



**INSURANCE AND BENEFITS ADVISORY SERVICES  
REQUEST FOR PROPOSALS #16-211**

**ADDENDUM 2**

Addendum issued October 27, 2016

**The deadline for submitting questions is November 3, 2016.**

The following clarification are hereby incorporated into the Request for Proposals:

Clarification Request: I need to ask for a clarification on the retirement plans. In the RFP they are specifically listed as a Benefit included in the RFP but in the answer to our question about consulting services for retirement plans the City said "NA" [in Addendum 1]. So, I just want to clarify whether or not the requested scope of services includes consulting on the City's retirement plans?

City Response: We would like to have the option of having the consultant evaluate the current 457(b) programs that employees voluntarily participate in. The consultant would not assist with the LAGERS Program. Revised form for Offer & Schedule of Fees attached to this Addendum which now breaks out the 457(b) Plan Review as a separate line.

This addendum forms a part of the contract documents and modifies the original solicitation documents dated October 17, 2016. All other Terms and Conditions as applicable to this Request for Proposals shall remain as stated.

**Sign and return this page with your proposal to acknowledge the addendum.**

**ACKNOWLEDGEMENT OF ADDENDUM:**

COMPANY NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

*End of Addendum 2*

**INSURANCE AND BENEFITS ADVISORY RFP #16-211**  
**SECTION 5. OFFER AND SCHEDULE OF FEES**  
**Revised per Addendum 2**

The undersigned has thoroughly examined the entire RFP, including all addenda thereto, hereby offers to furnish all services in accordance with the requirements of the Request for Proposal, as described in the proposal attached hereto and incorporated herein. The Firm awarded this Agreement **shall not be paid on a commission rate as negotiated with the City's current or future insurance carriers.**

**YEAR 1 (May 1, 2017 through April 30, 2018)**

The Firm shall provide Insurance & Benefits Advisory Services per the RFP Scope of Services at a Flat Fixed Fee Per Year:	Employee Benefits Insurance & Benefits Advisory Services (Medical, Dental, Pharmacy, Life/AD&D, Long & Short Term Disability, Vision, FSA, HSA, <del>457(b) plans</del> , and ancillary insurance products)	\$_____ per year
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**YEAR 2 (May 1, 2018 through April 30, 2019)**

The Firm shall provide Insurance & Benefits Advisory Services per the RFP Scope of Services at a Flat Fixed Fee Per Year:	Employee Benefits Insurance & Benefits Advisory Services (Medical, Dental, Pharmacy, Life/AD&D, Long & Short Term Disability, Vision, FSA, HSA, <del>457(b) plans</del> , and ancillary insurance products)	\$_____ per year
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**YEAR 3 (May 1, 2019 through April 30, 2020)**

The Firm shall provide Insurance & Benefits Advisory Services per the RFP Scope of Services at a Flat Fixed Fee Per Year:	Employee Benefits Insurance & Benefits Advisory Services (Medical, Dental, Pharmacy, Life/AD&D, Long & Short Term Disability, Vision, FSA, HSA, <del>457(b) plans</del> , and ancillary insurance products)	\$_____ per year
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**INSURANCE AND BENEFITS ADVISORY RFP #16-211**  
**SECTION 5. OFFER AND SCHEDULE OF FEES**  
**Revised per Addendum 2 (continued)**

**YEAR 4 (May 1, 2020 through April 30, 2021)**

The Firm shall provide Insurance & Benefits Advisory Services per the RFP Scope of Services at a Flat Fixed Fee Per Year:	Employee Benefits Insurance & Benefits Advisory Services (Medical, Dental, Pharmacy, Life/AD&D, Long & Short Term Disability, Vision, FSA, HSA, <del>457(b) plans</del> , and ancillary insurance products)	\$ _____ per year
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**OPTION: 457(b) Plan Review: \$ \_\_\_\_\_**

Legal Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

State in which Company is incorporated: \_\_\_\_\_

State Business/Charter Number: \_\_\_\_\_