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REQUEST FOR PROPOSALS (RFP) EMPLOYEE BENEFITS BROKER/CONSULTING SERVICES

TITLE: Section 125 Flexible Benefit Plan Proposals

ISSUE DATE: December 08, 2020

DUE DATE: January 15, 2021

DELIVER TO: Amanda M. Coldiron, Director of Finance
Ashe County Schools
PO Box 604
320 South Street
Jefferson, NC 28640

Sealed proposals must be received by 12:00PM on January 15, 2021. Indicate the firm and/or company name and the primary contact person on the front of each sealed proposal envelope or package. Any proposals received after 12:00PM on January 15, 2021 will not be considered. Proposals received will be opened, briefly reviewed and will be evaluated by a committee at a later time.

Each vendor will need to furnish eight (8) copies of the proposal.

There is no expressed or implied obligation for this school system to reimburse responding companies for any expenses incurred in preparing or presenting proposals in response to this request.

Ashe County Schools reserves the right to reject any or all proposals submitted, or to accept a higher proposal if it is felt that the higher proposal provides better services or products for our employees or school system.

During the evaluation process, Ashe County Schools reserves the right, where it may serve the school system's best interest, to request additional information or clarification from proposers, or to allow corrections of errors or omissions. At the discretion of the school system, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

PURPOSE

Ashe County Schools is soliciting Request for Proposals (RFP) for employee benefits broker/consulting services for the plan year beginning September 01, 2021. Currently, we are not requesting specific rates for our benefits. We are in search of a broker/consultant with evidence that they are able to provide the needed benefit administration for Ashe County Schools and its employees. It is our intention not to release census data or claims history until after the benefit administrator has been chosen. This RFP does not indicate in any way that we are dissatisfied with the services, plans and/or products of our current provider, instead we are ensuring that our employees are continually offered the best benefit services and products available. Ashe County Schools has seven (7) schools, a central office, a maintenance/transportation site and approximately 500 employees.

TYPE OF PLAN

The unit desires to have one vendor provide and service the proposed plan. Proposals should include the following benefits. Verify that your firm has the experience and expertise to administer each of the following benefits:

<u>Benefits</u>	<u>Yes/No</u>
Section 125 Flexible Benefits Plan Administration (Including Medical and Dependent Care Flexible Spending Accounts)	_____
Supplemental Health	_____
Board Paid Group Term Life	_____
Voluntary Group Term Life	_____
Permanent Whole/Universal Life	_____
Short-Term Disability	_____
Group Dental Coverage	_____
Vision Care	_____
Cancer/Intensive Care	_____
Critical Illness	_____
Accident Care	_____
Hospital Confinement	_____
Legal/Identity Protection Insurance	_____

ADDITIONAL INFORMATION

The unit desires a Section 125 administrator which will complete all required discrimination testing, all required reports and will adhere to procedures, guidelines, regulations, and laws related to the collection, disbursement, and record keeping for the spending accounts for employees.

Proposals will be evaluated based on the model plan design, enrollment and communication capabilities, cost to the employer, and financial stability of the organization. Proposals should include specifications of the RFP and a completed Bid Form with any necessary attachments.

Ashe County Schools require a North Carolina licensed agent with the expertise and capacity to provide the products and services requested to an employer of at least 500 employees. Such expertise and capacity must be fully evident within the proposal and verifiable through a minimum of five (5) references. These five references must be from employers of at least 500 employees, in which you currently provide Flexible Benefit (Spending Account) Administration, not insurance products only. The references should not only be able to verify the company's ability, but also the agents and/or their agency.

Bid Form
Section 125 Flexible Benefit Plan Proposals
for
Ashe County Schools

Please complete and return this Bid Form with your proposal. If needed to answer a question or questions, you may attach a page or pages to this form. Please indicate on the Bid Form that the question is answered on an attached page. Also, please designate any answer on an attached page with the same number as the question on the Bid Form.

1. Name of Firm(s) Submitting Proposal:

2. Names and Titles of Person(s) Submitting Proposal:

3. Address of Firm Submitting Proposal:

4. Phone Number(s) of Firm Submitting Proposal:

5. Contact Person(s) for Firm: _____

Telephone Number & Email for Contact Person(s):

6. What is the total number of NC Public School systems to which you administer the full Flexible Benefits Plan including Flexible Spending Accounts? _____

7. Please provide five references, preferably North Carolina public schools systems, with at least 500 employees with whom your firm has worked.

School System	Contact	Phone #
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

8. Describe in detail the communication and enrollment process.

- a. Who will be doing the enrollments? Include number of staff provided. Include the number of days you plan to be on site to meet with employees.
- b. What is their experience in benefit communication and enrollment with NC Public Schools?
- c. Do you meet with all employees or only the ones requesting changes to their existing policies?
- d. Include brochures or information you will be using during the enrollment process.
- e. Do you offer online or web enrollment and if so, please describe.
- f. How do you handle new employee enrollments outside of the open enrollment period?

9. Please describe the following as it pertains to Flexible Spending Account administration:

- a. Who will be the third-party administrator?
- b. Describe the claim reimbursement process for spending accounts.
- c. How often do you pay reimbursement claims?
- d. What experience does your organization have with Flexible Benefit Administration?
- e. Do you provide a Flex (debit) Card and how long has your company provided this card?
- f. Is your Spending Account vendor compliant with all relevant IRS regulations in regard to administration of debit cards?

10. If you provide a Flex (debit) Card, describe the procedures for the use of the card and participant requirements for verification.

11. Please provide a list of all fees that your firm will charge to administer our Flexible Benefits Plan including COBRA services, Flex Card, Medical Reimbursement Loss Guarantee, and/or other insurance products you will offer.
12. Please provide a copy of a benefit election form that you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.
13. Do you provide a toll-free phone number for our employees for service questions?
 - a. Yes _____, Number is: _____
 - b. No _____
14. Do you provide a personalized interactive website? Yes _____ No _____
15. Describe the billing process from your firm to our school system.
16. Explain how you expect to be compensated for your services. Please describe in detail a schedule of any and all fees associated with your services.
17. What reports are sent to the employer and how often? Please enclose a copy of the report that your firm provides employers.
18. Will employees be allowed to keep existing policies if they desire? Discuss how you will be able to service these policies.
19. Is your firm in compliance with all guidelines established by the North Carolina Department of Insurance?
20. Describe your post-enrollment data return processes to Ashe County Schools.
21. Do you provide plan documents for the employer?

I certify that I have read this Request for Proposals and have answered all questions on this Bid Form.

I certify that our firm has not and will not contact School Board members to gain favor for our firm.

**If School Board members are contacted your bid will be rejected.*

I certify that our firm will honor all commitments made on this Bid Form.

I certify that our firm and all representatives are licensed and will be licensed in North Carolina to provide all services offered during the life of this contract.

Firm Name

Print Name of Representative

Signature of Representative

Title of Representative

Date of Signature