

Amended RFP - 1/9/14

REQUEST FOR PROPOSALS

FOR

BENEFITS INSURANCE BROKERAGE SERVICES

FOR

STOREY COUNTY, NEVADA

Posted December 26, 2013, through January 24, 2014
Submittal deadline **extended from January 13 to January 24, 2014**

(Proposals due 4:00 p.m., January 24, 2014)

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REQUEST FOR PROPOSAL

Insurance Brokerage Services for Employee Health and Benefits Insurance Coverage

I. OVERVIEW

Storey County (hereinafter “County”) currently purchases health, dental, vision, and life insurance for its employees with services from an Insurance Broker (hereinafter “Broker”).

Storey County is seeking through this Request for Proposal (“RFP”) proposals from qualified area brokerage firms to provide a full-range of brokerage services related to health and benefits insurance including health, dental, vision, and life insurance (hereinafter “Benefits Plan”) for County employees and other eligible persons of the County. This RFP is for insurance broker services only; it does not solicit new or different insurance benefits coverage.

II. BACKGROUND INFORMATION

The County currently provides Benefits Plan coverage for its employees, and their spouses and dependents, through Saint Mary’s Preferred Health, Premier Access, Ameritas Group, and Mutual of Omaha insurance carriers. Storey County currently has **approximately 200 – 250 members on its plan**, including employees and their spouse and dependents. The current Benefits Plan, including individual, spouse, and dependent health coverage, and individual life coverage, is provided no cost to employees. However, the employee is responsible for fifty percent of spousal health coverage if the spouse is eligible for health coverage elsewhere. Benefits Plan coverage for employees, and their spouses and dependents, is subject to change pursuant to Union collective bargaining agreements in accordance with NRS.

III. PERFORMANCE REQUIREMENTS

The successful bidder shall fulfill the following:

1. Provide brokerage services for Storey County in accordance with the requirements and provisions stated forth herein.
2. Seek competitive programs and market coverages on an unbiased basis and in the best interest of the County, and provide detailed coverage comparisons for submitted proposals.
3. Conduct annual stewardship meetings/reviews summarizing activities and placements on behalf of the County.
4. Prepare annual market analyses and forecasts by insurance line. The summary will include information on trends, market availability, pricing, and long-term market directions.
5. Assist the Human Resources Department in the design of policy forms and programs as needed.

6. Verify the accuracy and adequacy of all policies, enrollments, invoices, and other Benefits Plan insurance related documents, as needed.
7. Obtain certificates of coverage and answer coverage questions.
8. Assist in the preparation of underwriting data, statements of values, specifications, and other data and information required by insurers.
9. Assist the County in the preparation of proofs and obtaining loss reports.
10. Attend County meetings as requested.
11. Be fully qualified and competent with proper licensing, knowledge, experience, and personnel.
12. Identify all sources of revenue on any provided services/placements (new and renewal) including, but not limited to, fees, commissions, contingency fees, and bonuses or profit-sharing arrangements. Failure to disclose fees may be considered a material breach of contract.
13. Secure Benefits Plan coverage for employees, spouses, dependents, retirees, and other eligible persons.
14. Provide ongoing analyses, reviews, and evaluations of existing County Benefits Plans, and solicit proposals and quotes from insurance providers each year during benefits renewal.
15. Maintain an active ongoing relationship with service providers/insurance carriers to ensure smooth operation and delivery of benefits, as well as assist with claims, questions, or challenges that may arise during enrollment and throughout the year.
16. Engage in ongoing financial management of the program, including cost, claims, trends, and program utilization, and maintain communication with the County regarding these elements and performance of the Benefits Plan.
17. Act on behalf of the County in analyzing and negotiating renewal rates in order to obtain the most competitive pricing and services each year.
18. Market the coverage of benefits as requested by the County and prepare reporting for the County to review.
19. Make regularly scheduled visits with the County to respond to questions, solve problems, and assist with benefits administration.
20. Act as a resource for the County and Benefits Plan members in such matters as ERISA, COBRA, FMLA, ACA, etc.

