

COASTAL PLAINS COMMUNITY CENTER

200 Marriott Drive
P.O. Box 1336
Portland, TX 78374
(361) 777-3991

REQUEST FOR PROPOSAL FOR AGENT OF RECORD

Issue Date: May 19, 2020

Coastal Plains Community Center is seeking proposals for Agent of Record, to act on its behalf, during the employee benefits procurement process. The following employee benefits are subject to the procurement process which will be coordinated and managed by the Agent of Record.

Large group Health self-funded via referenced base pricing of 1.75 Medicare rate:

- Employee and dependent healthcare coverage - Entrust
- Employee and dependent dental coverage - Guardian
- Employee and dependent vision care coverage - Guardian
- Employer sponsored employee life - Guardian
- Employee and dependent life elective coverage - Guardian
- Employer sponsored employee short-term disability coverage — Mutual of Omaha ● Elective employee long-term care coverage — Mutual of Omaha

Proposals shall be in strict accordance with this RFP. For the purpose of this procurement, the following documents are applicable:

- Instructions to Proposers o General Assumptions and Background o Proposal Questionnaire to include agency information and services description o Commissions Disclosure Form o Proposal Certification Affidavit

To be considered responsive:

All Proposers must submit a signed Cover Letter, Proposal Questionnaire describing agency information and services provided, Commissions Disclosure Form, Proposal Certification Affidavit, and one copy of all documents which must be submitted prior to the closing time and date of the RFP. Failure to provide this information may deem your proposal as non-responsive.

Proposals must be received no later than June 11, 2020 at 3:00 p.m. The award of Agent of Record status will be made during the Coastal Plains Community Center regularly scheduled board meeting at 12:00 noon on June 16, 2020.

The respondent or legally authorized representatives of the respondent's agency must be present to respond to board inquires during the meeting.

INSTRUCTIONS TO PROPOSER

A. GENERAL

1. Introductions and Background Information

Coastal Plains Community Center, hereinafter referred to as "CPCC" or the "Center", is seeking proposals for an Agency or Broker to serve as Agent of Record. Currently, the Center is on a self-funded platform and has been self-funded for many years. CPCC's current ASO is a TPA known as Entrust. The Center is approaching the end of the plan-year (August 31, 2020) will require renewed quotes once the Agent of Record is determined. (See below.)

2. Schedule

Request for Proposal will be issued May 19, 2020. Proposal Due Date is June 11, 2020 at 3:00 p.m. Proposals received after 3:00 p.m. will not be deemed responsive. Proposers may submit their proposals by:

- US Mail
- FedEx
- UPS
- Hand-carried

Faxed or emailed proposals will not be accepted due to potential non-delivery. All mail received by CPCC is date stamped and initialed to establish a delivery date. To be considered responsive, Agents must provide brokered quotes for the following coverages:

3. Scope of Agent of Record Responsibilities

- A. Current group health plan has 200 employees participating in coverage. Sixteen (16) dependents participate as well in the main plan. Six (6) employees and 12 dependents participate in plan B (Minimum Essential Coverage Plan).
- B. Current Guardian dental participants are 200 employees. One hundred twenty-nine (129) dependents are covered electively.
- C. One hundred and eighty-one (181) employees participate in the Guardian vision plan electively. One hundred forty-nine (149) dependents are also electively covered.
- D. Employer-sponsored short-term disability has 207 participants. Eighty (80) employees participate in the long-term disability.
- E. Guardian life 208 basic employer-sponsored; 156 elective voluntary term and dependents covered is 177.

The Agent of Record is not responsible for PNC coverages, as the Center participates in the TML fund for these product lines.

II. Proposal Content and Format

To enhance comparability, proposal elements must be addressed in the informational sequence noted below. The proposal shall be brief and straightforward. Please submit one (1) signed original and one (1) copy in a sealed envelope.

1. Cover Letter

Include appropriate introductory and contact information, including the name of the firm's principal liaison.

2. Proposal Questionnaire

Proposer must submit the completed Proposal Questionnaire which has two parts. Part one is Brokerage Information; part two is Proposed Services.

Proposer shall provide a detailed disclosure of the services provided by the Agency/Brokerage to CPCC. If multiple staff provide these services, please delineate by individual.

3. Cost Proposal / Commission Disclosure

4. Proposal Certification Affidavit

Respondent for the Proposer shall provide notarized Certification Affidavit to document that they are the legally authorized representative of the Agency/Brokerage.

Failure to complete and return all of the above requested items / disclosures may result in rejection of this proposal as non-responsive.

