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Request for Proposals

LIFE AND DISABILITY INSURANCE

Proposal Number: Q1708

Due Date: 11:00 a.m. (Eastern Standard Time) on October 5, 2016

Check KCDC's web page for addenda and changes before submitting your proposal

Pre-Proposal Meeting None

Questions: Submit questions to purchasinginfo@kcdc.org

Deliver Proposals to: Knoxville's Community Development Corporation
Procurement Division
901 Broadway N
Knoxville, Tennessee 37917

Faxed/Emailed Responses are acceptable: **Yes** **No**

Award Results: Once an award recommendation is made, KCDC posts the award decision to its web page at: <http://www.kcdc.org/procurement/>

Electronic Copies: Vendors are encouraged to use the MS Word version of this document in proposal preparation. The MS Word version is posted on KCDC's webpage for your usage. The Adobe version of this document is the official version of record.



1. **BACKGROUND AND INTENT**

- a. Knoxville's Community Development Corporation (KCDC) is the public housing and redevelopment agency for the City of Knoxville and for the County of Knox in Tennessee. KCDC's public housing property portfolio includes seventeen housing properties with approximately 3,547 dwelling units. KCDC also administers approximately 4,030 vouchers through our Section 8 department and has three tax credit properties.
- b. The intent of this specification is to arrive at a contract with a firm to provide Basic Life and AD&D, Optional Life, Long Term Disability, and Short Term Disability insurance coverage for employees of KCDC.
- c. KCDC will not be accepting proposals from insurance brokers. KCDC will only accept proposals from insurance companies who can provide the services as stated in this RFP. Cowan, a division of HUB International is KCDC's broker and commissions are payable to Cowan if included and Cowan will assist KCDC in the analysis of the proposals.
- d. KCDC currently employs approximately 145 employees. Rates shown in Exhibit D are net of commissions with the exception of Supplemental Life rates which include 10% commissions.
- e. Basic Life and AD&D coverage is 100% paid by KCDC. Supplemental Life is 100% paid by the employee on an after-tax basis. LTD and STD is 50% paid by KCDC and 50% paid by the employee on a post-tax basis.
- f. Benefits terminate for employees who are no longer eligible on the last day of the month in which loss of eligibility occurs. See KCDC's other leave provisions as highlighted in the eligibility section below.

2. **CANCELLATION**

The successful proposer and KCDC shall agree that the contract will be in effect for not less than twelve months commencing January 1, 2017 and shall not be canceled by either party without sixty days written notice unless mutually agreed to by both parties.

3. **CHANGES AFTER AWARD**

It is possible that after award KCDC will need to revise the service needs or requirements specified in this document. KCDC reserves the right to make such changes after consultation with the proposer. KCDC reserves the right to accept and negotiate these charges.

4. **CONTACT PERSONNEL**

The proposer will assign no more than two contacts to handle billing inquiries and service related issues. In the event one or both contacts leave the KCDC account, the proposer shall formally introduce the new contacts to KCDC personnel. These contacts must be knowledgeable of KCDC's account to avoid any interruption of service. KCDC uses a variety of communications methods (text, email and phones) and it is important that vendors use these methods too.

5. **CONTACT POLICY**

The proposer may not contact office, officer, agent, or employee of KCDC other than the KCDC's Procurement Division from the issuance of this solicitation until award about matters pertaining to this solicitation. Information obtained from an unauthorized officer, agent, or employee of KCDC will not affect the risks or obligations assumed by the proposer or relieve the proposer from fulfilling any of the conditions of the resulting award for the purpose of this project. Additionally, such contact can disqualify the proposer from participation in the solicitation process.

6. **ELIGIBILITY**

- a. All regular, full-time employees working thirty or more hours per week are eligible for benefits.
- b. Dependents including:
 - 1. Legal spouse, and
 - 2. Dependent children to age 26
- c. Regular Full Time Employees are eligible as follows:
 - Basic Life/AD&D and Supplemental Life – 1st of the month following six months of employment.
 - LTD and STD – 1st of the month following 90 days of employment.
- d. All employees must enroll during the above waiting periods. Employees are not extended an additional 31 days to enroll after the completion of the above waiting periods.
- e. KCDC allows employees to remain on the plan due to periods of leave or disability as follows:
 - 1. FMLA leave – first of the month following 12 weeks plus an additional 30 days if an additional leave is requested and granted.
 - 2. Leave of absence – an employee may request a non-FMLA leave of absence and remain on benefits until the end of the month following eight weeks of leave. This includes an employee who does not yet qualify for FMLA.

