFI shall include comments and answers to **all** questions listed in the Questionnaire section of this RFI. The response shall be prepared in a straightforward manner with concise delineation of the applicant's capabilities to satisfy the requirements of the RFI. Elaborate bindings, colored displays, and promotional materials are not required. Emphasis shall be on the completeness and clarity of the content. To make this task more manageable for the evaluators, the response shall be prepared in the prescribed format as noted below:

FIVE bound copies of the proposal should be submitted with pages numbered and each page should contain the proposing organization's name. **Additionally, a flash drive with an electronic copy of the proposal** should be submitted along with the hard copies.

The cover sheet should include the full legal name of the applicant, address, phone and fax numbers, website address, and federal tax ID number. In addition, the cover sheet should identify the individual contact name for all matters related to this RFI, phone and fax number, and email address of the identified contact. The cover sheet must be signed by an owner, corporate officer, or agent who is authorized to obligate and sign contracts on behalf of the proposing entity.

The Questionnaire section includes eight topics with multiple questions for each topic. The applicant's response shall clearly identify each topic as a separate section and identify each question followed by the answer and/or comments.

The References section shall include three (3) references that will submit a **sealed** testimonial on behalf of the applicant. The testimonial from each of the applicant's references shall be received on or before 2:00 PM, May 15, 2017. The testimonial shall be sent to the attention of Tonya Howell and shall be clearly marked on the outside envelope "Response to RFI No. 2017-01."

The Supporting Documents section allows the applicant to include any additional documentation to support answers and comments to the questions. Each document shall be clearly identified by the topic and question that it references.

V. Evaluation

The DCSB will deem the applicant response as qualified only if the response satisfactorily meets the minimum requirements as stated below:

The applicant is preferred to have a successful experience in providing similar services to a client(s) of comparable size and complexity as that of the DCSB.

The applicant must have been in business a minimum of five (5) full years and have experience negotiating and administering employee benefit programs with multiple carriers on behalf of public school entities.

The applicant must be able to fully manage their proposed program and assist in product evaluation, legal compliance, enrollment, employee education, communication, payroll, claims support, legislative and legal provisions for the DCSB and its employees.

The applicant response is prepared in the prescribed format as outlined in this RFI.

In addition, the evaluation will be based on the applicant response to all questions, testimonials from all applicant references, and probable on-site presentations/interviews of selected applicants. It is the goal of the DCSB to understand and evaluate the Employee Benefits Services firm to perform the duties of Broker/Consultant that will best serve the needs and interests of the DCSB and its employees.

VI. Questionnaire

I. Company Background and Operational Procedures

- (a) Please provide a brief summary of the proposing company.
- (b) Introduce and provide a current corporate structure summary, to include overall philosophy of providing benefits for public school and/or governmental entities.
- (c) Give an explanation how the firm may or may not operate as subsidiary or parent of any other provisional company, to include insurance company affiliations, joint ownerships, co- partnerships, national/international affiliations, and any other monetarily interested associations.

II. Experience, Standards of Conduct, and Conflicts of Interest

- (a) Provide three (3) current school system or governmental references and include approximate number of benefit eligible employees. Include contact person's name, title, phone number and e- mail address. (School systems listed will be considered reference.)
- (b) Please answer yes or no, within the last seven (7) years, has the organization or an officer or principal been accused of or involved in actual or threatened litigation, administrative or regulatory or similar proceedings relating to the provisional services of insurance and/or consulting assignments? If "Yes", please outline in detail information per occurrence and/or offense.
- (c) Please answer yes or no, have any employees, financial advisors, sub-contractors and or enroller/consultants acted as or operated as agent, counselor, advisor, sub-agent or solicitor on behalf of your company without proper licensing? If "Yes", please outline in detail information per occurrence and/or offense.
- (d) Please answer yes or no, within the last seven (7) years, has the firm recommended or placed any insurance or investment products or services for which the company or principals have any ownership, financial interest, or stake in any insurance carrier, insurance/investment product or company, TPA or service of said products? If "Yes", please outline the company's philosophy regarding fiduciary responsibilities as it pertains to the best interests of the client. Please specify.
- (e) Explain how your firm is uniquely qualified to provide employee benefits, brokerage/consulting, and compliance services to public school entities, and answer the question "Why should our system partner with your organization?"

III. Consulting

- (a) Describe the firm's employee benefits design, implementation and communication/ educational process utilizing distinct methodologies while maintaining and providing compliance support.
- (b) Please outline the employee benefits review and renewal process currently in place with school systems and/or governmental entities that you represent. This should be an expanded answer with an example and contact information provided for verification.
- (c) What competitive advantages does your firm provide during the initial and renewal marketing process?

IV. Technology

- (a) Describe your company's online enrollment capabilities and online enrollment

process for employees that choose to utilize the online enrollment method (major components).

- (b) Do you offer face-to-face enrollment?
- (c) Describe your preferred method of communication with all staff.
- (d) Describe the capabilities of your marketing and IT resources.
- (e) Outline any additional technology resources (outside the enrollment systems/website) that your company will provide to our HR staff and employees. This question does not pertain to resources provided by any insurance company.

