



CITY OF MANCHESTER

Request for Proposal for Employee Benefits Brokerage & Consulting Services

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I. INVITATION

The City of Manchester is actively soliciting proposals for contracted Employment Benefit Brokerage/Consultant Services. The City is in search of a professional and highly qualified benefits brokerage and consulting firm to establish a long-term partnership, dedicated to collaborating on strategic initiatives aimed at reducing healthcare costs for both our valued employees and the employer, all while maintaining high levels of coverage.

We are seeking the expertise of a firm that can comprehensively address various aspects of our employee insurance benefits program, including medical, pharmacy, dental, vision, life, AD&D, short and long-term disability, voluntary life, and supplemental insurance coverage. The selected firm should possess the capability to assist in the design, implementation, analysis, maintenance, improvement, and effective communication of these essential benefits.

Interested and qualified brokers/consultants who have demonstrated their ability at comparable local governments are invited to submit proposals. All questions or requests for information should be submitted to Christine David, Payroll & Benefits Specialist via email at cdavid@cityofmanchestertn.com

Proposals will be accepted until 2:00 p.m. (CST) on Monday, January 8, 2024. Submittals relative to this Request for Proposal should be mailed to:

City of Manchester
Attn: RFP Employment Benefit Broker Services
200 W. Fort Street
Manchester, TN 37355
Phone: 931-728-4652 Ext. 1303

Sealed written responses and any supporting materials must be submitted in one (1) original, unbound copy **SIGNED IN BLUE INK**, one (1) bound copy.

NOTE: Bid forms and materials will be available December 8, 2023 at the following website:

www.cityofmanchestertn.com

Late proposals received will be so noted in the bid file. Faxed or emailed proposals will not be accepted. Please note that The City of Manchester is NOT requesting, nor authorizing, your solicitation of quotes from insurance carriers at this time.

(This page should be Page 1 of bid submission packet for ease of location)

INVITATION FOR PROPOSALS

Date: December 8, 2023

City of Manchester
Attn: RFP Employment Benefit Broker Services
200 W. Fort Street
Manchester, TN 37355
Phone: 931-728-4652 Ext. 1303

Request for Proposals: Brokerage/Consulting Services for Group Insurance

Proposal Due: Monday, January 8, 2023 at 2 p.m.

Opening: 200 W. Fort Street, Manchester, TN 37355

SUBMIT: The proposal needs to have one (1) original, unbound copy **SIGNED IN BLUE INK**, one (1) bound copy,

Name and Address of Proposer:

_____	<u>Date:</u> _____
_____	<u>Signature in Blue ink:</u> _____
_____	_____
_____	<u>Printed Name:</u> _____
_____	_____
<u>Telephone:</u> _____	<u>Title:</u> _____
<u>Email:</u> _____	

II. OVERVIEW

The City of Manchester (hereinafter “City”) and its employees currently purchase group health, dental, vision, life, short term disability, long term disability, accident, critical illness, and voluntary life through the services of an Insurance Broker/Consultant (hereinafter “Broker/Consultant”).

The City is requesting qualifications from Broker/Consultants who would help the City develop its employee benefit program and represent the City in negotiations with insurance carriers who offer health, dental, vision, life, short term disability, long term disability, accident, critical illness, and voluntary life.

The City offers group health insurance benefits for approximately 144 employees and their dependents. The City pays a significant portion of the health and 100% of the employee \$30,000 life insurance policy, while dental, life, short term and long-term disability benefits, vision, and voluntary life coverage is paid by the employee.

All plans have an effective date of July 1. Current benefits offered and the respective carrier are as follows:

Health and Prescription Insurance, Dental and Vision, and COBRA administration: BCBS of TN (expires 6/30/2024)

Health Savings Account Administration: Consumer Choice Plan

Accident Plan, Critical Illness, and Short-Term Disability: Colonial Life (expires 6/30/2024)

Whole Life, Term Life and Long-Term Disability: One America (expires 6/30/2024)

*Please note that the RFP is for Broker/Consultant services only and does not solicit new or different insurance coverage at this time.

Please note that all information shared during this process is public information. Also, during the review process, further information may be requested to evaluate qualifications.