- 3. Worker’s Compensation – an employee on worker’s compensation may continue on KCDC’s plan until the employee returns to work or a settlement is reached at which point the employee is no longer deemed eligible.
- 4. Employees returning from a military leave will have their benefit reinstated on the first of the month following their return.
- f. Employees have the choice of using paid leave or receiving STD or LTD benefits. They may not use both.

7. **EVALUATION:**

KCDC will determine the responsiveness and responsibility of each submission. Once responsiveness and responsibility are determined, KCDC will evaluate the remaining responses on these criteria:

Item	Points
Administration/Experience	30
Cost of Product	35
Benefit Design and Plan Provisions	35
Total Possible Points	100 points

- a. The evaluation team may choose to first rank the submittals in ordinal order. If so, only the highest ranked submittals will be scored in detail.
- b. If oral presentations are required, the Procurement Director will arrange structured oral presentations by each proposer on the shortlist. KCDC reserves the right to require the proposer to provide a demonstration of the product and all of its options and functions. The proposer may be required to answer written questions that KCDC provides to clarify their response and answer oral questions that arise during the presentation.
- c. After completion of interviews and negotiations, the evaluation team will recommend an award to the Procurement Director.
- d. KCDC will consider as “non-responsive” any submission from which required information is lacking or any submission that represents a material deviation from this solicitation.
- e. KCDC reserves the right to request additional information from any proposer after the submission deadline. KCDC also reserves the right to reject any and all, or part(s) of any and all submission, to select one or more proposers, or to award no award and re-advertise this solicitation; postpone or cancel the process at any time, and to waive any irregularities in this solicitation or in submissions received as a result of this solicitation.
- f. All materials submitted pursuant to this solicitation become KCDC’s property. KCDC does not release information about submittals until the process is complete and a recommendation is ready for the KCDC Board.



- g. KCDC reserves the right to use all pertinent information whether disclosed in the solicitation process or learned from sources that affect KCDC's judgment as to the appropriateness of an award to the best-evaluated proposer.

8. **EXHIBITS**

The Questionnaire included within should be completed and submitted with your proposal that includes restatement of questions with your responses.

The Scope of Work included within contains conditions that must be met when submitting your proposal.

- a. Exhibit A (included within) Census - employee listing including date of birth, gender, type of coverage, zip code.
- b. Exhibit B - Certificates:
- KCDC Basic Life Certificate
 - KCDC Optional Life Certificate
 - KCDC LTD Certificate
 - KCDC STD Certificate
 - LTD and STD Claims Status Report 7/11 – 8/15
- c. Exhibit C - Summary of Current and Proposed Coverage – proposers are required to complete the Excel spreadsheet that details how your policy matches the current KCDC coverage provisions. Please pay particular attention to the details of the plan that follow and match or note why you cannot match in your proposal.
- d. Exhibit D (included within) Rate History – to 2016.
- e. Exhibit E (included within) Claims data
- f. Exhibit F - Response Letter

9. **GENERAL INSTRUCTIONS**

KCDC no longer inserts "General Instructions to Vendors" in this document. These instructions are at www.kcdc.org. Click on "Procurement" and scroll down to "Resources." By submitting a response to this solicitation, the proposer accepts the responsibility for downloading, reading and abiding by the terms and conditions set forth in KCDC's "General Instructions to Vendors."

10. **INSURANCE**

Vendor, at its sole expense, shall obtain and maintain in full force and effect for the duration of the award and any extension or renewal thereof, errors and omission insurance with a limit of not less than \$1,000,000. Such insurance shall be underwritten by insurers with an A.M. Best rating of A-VIII or better. Vendor shall furnish KCDC with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on thirty days' prior written notice to KCDC.

11. **LENGTH OF AWARD**

The length of the award will initially be 12 months. KCDC is requesting a three-year rate guarantee with the option to extend for an additional 2 years.

12. **PLAN SUMMARY OF CURRENT AND REQUESTED COVERAGE**

See Exhibit C - Summary of current and proposed summary. Proposers are required to complete the Excel spreadsheet that details how your policy matches the current KCDC coverage provisions. Please pay particular attention to the details of the plan that follow and match or note why you cannot match in your proposal. The Excel sheet is posted on KCDC's website for you to download.