V. Service Model

- (a) Briefly describe the level of service and support provided by your company on a day-to-day basis throughout the plan year.
- (b) Explain your day-to-day tracking for employee servicing requests and satisfaction.
- (c) What resources are available to our employees and administrative department for ongoing support during and after open enrollment?

VI. Implementation and Enrollment

- (a) Describe the manner in which your firm will participate in developing a strategic benefit plan with our school system.
- (b) Describe your firm's methodology for insurance product selection and implementation.
- (c) Describe your proposed plan for enrolling employees in the first year of implementation and the subsequent years. Include all resources your firm utilizes for multi-location enrollments, and your firm's online enrollment capabilities.
- (d) Describe the ongoing benefits training and education for both our administrative department and our employees.
- (e) Describe the philosophy your firm employs in educating employees on their employee benefits package.
- (f) If the district desires to change agents/brokers/consultants, how would you propose we transition our account?
- (g) Are there any limitations and/or fees associated with any of the above services?

VII. Legal and Compliance

- (a) Describe your firm's legal and compliance capabilities.
- (b) How do you support your clients in ensuring their employee benefits programs remain compliant with all federal and state laws?
- (c) Please describe your agency's Errors and Omissions coverage?

VIII. Conclusion and Compensation

- (a) Provide any additional information regarding your organization or services that you feel would be beneficial in helping to select an employee benefits broker/consultant and compliance partner.
- (b) What specific results should we expect to achieve at the conclusion of your process?
- (c) The district currently pays a health plan commission of 4% which is roughly \$77,000 annually, are you willing to accept a flat fee of approximately \$77,000 versus commission on the district's health plan?

- (d) To reiterate, the intent of the DCSB is to collect and evaluate services available to accomplish the stated scope of services without incurring additional direct costs.
- (e) Provide a comprehensive listing of any fees or costs associated with any of the services included in this RFI that will be directly incurred by the DCSB.
- (f) Provide a comprehensive listing of any fees or costs related to the outsourcing of services included in this RFI that will be directly incurred by the DCSB.
- (g) Provide complete detail of any exceptions to the services and general terms noted in this RFI.

VII. REFERENCES

Please provide information on the three (3) references who will be submitting a sealed testimonial on your behalf. It is the responsibility of the applicant to notify the reference of the timeline and submission information. The three required references are as follows:

	Carrier Reference	Client Reference	Personal Reference
Contact Name			
Telephone Number			
Email Address			

VIII. Supporting Documents

Please provide a table of contents for all supporting documents provided, and the corresponding section and question number it references.

IX. Submitting of Response

The response to the RFI is due no later than 2:00 PM, May 15, 2017. The response shall be sent to the attention of Tonya Howell, Assistant Superintendent-Finance, 823 SE 349 Hwy. Old Town, FL 32680. The applicant shall submit five (5) complete sets of bound responses, to include the cover sheet with required signature. Additionally, a flash drive with an electronic copy of the proposal should be submitted along with the hard copies.

The response package shall be sealed and clearly identified on the outside as “RFI No. 2017-01.” The response shall follow the format as noted in Section IV, Applicant Response to RFI. Responses that do not follow the prescribed format or responses that are incomplete may be rejected by the DCSB.

The DCSB is not responsible for any delays in the mail and for any responses that are not clearly marked. Any responses received after the deadline will not be considered.

VENDOR DECLARATION

The offeror understands, agrees and warrants:

That the offeror has carefully read and fully understands the full scope of the request for information.

That the offeror has the capability to successfully undertake and complete the responsibilities and obligations in said response to RFI.

That the offeror has liability insurance and a declaration of insurance form is included in the proposal.

That this proposal may be withdrawn by requesting such withdrawal in writing at any time prior to **May 15, 2017, 2:00 PM**, but may not be withdrawn after such date and time.

That the Dixie County School System reserves the right to reject any or all offers and may accept an offer which will, in its opinion, best serve the public interest. The Dixie County School System reserves the right to waive any technicalities and formalities in the proposal.

That by submission of this proposal the vendor acknowledges that the Dixie County School System has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the vendor.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this RFI.

OFFEROR:

Name Title

Name Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the vendor agrees as follows:

The vendor agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The successful vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the vendor's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the Dixie County School System. The vendor may be declared, by the Dixie County School System, ineligible for further contracts with the Dixie County School System until satisfactory proof of intent to comply shall be made by the vendor.

The vendor agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

COMPANY

SIGNATURE

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF _____

COUNTY OF _____

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says, that he/she is the agent authorized by the offeror to submit the attached response to RFI. Affidavit further states as offeror, that they have not been a party to any collusion among offerors in restraint of competition by agreement to propose at a fixed price or to refrain from submitting; or with any office of the Dixie County School System or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between offerors and any official of the Dixie County School System or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed proposal for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of 20_____.

NOTARY PUBLIC