21. Develop and utilize communication materials as requested to clarify and convey benefit levels, highlight changes to the Benefits Plan, and other pertinent information to Benefits Plan participants.
22. Coordinate and provide annual and periodic training sessions, as needed.
23. Coordinate, be present at, and be actively engaged in the County's Annual Health Fair for re-enrollment, and convey benefit levels, highlight new or changing elements of the Benefits Plan, and present other pertinent information and resources.

IV. DURATION OF SERVICE

Brokerage services shall commence on the day that the proposal is approved by the Board of Storey County Commissioners in the month of February, unless the Board continues the item for hearing, rejects all submitted bids, or there is other delay in Board approval. Brokerage services will thereafter be evaluated for effectiveness annually and be placed out to bid when the Board or its designee deems necessary.

V. SUBMITTAL OF INFORMATION

A. Submittal of Proposals

1. A copy of this RFP may be requested from the Human Resources Office at the address shown in subsection (2) of this section, electronically at hr@storeycounty.org, or by telephone at 775.847.0968.
2. **All proposals must be received by the Storey County Clerk's Office no later than 4:00 p.m., January 24, 2014 (extended from 1/13/14). Submit proposal in a sealed envelope to one of the following:**

Mail/Delivery To:	In-Person To:
Storey County Clerk Post Office Drawer D Virginia City, NV 89440	Storey County Clerk's Office 26 South "B" Street Virginia City, NV 89440

3. The submittal must contain **six copies** of the proposal.
4. Proposal should be organized into distinctive sections that correspond with the individual evaluation categories described herein. Responses should be limited to 30 pages.
5. Each distinctive section should be titled with each individual evaluation category and all materials related to that category should be included therein.

6. It is the bidder's sole responsibility to submit information related to the evaluation categories; the County is not obligated to solicit such information if it is not included. The failure to submit such information may cause an adverse impact on the evaluation of the proposal.
7. Parts A and B of the enclosed Pre-Qualification Questionnaire must be completed.
8. Note that information contained in the bid process is public information after the County review process is completed. If requested in-writing, information provided in Part B of the Pre-Qualification Questionnaire will be treated as confidential by the County to the extent allowed by law.

B. Evaluation and Award Process

1. The County shall use its best judgment in conducting a comparative assessment of the proposal.
2. The County shall select finalists that appear to have the ability to service the County's needs. On-site visits may be scheduled with the finalists; these **on-site visits are anticipated to occur in January or early February**. The County may ask the finalists to travel to the Human Resources Office in Storey County, Nevada to present further details and respond to questions.
3. One Broker will be selected following the visits/interviews and Board approval, and **notifications will be sent by February 21, 2014**, to all firms submitting proposals.
4. Prior to execution of the Contract for brokerage services, the successful respondent shall provide a certification of errors and omissions coverage with limits of **\$3,000,000** and A.M. Best credit rating of no less than A-, VIII. The County reserves the right to cancel the Contract at the end of each annual period by giving at least 60 days prior written notice, or to cancel with cause at any time giving 60 days of notice.
5. No oral explanation in regard to the meaning of the specifications will be made, and no oral interpretation will be given before the award of the Contract. If any person contemplating submitting a bid for the Contract is in doubt as to the true meaning of any part of the specifications or any other proposed Contract documents, s/he may submit to the County a written request for an interpretation thereof. The person submitting the request will be responsible for its prompt delivery. Any interpretation of the proposed documents will be made by addendum duly issued or delivered to each person receiving a set of such documents. The County will not be responsible for any other explanation or interpretations of the proposed documents.
6. County reserves the right to reject any and all bids and to waive any informality in bids.

C. Evaluation of Experience and Reliability

1. Respondents should submit any information which documents successful and reliable experience in past performance similar to those of the requirements of this proposal.
2. The proposal must include the following information related for both the three largest current accounts and any public governmental entity services by the prospective broker:
 - Name, address, and telephone number of the account and a representative who may be contacted;
 - Dates of that relationship; and
 - A brief written description of the services performed.
3. The above information may be shown on the enclosed Pre-Qualification Questionnaire or in a similar manner.