13. **PRICE STRUCTURE**

a. At the end of the award term, the successful proposer may request a price increase. Proof of increased cost to the successful proposer must accompany price increase requests. KCDC may, at its option:

1. Accept the proposed price increase.
2. Reject the proposed price increase.
3. Suggest an alternative price increase.

b. If KCDC rejects a proposed price the successful proposer may:

1. Continue with the existing pricing.
2. Suggest an alternative price increase.
3. End the award.

c. Price decreases are allowed at any time with or without notice.

14. **QUESTIONS**

Submit questions pertaining to this document via email with "Questions about Life and Disability Insurance" in the subject line, at least five days prior to the due date to purchasinginfo@KCDC.org.

Scope of Work

1. ADMINISTRATIVE SERVICES

- a. On-line access for KCDC for eligibility changes, additions and deletions. If not available, please provide a written description of the method for making eligibility changes (adding and deleting members).
- b. Prepare reports as may be required by a regulatory agency. KCDC is not subject to ERISA which will affect the number of reports required.
- c. Provide required statistical reports that are accurate, complete, and timely.
- d. Provide toll-free Customer Service Number for claim inquiries if claims office is outside the local service area.
- e. Provide assistance on case law concerning litigation involving adjudication or claims, or other related matters.
- f. Dedicated customer relations representative who is available to meet by phone as needed and in person for enrollment events and as needed.
- g. Full management claims and tax reports provided by carrier. Access to on-line claims management for KCDC to see claims progress and status.
- h. Summary plan descriptions or Certificates printed for all plans.
- i. Full management reports including **quarterly** accounting reports and monthly claim reports.
- j. Your proposal should be fully insured and include the following provisions:
 - Automatic Premium Waiver filing (application) by your disability area if the Life and Disability are written together.
 - Portability
 - Guarantee Issue
 - Conversion
- k. Your proposal should outline the services included and specifically address the following:
 - Carrier withholding, reporting and deposit of the employee and employer portion of FICA-Medicare tax withholdings, along with any Federal or State income tax
 - Provide all recipients of disability benefits with a W-2 wage and tax statement.
 - Report and file the disability benefits payments under the Carrier name and Federal Tax ID number on IRS form 941, and W-2 and W-3 forms with the appropriate government agencies.

- Report to the employer the total taxes paid and withheld during the year.
- Payment of the employer's share of FICA taxes.

- i. Your proposal should not include EAP services.
- m. Will absorb cost of printing booklets; booklets will comply with ERISA required format. Will provide draft booklet to KCDC within 30 days from the plan effective date.
- n. Will notify KCDC of renewal action or any change within 120 days of renewal date. Will provide with the renewal, annual claims experience, which will include paid claims, income, enrollment, and utilization information.
- o. Life and Disability carriers will agree to administer the life and disability plan and allow changes mid-year for the following life events:
 - Change in legal marital status (marriage, divorce, annulment, legal separation, death of spouse)
 - Termination of employee's employment
 - Dependent ceases to meet dependent eligibility status
 - Change in number of tax dependents (birth, adoption, placement for adoption, death)

2. **PLAN DESIGN**

- a. KCDC is seeking proposals for fully insured life and disability insurance products that maintain the highest benefits possible. Please see Exhibits for a detailed summary of current coverage for the Basic Life and AD&D, Optional Life, LTD and STD plan.
- b. Rates include commission payable to Cowan, a Division of HUB Internationals. All proposals should include standard commissions based on the size of KCDC and must be disclosed in your RFP.
 - Basic Life/ AD&D and Supplemental Life – 10%
 - LTD and STD – 15%

Submittal Structure Instructions

Follow these steps and guidelines when preparing your submittal.

1. Number all pages consecutively. Reference the section that you are responding to as shown on the following pages.
2. Place your company's name on each page.
3. Be thorough yet succinct in responding to this document. The use of tables in presenting information, where appropriate, will facilitate the evaluation team's review.
4. Submit one original (with all pages marked "original") and one electronic copy of your submittal.
5. **Do not** use phrases such as "See the attached" or "Will be provided upon award."
6. If you have attachments, mark them (on the cover) with the Design Professional's name. KCDC takes no responsibility for submittals or documents that are not clearly marked.
7. Do not bind your submittal in a manner that is difficult for KCDC to disassemble. Eventually KCDC will scan these documents and it is important that it is easy to take them apart for scanning.
8. Submit your submittal in the order and format shown on the following pages.

