

Request for Proposal for Supplemental Insurance

SECTION I: OVERVIEW

The City of Mercedes is requesting written proposals from qualified insurance companies for their ancillary(Supplemental) employee benefits programs including, but not limited to: Dental, Vision, Short Term Disability, Long Term Disability, Life, Cancer , as applicable. The City's current supplemental insurances are with Humana, Colonial, Aflac, Lincoln.

The deadline to provide three (3) sets of written proposals is December 12, 2017 at 10:00 AM. Said written proposals are to be sealed and provided to the City Manager's office located at 400 S. Ohio, Mercedes, TX 78570

The City of Mercedes is a local government municipality and has approximately One Hundred Nine (109) benefit eligible employees.

The City Commission will hear a maximum seven (7) minute verbal presentations from qualified insurance companies at the City Commission meeting to be held December 19, 2017 at 6 PM and will evaluate the proposals based on criteria that will include the following minimum criteria:

- Proposed schedule of benefits and monthly premium
- Claims administration process and member communication
- Qualifications and related experience of vendor

SECTION II: COMPANY PROFILE

1. Tell us briefly about your company's history, growth, and the local office that will serve our account.
2. Provide information regarding your company's financial stability.
3. Describe the amount of professional liability and/or errors and omissions insurance currently carried by your company.
4. Please list three clients similar to the City of Mercedes and the length of your professional relationship with them. Please provide a contact name and telephone number for each reference.

SECTION III: PRODUCT & SERVICE

5. Please provide the name, title, professional experience and role for any individual that would be assigned to our account.
6. Confirm that your company and members of the team assigned to the City of Mercedes account are properly licensed and qualified to provide the services requested in this RFP.

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7. Describe the cost containment strategy you would use to assist the City of Mercedes in maintaining benefits that attract and retain a strong workforce.
8. Provide an implementation plan, including who is responsible for each activity.
9. Describe the proposed product(s) for the City of Mercedes and attach a proposed contract.
10. Provide a premium schedule for the services requested in this RFP. Provide a breakdown of the premium by: claims, administrative expenses, risk change, commission, and other (specify) expenses.

SECTION IV: COMPLIANCE/LEGAL

11. How does your company monitor benefits legislation, compliance and new products in employee benefits?
12. Describe how your organization maintains client records in a HIPPA compliant environment.
13. Within the last five (5) years has the vendor, or any officer or employee of the vendor been a defending party in a legal proceeding before a court related to the provision of product and/or services? Has the vendor, or any officer or employee been the subject of a governmental regulatory agency inquiry, investigation, or charge?

SECTION V: RESERVATION

14. Depending on the proposals received and the measure of terms of services to be provided, the City of Mercedes reserves the right to reject any and all proposals if deemed in its best interest.

All RFPs should be sealed and submitted to: City of Mercedes, City Manager's office, 400 S. Ohio, Mercedes, TX 78570 and clearly marked "Proposal for Supplemental Insurance no later than December 12, 2017 at 10:00 AM.

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By submitting this proposal the potential vendor certifies the following:

- This proposal is signed by an authorized representative
- All costs have been determined and included in the proposal
- All terms and conditions included in the RFP are understood and agreed upon without exception
- A valid State of Texas insurance license can be provided
- Submitted proposal is valid for ninety (90) days
- Members of the City Commission or City Manager have not been contacted about your company or your products. Any contact with any member of the City Commission to promote your company will disqualify your company from the proposal process.
- Enrollment of employees shall be done so that coverage is effective January 1, 2018

In compliance with this Request for Proposal, and subject to all conditions herein, the undersigned offers and agrees to provide all the services proposed contained in this proposal if accepted.

Name _____

Address _____

Phone _____

Email Address: _____

Signature/Title _____

Date _____