6. Proposal Withdrawal

Proposals may be withdrawn either personally or by written request prior to the closing time for receipt of proposals. Thereafter, all proposals shall remain open and valid for a period of ninety- (90) calendar days.

7. CPCC Reservation of Rights

- CPCC reserves the right to reject any or all proposals, or any part thereof, received by reason of this request. In any event, no contract is implied merely by submission of a proposal.
- CPCC reserves the right to retain all proposals submitted. The selection or rejection of a proposal does not affect this right.

- CPCC reserves the right to negotiate a contract with the Proposer having the best proposal as determined by CPCC Board of Trustees. CPCC additionally reserves the right to suspend negotiations with the first Proposer should it not progress in a manner satisfactory to CPCC and commence negotiations with the next best-rated Proposer.

8. Release of Information

Information submitted in response to this RFP shall not be released by CPCC during the proposal evaluation process. Proposers are advised that CPCC may be required to release proposal information, other than trade secrets, after contract award.

9. Request for Additional Information

Proposers may request additional information to assist in the preparation of the Request for Proposal up to three (3) working days prior to the proposal due date. Proposers are responsible for obtaining this information at the address below. Office hours are Monday – Friday from 8:00 a.m. until 5:00 p.m.

10. Coastal Plains Community Center

Attention: Mark Durand, Executive Director
200 Marriott Drive
P01tland, Texas 78374-2213

Primary contact for this RFP posting is CEO Mark Durand at 362-777-3991.

Secondary Contact is Human Resource Manager Sylvia Acevedo at 361-777-3991.

RFP can be viewed and obtained from the Center Website at www.coastalplainsctr.org.

RFP packets can be obtained from Purchaser Kate Ramsey at 361-777-3991 or kramsey@coastalplainsctr.org.

PROPOSAL QUESTIONNAIRES

Please respond to all of the following inquiries. If additional space is required for a complete response, attach additional information and clearly reference the number of the inquiry.

Agency/Brokerage Information

1. Please provide the following information regarding the Agency Brokerage which is soliciting the Agent of Record status.

Name of Agency/Brokerage: _____

Number of years of experience: _____

Number of groups that are governmental/public entities: _____

Size of Agency, scope of practice: _____

Any ratings of the Brokerage from external accreditation organizations: _____

2. Please provide the following information for the Agent or marketing representative who will serve as primary liaison for CPCC.

Name: _____

Title: _____

Address: _____

Phone and Email Contact Information: _____

Attach a resume which will address at a minimum the following:

- o Credentials and/or designations
- o Years of experience in the industry
- o Years of experience specific to governmental/public sector
- o Education
- Brief Bio

3. Identify the account executive who will provide support for CPCC on an ongoing, daily basis.

Name: _____

Title: _____

Address: _____

Phone and Email Contact Information: _____

Attach a resume which will address at a minimum the following:

- Credentials and/or designations
- Years of experience in the industry
- Years of experience specific to governmental/public sector
- Education
- Brief Bio

Description of Services Provided by Agent of Record

1. Please describe in detail the nature of the services to be provided by the Agency in return for the Agent of Record designation. At a minimum, these services should include the description of services associated with the annual renewal process, open enrollment and ongoing support.
2. Please describe any software or data management system which are designed to support CPCC.
3. Please describe or include a sample of your agencies "Business Associate Agreement."
4. Please delineate any data reporting, analytics or data management information the agency provides above the TPA (Entrust) traditional reports.
5. How do you provide individualized support to employees who have plan operational concerns?
6. Miscellaneous — Please include any other supports and/or services provided that delineate the quality of your brokerage.
7. Describe any awards or recognition your agency has earned for customer service.

COMMISSIONS DISCLOSURE STATEMENT

CPCC requests the Agency to disclose the proposed rate of commission for each product line listed. This information must be provided in a separate sealed envelope to be opened during the Coastal Plains Community Center Board of Trustee meeting. This procedure will ensure the integrity of the bid/quote process.

- Employee and dependent healthcare coverage

- Employee and dependent dental coverage

- Employee and dependent vision care coverage

- Employer sponsored employee life

- Employee and dependent life elective coverage

- Employer sponsored employee short-term disability coverage

- Elective employee long-term care coverage

PROPOSAL CERTIFICATION AFFIDAVIT

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I certify that:

1. I have read and fully understand the Request for Proposal.
2. The firm meets all the requirements contained in the Request for Proposal.
3. The information contained in the Request for Proposal documents are true.
4. I am authorized to submit the proposal on behalf of the firm.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name of Firm

Representative's Signature

Typed Name and Title

Notary Signature

Address

Printed Name

Telephone Number

Title

Fax Number

Affix Notary Seal

Email Address