Solicitation Document A	Proposer's Table of Contents	(Form provided herein)
Solicitation Document B	Proposer General Response Section	(Form provided herein)
Solicitation Document C	Proposer's Affidavits	(Form provided herein)
Solicitation Document D	HUD Form 5369C	(Form provided herein)
Solicitation Document E	Proposer's Response to the Questionnaire	(Form provided herein)
Solicitation Document F	Proposer's Cost Proposal	(Form provided herein)
Solicitation Document G	Proposer's References	(Form provided herein)
Solicitation Document H	Proposer's Exceptions to Criteria Herein	(Form provided herein)
	Clearly relate the Section and item number of the criteria that is in question. Detail your exception.	
Solicitation Document I	Proposer's Additional Information	(Provided by proposer)
	This is the place for any additional information that the proposer desires to supply.	

Solicitation Document J Required Documents supplied by the Proposer

1. Provide a copy of an administration manual to be used by KCDC.
2. Provide a sample packet of plan materials to be distributed to employees.
3. Provide a sample of your employer contract.
4. Provide a completed copy of your proposed benefits for all tabs on the spreadsheet Exhibit C: KCDC's Summary of Current and Proposed Coverage as well as a copy of benefit contract/booklet describing benefits and all limitations and/or restrictions.
5. Provide a copy of the current audited financial statement.
6. Provide a statement of current financial reserves.
7. Provide signed Exhibit F: Response Letter

THIS AND THE PREVIOUS PAGES DO NOT NEED TO BE RETURNED



Life and Disability Insurance Q1708
Solicitation Document A Vendor's Table of Contents

Vendor: _____



General Information

Sign Your Name to the Right of the Arrow Your signature indicates that you have read and agree to "KCDC's General Instructions to Vendors" on www.kcdc.org .	
Printed Name and Title	
Company Name	
Street Address	
City/State/Zip	
Contact Person (Please Print Clearly)	
Telephone Number	
Fax Number	
Cell Number	
Vendor's e-mail address (Please Print Clearly)	

Addenda

Addenda are at www.kcdc.org. Click on "Procurement" and then on "Open Solicitations" to find addenda. Please check for addenda prior to submitting a proposal.

Acknowledge addenda have been issued by checking below as appropriate:

None <input type="checkbox"/>	Addendum 1 <input type="checkbox"/>	Addendum 2 <input type="checkbox"/>	Addendum 3 <input type="checkbox"/>	Addendum 4 <input type="checkbox"/>	Addendum 5 <input type="checkbox"/>
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Statistical Information

This business is owned & operated by persons at least 51% of the following ethnic background:

Asian/Pacific <input type="checkbox"/>	Black <input type="checkbox"/>	Hasidic Jew <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native <input type="checkbox"/> Americans	White <input type="checkbox"/>
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As defined on KCDC's webpage (see the "General Instructions to Vendors"), this business qualifies as:

Section 3 <input type="checkbox"/>	Small Business <input type="checkbox"/>	Woman Owned <input type="checkbox"/>
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Proposer: _____

Conflict of Interest:

1. No commissioner or officer of KCDC or other person whose duty it is to vote for, let out, overlook or in any manner superintend any of the work for KCDC has a direct interest in the award or the proposer providing goods or services.
2. No employee, officer or agent of the grantee or sub-grantee will participate in selection, or in the award or administration of an award supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of his immediate family, his or her partner, or an organization, which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.
3. The grantee's or sub-grantee's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from vendors, potential vendors, or parties to sub-agreements.
4. By submission of this form, the proposer is certifying that no conflicts of interest exist.

Drug Free Workplace Requirements:

5. Private employers with five or more employees desiring to contract for construction services attest that they have a drug free workplace program in effect in accordance with TCA 50-9-112.

Eligibility:

6. The proposer is eligible for employment on public contracts because no convictions or guilty pleas or pleas of nolo contendere to violations of the Sherman Anti-Trust Act, mail fraud or state criminal violations with an award from the State of Tennessee or any political subdivision thereof have occurred.

General:

7. Vendor fully understands the preparation and contents of the attached offer and of all pertinent circumstances respecting such offer.
8. Such offer is genuine and is not a sham offer.