III. SCOPE OF SERVICES

The City is seeking a Broker/Consultant to perform the full range of services related to the design, implementation, enrollment, maintenance, communication, and improvement of the City employee benefits program. Specific responsibilities may include, but not limited to:

1. As requested by the City, prepare bid specifications and solicit proposals from insurance markets which specialize in group insurance plans as needed. Evaluating bids and bidders, including administration, claim payment procedures, enrollment, customer service ratings and identifying the most cost-beneficial package from various bidders.
2. Provide ongoing analysis, review, and evaluation of the City’s existing group insurance plans and make recommendations as how to improve them or make them more cost effective for

the City, its employees and dependents. Annual review of the City's employee benefit program is expected.

3. Maintain an active relationship with the service providers/insurance carriers to ensure smooth operation and delivery of benefits as well as enrollment, coverage, and claims management intervention. All insurance providers must be able to provide EDI feeds from the payroll provider: Paycom.

4. Research and advise the City of any new developments in the law and regulations affecting employee benefit programs on an ongoing basis.

5. Continuous analysis of costs, claims, trends, and program utilization to keep the City abreast of the plan's performance throughout the year.

6. Represent the City in analyzing and negotiating renewal rates to obtain competitive market pricing.

7. Make regularly scheduled visits and maintain a productive working relationship with the City to respond to questions, solve problems, and assist with benefit administration. Broker/Consultant will take an active role in inputting enrollment data with group providers.

8. Be responsible for developing promotional material to highlight benefit changes.

9. **Be present at the City's Annual Employee Benefits Open enrollment for re-enrollment and benefit education.** We prefer you to have your own enrollers. If you do not have your own enrollers, please tell us who you utilize for those services.

10. Provide Cobra/HIPAA Administration as well as assisting with audits and forms.

11. Provide consulting for open enrollment through payroll provider, Paycom.

IV. SCHEDULE FOR THE RFP

	<u>Estimated Completion Dates</u>
RFP distributed	December 8, 2023
RFP responses due	January 8, 2024
Insurance Committee Meeting	January 16, 2024
Board of Mayor and Alderman	February 6, 2024
Tentative Broker Effective Date	Upon Board Approval

V. EVALUATION

The following criteria will be used to evaluate each proposal.

- ❖ Demonstrated expertise in negotiating benefit plans on behalf of current clients
- ❖ Customer Service/Availability and Accessibility

- ❖ Experience and References
- ❖ Financial Stability
- ❖ Ability to Follow Directions

VI. QUALIFICATIONS

To assist in the evaluation of potential Brokers/Consultants, please provide the following information:

1. Firm name, address and contact information.
2. Telephone, Facsimile and Internet address.
3. Type of firm; individual, partnership corporation or subsidiary.
4. Organizational structure of the firm; history, including number of years in existence.
5. Describe the ability of your firm to provide service to the City.
6. Names and titles of all officers of the firm (name, title, phone numbers).
7. List applicable certifications and licenses; include a copy of Errors and Omissions Insurance Certificate.
8. The number of years your firm has provided insured employee benefits services.
9. Provide the names of at least three employers, preferably local governments for whom your firm has provided similar services within the past three years. List the number of employees for each. Please include the contact person and phone number of each organization.
10. Describe the responsibility, experience and qualifications of comprised account service team members.
11. Describe your firm's resources or methods to provide education on legal, regulatory changes and market trends.
12. If you publish newsletters and other informative publications that are routinely provided to your clients, please provide recent sample copies.
13. Describe the resources your firm has available in the area of developing technical employee benefit communications. If this service is outsourced, please provide the name of the firm used and their web address.
14. Outline your firm's ability to provide expertise and experience in the area of wellness program design.
15. Describe your firm's resources available to provide plan analysis, rate determinations, plan savings.

16. Describe the exceptional, value-added features of your proposal.
17. Please list any third-party payroll providers you have worked with in the past.
18. Please describe any additional services not previously mentioned in the RFP that will be available to The City of Manchester.

VII. GENERAL INFORMATION

All proposals and related materials become the property of The City of Manchester and may be returned only at the City's option and discretion.

The City is not obligated to accept any proposal or to negotiate with any respondent. All transactions are subject to the final approval of the City who reserves the right to reject any or all proposals without cause or liability. The City agrees to, warrants and assures that no person shall be excluded from participating in the bidding process on the grounds of handicap, age, race, color, religion, sex or national origin.

No proposals shall be altered, amended or withdrawn after the opening date and receipt of proposals. Negligence on the part of the bidder in preparing the proposal confers no right for withdrawal of the bid after it has been opened. All costs directly or indirectly related to RFP preparation and response (including all cost with supplementary documentation, information or presentation) is the sole responsibility of the proposer/bidder.

