

BASIC LIFE

RFP#2014-15-29

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CITY OF WESLACO

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Section

1

General Information

General Conditions and RFP Assumptions

1. The City of Weslaco is requesting proposals for Basic Life.
2. Where applicable, all companies submitting proposals must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated A- or better by AM Best Company.
3. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications must be explicitly identified.
4. One (1) original and two (2) copies of the proposal response must be delivered to Homer Rhodes, Buyer II, 255 S. Kansas Ave, Weslaco, Texas 78596, no later than 3:00 PM, Wednesday, September 2, 2015 in sealed envelopes, clearly marked:

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5. No telephone or fax proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, and other courier services or personally delivered by proposer. The City will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened upon written request at proposer's expense.
6. The proposals will be opened at 3:00 PM, Wednesday, September 2, 2015. The proposals will be opened but not read aloud, to avoid disclosure of contents to competing vendors, and the contents shall be kept confidential during the proposal negotiations.
7. Proposals are desired for a primary term of one (1) year with the option to renew for two (2) additional one (1) year terms with a minimum of a 24-month rate guarantee. However, the City reserves the right to accept a guarantee of less than 24 months if it is in the City's best interest.
8. Public Sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability(ies). Therefore, your documents should not contain any such clauses.
9. City of Weslaco reserves the right to accept or reject all or any part of the proposal, waive minor technicalities, and award the proposal that best serves the interest of the City. The City also reserves the right to waive or dispense with any of the formalities contained herein. The City's Elected Officials will make the final decision of agreement of award and agent services if necessary.

10. Requests for information must be submitted via email to:

Homer Rhodes
Buyer II
City of Weslaco
hrhodes@weslacotx.gov

11. Proposal is to be based on II class categories:

- Class I \$100,000 Basic Life-70 Fire department employees
- Class II \$100,000 Basic Life 240 regular full-time employees

12. Enrollment meetings may be scheduled prior to the effective date of the contract. The proposer will be responsible for enrolling employees at the City of Weslaco during the month of September 2015.

13. The appropriate enclosed proposal forms which include a Questionnaire, Rate Pages, Felony Conviction Notice, Non-Collusion Statement & Signature Sheet, etc., must be completed and included with the response. An authorized official of the carrier with legal authority to bind the carrier must sign all proposal forms submitted. FAILURE TO COMPLETE PROPOSAL FORMS WILL RESULT IN PROPOSAL BEING DISQUALIFIED.

14. The City of Weslaco accepts no financial responsibility for any costs incurred by any proposer in the course of responding to these specifications.

15. The Request for Proposals package will be available for download from our website at www.weslacotx.gov. Look for the caption "Bids & Proposals" on the left side of the main page. Vendors WILL NOT be notified of additional information/addenda postings. It is the vendor's responsibility to view the City's web page regularly, &/or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued, or to obtain any addenda that may have been issued, for the solicitation.

16. Proposal is to be based on the provided census as of August 2015 (MS-Excel format).

17. Effective date is October 1, 2015.

18. Enforceability - This Contract shall be interpreted, construed, and governed by the laws of the United States and the State of Texas and shall be enforceable in any court of competent jurisdiction in **Hidalgo County, Texas.**

19. Continuity of Coverage - All insured individuals covered by the current plan are to receive immediate coverage under the new plan. Continuity of Coverage for current participants is to be on a "no loss-no gain" basis for all insurance coverage(s).

20. Advertising - Contractor shall not advertise or publish, without the City's prior consent, the fact that it has entered into this Contract, except to the extent necessary to comply with proper requests for information from an authorized representative of a federal, state or local authority.

21. Gratuities - No gratuities in the form of entertainment, gifts or otherwise, shall be offered or given by Contractor, or any agent or representative of Contractor, to any administrator, employee, or anyone affiliated with the City with a view toward securing a contract or securing favorable treatment with respect to a contract. Failure to comply with this requirement will cause the proposal to be rejected, or contract (if approved) to be void.

29. Format:

- I. Introduction Letter
- II. Company Information
- III. City Forms
- IV. Response to Questionnaires
- V. Standard Rate Sheets

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Section

2

City Forms

NOTICE OF INTENT TO SUBMIT A STATEMENT OF QUALIFICATION

If you intend to submit a statement of qualification for **BASIC LIFE No.: 2014-15-29** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form so that you may receive any addendums to the specifications should the need arise.