9. Iran Divestment Act:

Concerning the Iran Divestment Act (TCA 12-12-101 et seq.), by submission of this proposal/quote/proposal, each proposer and each person signing on behalf of any proposer certifies, and in the case of a joint proposal/quote/proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each proposer is not on the list created pursuant to § 12-12-106.

Non-Collusion:

10. Neither the said proposer nor any of its officers, partners, owners, agents, representatives, employees or parties interest, including this affiant, has in any way colluded conspired, connived or agreed, directly or indirectly, with any other responder, firm, or person to submit a collusive or sham offer in connection with the award or agreement for which the attached offer has been submitted or to refrain from making an offer in connection with such award or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the offer price or the offer price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against KCDC or any person interested in the proposed award or agreement.
11. The price or prices quoted in the attached offer are fair, proper and not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

The undersigned hereby acknowledges receipt of this Solicitation Document B and certifies that the submittal in response to this solicitation is in full compliance with the listed requirements.

Signed by _____	
Printed Name _____	
Title _____	
Subscribed and sworn to before me this date	
By (Notary Public) _____	
My Commission Expires on _____	
Notary Stamp	



Proposer: _____

Certifications and Representations of Offerors
Non-Construction Contract

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

- (1) [] *has*, [] *has not* employed or retained any person or company to solicit or obtain this contract; and
- (2) [] *has*, [] *has not paid* or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/ offer that it:

- (a) [] *is*, [] *is not a small business concern*. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b) [] *is*, [] *is not a women-owned small business concern*. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c) [] *is*, [] *is not a minority enterprise* which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

- [] Black Americans [] Asian Pacific Americans
- [] Hispanic Americans [] Asian Indian Americans
- [] Native Americans [] Hasidic Jewish Americans

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

- (1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- (2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);
 (ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and



(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

(a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

- (i) Award of the contract may result in an unfair competitive advantage;
- (ii) The Contractor's objectivity in performing the contract work may be impaired; or
- (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

(b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

(c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

(d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:



Proposer: _____

All questions must be answered directly and completely. Please attach information to explain your approach to a particular question as needed. Incomplete answers are not given consideration in the evaluation process.

Section A. Administrative Capability/Management Experience

1. Provide the legal name and address of your firm.
2. Provide the name of any parent company or sponsoring entity with majority ownership in the firm.
3. How long has your firm been in operation?
4. How many years have you had the following in operation in the Knoxville area:
 - a. Life
 - b. STD
 - c. LTD
5. What type(s) of coverage are you offering?
 - a. Specify any additional services you are offering.
6. Provide your current enrollment figures (number of members) of your firm for the coverage you are offering.
7. How many employers are represented in this number?
 - a. How many companies in the Knoxville service area (with 100-150 employees) are currently enrolled in your products?
 - b. What is your first contract date in a Life/Disability product?
 - c. What is your longest participation in the Life/Disability product?
8. What are your 2016 enrollment figures in the Knoxville Service Area for the coverage(s) you are offering?
9. Provide the current number of participating employers and participation for each of the last two years.

- a. Provide average increase in LTD/STD premiums for each of the past 3 years.
 - b. Provide the number of (or %) of contracts had renewal increase for 2016.
10. Provide the number of employers who have terminated in each of the last two years for the type(s) of plans you are proposing.
11. Please provide a brief biographical sketch of all individuals in management positions with the Provider and include similar information for the account executive(s) who will be working with KCDC. Include:
- a. Names
 - b. Qualifications
 - c. Years of relevant experience
 - d. Services they will provide to KCDC
15. What is the expected turnaround for processing claims? What is the expected turn around for denial and appeal process?
17. What ongoing services are included? Please include educational services available for the covered employees and Plan Administration staff.
18. Who is the contact person for the following areas?
- a. Initial plan set up
 - b. Billing problems
 - c. Claim problems
 - d. Enrollment issues
19. What is the average hold time for customer service calls?
- a. Do you have a "back line phone number" or "direct support phone number" for Plan Administrators?
 - b. What is the average hold time for your Plan Administrator line?
 - c. How many employees staff the Plan Administrator line during normal business hours?
20. What are your minimum participation requirements?
21. Describe plan materials available to members.

22. How do you communicate changes regarding benefit design and administrative procedures to employers and participants?
23. Is information regarding changes to benefit design and administrative procedures passed onto employers & employees prior to enacting the change?
24. How do you ensure plan administrators are aware of the changes before notification is sent to members?
25. What specific claim data on KCDC employees and dependents can be provided?
 - a. Monthly
 - b. Quarterly
 - c. Annually
26. During the past five years, have any plan participants filed a lawsuit against your company?