D. Evaluation of Expertise of Firm's Personnel

1. The proposal should include detailed information related to the experiences and qualifications, including education and training, of the specific personnel who would service the County. Resumes should also be included.
2. A team organizational chart must be included.

E. Evaluation of Method of Performance

1. The proposal must include a narrative which describes the method and manner in which the proposed Broker proposes to satisfy these requirements.

BROKER PRE-QUALIFICATION QUESTIONNAIRE

General Instructions

Please fill out both Parts A and B of this Questionnaire as completely as possible. Information contained in the bid process is public information after the County review process is completed. If requested in-writing, information provided in Part B of this Questionnaire will be treated as confidential by the County to the extent allowed by law.

If your firm is a branch or subsidiary of a larger/national agency, the information provided in reference to the questions in this questionnaire should reflect only the activities of and resources available at the office on behalf of which this proposal is being submitted, unless otherwise requested. If facilities or expertise from your parent or affiliated offices will be available and/or necessary in servicing our needs, please indicate this in the submission cover letter.

Supplementary material of any of the questions below may be attached to this Questionnaire. Note: This Questionnaire may be either filled out or reproduced on your word processing system; however, please reproduce in the same order as it exists herein.

PART A

General Information About Your Firm:

1. a. Name of Firm: _____

Address: _____

Telephone: _____

Name of contact person and title in connection with this proposal: _____

b. Also, please list subsidiary or associate companies of your firm which you wish to utilize in servicing the County account.

c. Date submitting office was established: _____

- d. If a subsidiary/branch/franchise of a national agency, provide the following information on the parent organization:

Head Office: _____

Date established: _____

Number of offices in the U.S.: _____

2. Information on insurance your office carries to protect you and your clients.
Limit Insurer/rating:

	<u>Limit</u>	<u>Insurer/rating</u>
a. Error and Omission	_____	_____
b. General Liability	_____	_____
c. Other (specify below)	_____	_____
_____	_____	_____
_____	_____	_____

Note: If any of the above coverages are self-insured or include an SIR of more than \$100,000, so indicate.

Will you provide certificates of such insurance if selected? _____ Yes _____ No

Staffing Pattern/Qualifications

3. Provide information on account executive(s) and support staff that your office proposes to assign to service this account. Attach detailed resumes of the account executive(s) and any backup staff your office plans to use in servicing our account. Include in each resume the number of years of experience in the field of health and life insurance benefits coverage. Also include in the resume all items listed below.

- Name
- Title
- Number of years in this capacity
- Educational background
- General professional experience
- Professional experience in servicing public sector/governmental entities
- List State Broker Licenses, Property Casualty and/or Health & Life which are held individually.
- Office location

4. If applicable, describe the nature and level of staff resources and service capabilities readily available to your office through your parent organization.

5. Major Insurance Markets--please indicate the principal insurance companies/markets that you represent and expect to use in servicing our needs. _____

PART B

If requested in-writing, information provided in this part of the Questionnaire will be treated as confidential to the extent allowed by law.

Annual Gross Income

5. Please provide the following information for the last fiscal year of your operation:

	That of Your Office	If a subsidiary, branch, or franchise, that of your Parent Organization
a. Premiums	_____	_____
b. Commissions	_____	_____
c. Fees	_____	_____
d. Other Income	_____	_____

Please supplement the above by attaching financial statements of your local office for the last three years.

Related Experience

6. Please list by name, approximate annual premium for the last policy period and services rendered to your office's three:

- a. Largest account clients:

(1) _____

Name/Title of contact _____ Phone # _____

(2) _____

Name/Title of contact _____ Phone # _____

(3) _____

Name/Title of contact _____ Phone # _____

b. Public sector/governmental clients:

(1) _____

Name/Title of contact _____ Phone # _____

(2) _____

Name/Title of contact _____ Phone # _____

(3) _____

Name/Title of contact _____ Phone # _____

Miscellaneous

7. If you were requested to undertake a comprehensive review and evaluation of the County's current Benefits Plan and future needs:

- How would you go about conducting such a review and evaluation?

- Would there be a fee?

Proposal signed by: _____

Print Name: _____

Title: _____

Date: _____