**Homer Rhodes
Purchasing Agent
City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone: (956) 447-2240
Fax: (956) 969-8452
hrhodes@weslacotx.gov**

Name: _____ (print)	Signature: _____
Title: _____	Company/Agency: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	

City of Weslaco

BASIC LIFE

RFP Opening: Friday, September 2, @ 3:00 p.m.

Any and all questions concerning this proposal should be addressed on this form.

Proposal Name: _____

Proposal Number: _____

Page#: _____ Section: _____ Paragraph: _____

Question: _____

Company: _____

Signature: _____

Date: _____

Phone: _____

Fax: _____

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AFFIDAVIT OF NON-COLLUSION

By submission of this bid/proposal/quote, the undersigned certifies that:

- A. This bid/proposal/quote has been independently arrived at without collusion with any bidder or competitor;
- B. This bid/proposal/quote has not been knowingly disclosed and will not be knowingly disclosed, to any other bidder competitor or potential competitor, prior to the opening of bids/proposals/quotes for this project;
- C. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid/proposal/quote;
- D. The undersigned certifies that he/she is fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the bidder as well as to any person signing in his behalf.

Company Name

Address

City/State/Zip

Phone Number/Fax Number

Authorized Signature

Print Name/Title

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

**FORM
CIQ**

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

CITY OF WESLACO

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Proposer (Offeror) Questionnaire

Section
3

Basic Life & Accidental Death & Dismemberment Questionnaire

1. Name of Company: _____
2. Address: _____
3. Name of Account Executive that will be handling this account: _____
4. Telephone Number: _____ Fax: _____
5. Email address: _____
6. Year company was founded: _____
7. What is the current A.M. Best rating for your company? _____
8. Provide three (3) Texas client references:

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe Claim Payment Services:
 - a) Where will claims be paid? _____
 - b) What is the turnaround time for paying a "clean" insurance claim? _____
 - c) Describe the documentation needed for payment of a claim: _____

10. What settlement options are available to beneficiaries: _____

11. How do you handle death benefit distributions if the beneficiary is a minor? _____

12. Describe your accelerated death benefit: _____

13. Describe initial enrollment procedures: _____

14. For what period of time are rates used in the rate table guaranteed? _____

15. Is a longer rate available? Yes No
If "Yes", please describe: _____

16. Agent information- The City prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a) Annual rate of commission: _____

b) Name/Mailing address for agent: _____

c) Agent's relationship with the insurance company (length of time, number of groups, amount of premium): _____

d) Agent services to be provided: _____

e) Please provide a copy of agent's Errors and Omissions Insurance Certificate.

Basic Life – Signature Page

Company Name

Authorized Signature

Address

Type Signatory's Name and Title

Agent Name

Telephone Number

Agent email address

Fax Number

Section
4

Standard Rate Sheets

CURRENT CARRIER: Dearborn National

City of Weslaco
Employer Sponsored Basic Life
Rate Sheet

Monthly Rate per \$1,000

VOLUME	<u>\$ 20,000</u>
AD& D	<u>\$0.035</u>
BASIC LIFE	\$0.1600

July 29, 2014

CITY OF WESLACO
255 S KANSAS AVE
WESLACO TX 785966158

Subject: Renewal Analysis
Group Policy Number: GFZ00375
Anniversary Date: October 1, 2014

Dear Policyholder:

Dearborn National would like to thank you for allowing us the opportunity to provide you and your employees with Group insurance products.

We have reviewed the current demographics of your group insurance programs. We are pleased to inform you that there will be no change in the existing rates for the upcoming renewal period. Rate will be guaranteed until October 1, 2015.

<u>Products</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
Life	\$0.16 per \$1,000	\$0.16 per \$1,000
AD&D	\$0.035 per \$1,000	\$0.035 per \$1,000

If you have any questions pertaining to your renewal, or would like more information including the availability of other products as well as a quote for additional benefit programs, please contact your local Dearborn National sales office or insurance broker.

We value our relationship with you and look forward to providing quality service to you in the future.

Sincerely,

Underwriting Department
In Force Team