Section B. Availability of Services

27. What services are you able to provide employees via the phone and what are their days and hours of operation? Please include:
 - o Customer service
 - o Claims support
 - a. What support do you provide to plan administrators?
 - b. Describe on-line services available to plan administrators.
28. Provide details as to conversion and portability privileges offered members.

Section C. Costs of Product

32. Give the standard length of your contract.
33. Are rates guaranteed for the length of the contract?
34. If not, for what period?
35. Give the average rate increase percentage for 2015 and the past three years in the Knoxville Service Area.

Section D. Benefit Design

36. Does your standard LTD contract contain any cost containment features? If yes, please explain in detail. (Examples of cost containment features include self-reported illness limitations; specific illness limitations other than mental/nervous; musculoskeletal/connective tissue, etc.; prudent-person pre-existing condition exclusion; substance abuse limitations.) Are discounts applied to these limitations?
37. Does your contract contain wording regarding "Gainful Occupation"? If yes, please define.
38. Does your contract contain wording regarding "Maximum Capacity"? If yes, please define.
39. Does your contract include a 40 hours per workweek limitation? If yes, please explain.
40. Does your contract include rehabilitation benefits? Are they mandatory or voluntary? Please explain the repercussions of the mandatory program. Is there a discount applied to the rate?
41. Does your contract offset benefits for the following items: No-Fault Motor Vehicle? Subrogation? Third Party Settlements? Individual Disability? Policies? Formal/Informal Salary? Continuation? Is there a discount applied to the rate? 401a / 457b disability benefits?
42. Please describe your contract's partial disability calculation.
43. Does your contract contain a "work incentive benefit"? If yes, please explain.
44. Does your contract include CPI indexation? Please explain how this works and what it applies to.
45. Does your contract contain a child-care benefit? Will this benefit exceed the maximum benefit payable for disability? Is there a load to the rate to provide this?
46. Does your contract contain a spouse disability benefit? How does it work? Is there a load to the rate to provide this?
47. Does your contract provide "reasonable accommodation" benefits? What is the benefit and how does it work? Is there a load to the rate to provide this?
48. Does your contract contain any "Long Term Care" benefits? Please explain. Is there a load to the rate to provide this?
49. Please explain how your "own occupation" definition of disability works.

50. What is the definition of disability? Is an earnings loss and occupation loss required to satisfy the elimination period or begin paying benefits?
51. What is the definition of pre-disability earnings? Does it exclude pre-tax contributions to Section 125 plans or to retirement plans, including 401(k) plans?
52. Are there any other features or limitations not mentioned above that are included in your standard contract? If so, please explain in detail.
53. If you provided a quote to us and you are quoting limitations or features not outlined above as a standard feature, did you highlight this in your quote?

Section E. Financial Information

54. Provide profit/loss amount expressed per participant as of 1/1/15. Do not vary from this request.
55. Provide profit/loss at the end of the last two fiscal years. Do not vary from this request.
56. Describe provisions to protect KCDC and enrollees in the event of insolvency.
57. Provide a statement of re-insurance coverage
58. Provide details as to re-insurance carrier, amount and type of coverage and insolvency coverage.

Section F. Open Enrollment Meetings

59. KCDC will hold Open Enrollment Meetings during November. The selected vendor must commit to provide account representatives during this time to present plan information and answer questions about benefits.

Proposer: _____

Option A Basic Life Insurance

	Employee Only Contract
Year One	\$
Year Two	\$
Year Three	\$
Estimate Enrollment Year One	
Estimate Enrollment Year Two	
Estimate Enrollment Year Three	

Option B Basic Life AD&D Insurance

	Employee Only Contract
Year One	\$
Year Two	\$
Year Three	\$
Estimate Enrollment Year One	
Estimate Enrollment Year Two	
Estimate Enrollment Year Three	

Proposer: _____

Option C Voluntary Life and AD&D Insurance

Optional Life Rates (per \$1,000)	Year 1	Year 2	Year 3
Employee / Spouse			
< 25			
25 - 29			
30 - 34			
35 - 39			
40 - 44			
45 - 49			
50 - 54			
55 - 59			
60 - 64			
65 - 69			
70 - 74			
75+			
Flat 10,000 Child life Rate (Per \$1,000 Coverage)			

Option E Short Term Disability Insurance

	Price
Set-up charges	\$
Price per \$10 of covered benefit	\$
Other Charges _____	\$

Option F Long Term Disability Insurance

Type of Service	Price per \$100 of covered payroll
Year One	\$
Year Two	\$
Year Three	\$

Proposer: _____

Use this section of your response to provide five specific governmental client references in this format.