The selected Broker/Consultant will be designated as the Broker of Record for the insured employee benefit plans sponsored by The City of Manchester.

The selected Broker/Consultant will be required to execute an agreement between the Agent and City of Manchester which will incorporate the responsibilities of the agent as described above, the ongoing requirements for insurance coverage. The duration of the contract is anticipated to be for one (1) year with the option to renew for four additional one (1) year periods not to exceed 60 months, if agreed upon by both parties. However, The City of Manchester reserves the right to terminate the contract at any time with sixty (60) days' notice.

The selected Broker/Consultant shall purchase and maintain in force, at his/her own expense such insurance as will protect him/her and the City from claims which may arise out of or result from the Broker's/Consultant's execution of the work, whether such execution be by him/herself, employees, agents, subcontractors or by anyone for whose acts any of them may be liable. The insurance coverage shall be such to protect the Owner, the City, and general public from any and all claims for injury and damage resulting by any actions on the part of the contractor or his forces as enumerated above.

The Broker/Consultant shall furnish a copy of an original Certificate of Insurance if requested, naming The City of Manchester as an additional insured. The Broker/Consultant must maintain general liability coverage, errors and omission coverage in an amount not less than \$1,000,000.00. Should any of the policies be cancelled before the expiration date, the issuing company will mail 30 days written notice to the certificate holder.

(This page should be Page 2 of bid submission packet for ease of location)

VIII. SIGNATURE PAGE

1. The undersigned Proposer proposes and agrees, that if this proposal is accepted and successful, to enter into an agreement with The City of Manchester, Tennessee to perform and/or furnish the goods and/or services at the prices indicated below in accordance with the terms and conditions detailed in the Request for Proposal.
2. This proposal is genuine and not made in the interest or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person, firm or corporation to refrain from proposing; and Proposer has not sought by collusion to obtain for itself any advantage over any other proposer or over The City of Manchester, Tennessee.
3. *Title VI of the Civil Rights Act of 1964.* All interested parties, without regard to race, color or national origin, shall be afforded the opportunity to propose and shall receive equal consideration. Please assist us with our compliance efforts by completing the optional statistical information requested below.
4. **BOYCOTT OF ISRAEL. THE CONTRACTOR CERTIFIES THAT IT IS NOT CURRENTLY ENGAGED IN, AND WILL NOT FOR THE DURATION OF THE CONTRACT ENGAGE IN, A BOYCOTT OF ISRAEL AS DEFINED BY TENN. CODE ANN § 12-4-119. THIS PROVISION SHALL NOT APPLY TO CONTRACTS WITH A TOTAL VALUE OF LESS THAN TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000) OR TO CONTRACTORS WITH LESS THAN TEN (10) EMPLOYEES.**

Proposals must be delivered to the following address:

City of Manchester
Attn: RFP Employment Benefit Broker Services
200 W. Fort Street
Manchester, TN 37355

SIGNATURE PAGE

Authorized Signature: _____

Printed Name: _____

Title: _____ Submitted on _____, 20

Company Name: _____

Address: _____ Phone (_____) _____ - _____

_____ Fax (_____) _____ - _____

Optional Title VI Information for Bidder:

Sex: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Race: White	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Black	<input type="checkbox"/>
Non-Hispanic				Non-Hispanic	
Asian	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>

(This page should be Page 3 of bid submission packet for ease of location)

IX. FEE PROPOSAL

Describe your method of compensation for your services. If you are compensated on a fee basis, please provide your fee structure. If you are compensated on a commission basis, provide detail of compensation, including percentage of commission. If compensated on a commission basis, will your firm also receive additional “overrides”, “incentives” and/or “bonuses” from any carrier or other provider?

Year 1	\$
Year 2	\$
Year 3	\$
Year 4	\$
Year 5	\$

Explanation of proposed fees:

(This page should be Page 4 of bid submission packet for ease of location)

PUBLIC ACTS 109
(Iran Divestment
Act)

“By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization under penalties of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to §12-12-106”

Full text of Public Chapters can be found on the Tennessee Secretary of State’s website:
<http://tnsos.org/acts/PublicActs.109.php>.

Company Name (Proposer/Contractor)

Print Name

Signed

Title

Subscribed and sworn before me this _____ day of _____, 20____.

Signed _____ Print Name _____

Title _____

My Commission expires: _____, 20____.

NOTE: Bids cannot be considered nor awards be made to anyone without the above required statement.