KCDC prefers references from “affordable housing, not for profit, governmental agencies” companies but will accept other references at its discretion.

Name of the business receiving services	
Contact person	
Contact person title	
Contact person's telephone number	
Contact person's email address	
Description of the service provided	
Service began	
Service ended	

Proposer: _____

Specify the section and item number of the criteria that is in question. Detail your reasoning.

**Life and Disability Insurance Q1708
KCDC's Census**

Exhibit A

DOB	Gender	Zip Code	Salary
01/19/1967	M	37701	\$145,590.64
04/12/1955	F	37701	\$28,422.99
07/06/1957	F	37705	\$40,121.74
08/13/1971	F	37716	\$55,681.39
12/05/1961	F	37721	\$55,213.39
10/27/1957	M	37721	\$42,874.83
04/09/1965	M	37721	\$36,561.82
06/08/1960	M	37721	\$36,779.18
11/18/1961	F	37721	\$35,414.91
05/26/1962	M	37725	\$45,231.26
10/30/1956	M	37725	\$46,471.78
07/02/1973	M	37754	\$46,433.30
04/02/1957	F	37764	\$43,842.24
09/01/1980	M	37771	\$62,500.05
10/19/1972	F	37774	\$99,596.64
01/18/1949	F	37777	\$33,120.46
11/06/1952	F	37779	\$50,654.45
11/02/1967	M	37803	\$60,182.51
01/16/1963	M	37803	\$42,045.12
06/09/1958	M	37803	\$52,088.82
06/06/1957	M	37804	\$72,022.08
10/21/1956	M	37804	\$70,945.26
05/02/1975	F	37804	\$73,431.49
07/09/1974	F	37806	\$45,564.69
06/29/1963	M	37807	\$46,471.78
11/15/1980	M	37807	\$35,990.24
02/10/1950	M	37807	\$45,797.65
11/27/1965	M	37807	\$32,868.37
03/11/1964	M	37820	\$65,087.36
05/18/1970	M	37825	\$50,507.60
06/22/1965	M	37828	\$40,083.89
02/26/1960	M	37830	\$45,224.19
08/11/1970	M	37849	\$85,803.33
12/01/1960	F	37849	\$50,654.45
08/06/1961	F	37849	\$47,270.29
10/27/1960	F	37849	\$32,868.37
10/15/1962	M	37853	\$96,975.01
06/30/1966	M	37861	\$32,868.37
08/14/1984	F	37861	\$34,782.80



DOB	Gender	Zip Code	Salary
08/29/1960	F	37865	\$139,611.89
02/20/1961	M	37865	\$49,938.30
07/21/1961	M	37871	\$46,471.78
09/28/1977	M	37885	\$45,231.26
11/22/1950	M	37909	\$179,340.30
04/09/1952	M	37909	\$68,985.90
03/01/1963	M	37909	\$32,868.37
04/12/1970	F	37912	\$40,193.71
08/07/1955	F	37912	\$39,114.61
10/02/1967	M	37912	\$39,441.79
12/09/1955	F	37912	\$50,654.45
10/09/1972	M	37912	\$49,914.18
11/09/1966	F	37912	\$33,758.19
12/03/1957	F	37912	\$33,001.07
12/08/1980	M	37912	\$22,992.74
08/23/1949	F	37912	\$75,000.43
11/24/1968	M	37912	\$32,868.37
05/22/1955	F	37912	\$30,153.97
10/01/1951	F	37912	\$25,380.16
09/28/1982	M	37914	\$36,147.70
02/16/1971	F	37914	\$56,993.87
09/07/1970	M	37914	\$32,922.03
11/03/1954	M	37914	\$43,913.79
11/12/1959	M	37914	\$46,471.78
08/01/1957	M	37914	\$33,838.69
12/26/1961	F	37914	\$45,515.39
06/17/1955	M	37914	\$38,852.74
07/14/1972	M	37914	\$46,471.78
12/28/1972	F	37914	\$61,155.12
09/19/1969	M	37914	\$46,471.78
08/20/1954	F	37914	\$33,067.22
05/27/1974	M	37914	\$32,868.37
02/26/1968	M	37914	\$71,402.45
02/11/1954	M	37915	\$33,563.71
10/25/1961	F	37915	\$46,459.30
09/26/1962	F	37915	\$41,623.92
06/06/1968	F	37915	\$52,303.89
07/18/1979	F	37915	\$42,565.12
01/30/1973	M	37915	\$20,800.00
01/28/1957	F	37917	\$44,451.47
01/16/1951	F	37917	\$39,662.48
08/11/1957	M	37917	\$51,073.78



DOB	Gender	Zip Code	Salary
09/29/1957	M	37917	\$33,409.58
11/26/1964	M	37917	\$42,340.90
12/22/1950	M	37917	\$43,235.71
10/21/1950	F	37917	\$35,885.20
11/04/1960	F	37917	\$30,203.47
07/22/1971	M	37917	\$32,134.96
08/30/1960	M	37917	\$32,868.37
03/07/1989	M	37917	\$39,180.13
08/21/1953	F	37918	\$103,064.00
06/18/1962	M	37918	\$85,803.33
10/12/1954	M	37918	\$55,213.39
10/10/1970	M	37918	\$36,215.30
06/04/1966	F	37918	\$69,593.89
12/30/1977	F	37918	\$33,538.96
09/22/1967	F	37918	\$41,445.46
01/01/1948	F	37918	\$26,141.65
03/23/1966	F	37918	\$28,422.99
07/11/1957	F	37918	\$30,981.60
01/10/1954	F	37919	\$42,002.06
01/20/1965	F	37920	\$108,449.74
02/13/1971	M	37920	\$49,302.03
02/16/1955	F	37920	\$42,634.80
01/30/1956	F	37920	\$42,634.80
01/29/1965	F	37920	\$36,146.66
06/06/1966	M	37920	\$46,471.78
07/21/1973	M	37920	\$41,249.10
01/03/1975	F	37920	\$34,491.81
08/29/1959	M	37920	\$40,366.77
10/13/1980	F	37920	\$33,769.63
05/03/1964	M	37920	\$23,920.00
03/17/1972	M	37921	\$35,885.20
06/10/1959	F	37921	\$72,339.49
01/08/1958	F	37921	\$30,203.47
12/30/1957	M	37921	\$46,471.78
12/04/1979	M	37921	\$36,789.17
11/01/1980	F	37921	\$30,153.97
10/28/1964	F	37922	\$75,102.56
07/28/1962	M	37922	\$75,096.74
01/31/1959	M	37922	\$40,801.70
10/15/1976	M	37922	\$120,016.00
02/03/1966	F	37923	\$65,087.57
09/24/1959	F	37923	\$50,654.45

DOB	Gender	Zip Code	Salary
09/19/1955	F	37923	\$26,098.38
06/07/1972	M	37923	\$40,121.74
04/23/1969	F	37924	\$65,087.15
07/27/1961	M	37924	\$42,945.55
12/22/1962	F	37924	\$82,604.91
02/02/1957	M	37924	\$45,363.34
03/07/1959	F	37924	\$41,331.47
04/24/1957	F	37931	\$44,237.65
11/15/1955	F	37931	\$41,518.26
08/03/1959	F	37932	\$85,660.64
10/24/1946	M	37932	\$38,548.85
08/15/1958	F	37934	\$72,339.49
03/13/1955	F	37938	\$36,122.94
04/03/1968	M	37938	\$58,224.19
08/15/1973	F	37938	\$43,799.60
11/27/1983	M	37938	\$33,631.10
11/17/1957	F	38583	\$113,242.06
02/21/1960	M	49770	\$90,179.44

See KCDC's webpage.

See KCDC's webpage for the Excel sheet.

Life and Disability Insurance Q1708

Exhibit D

Rate History

Life	
1/1/2005	\$0.13
1/1/2006	\$0.13
1/1/2007	\$0.13
1/1/2008	\$0.13
1/1/2009	\$0.13
1/1/2010	\$0.17
1/1/2011	\$0.17
1/1/2012	\$0.17
1/1/2013	\$0.17
1/1/2014	\$0.17
1/1/2015	\$0.17
1/1/2016	\$0.17
AD&D	\$0.02

STD	
1/1/2005	\$0.41
1/1/2006	\$0.49
1/1/2007	\$0.49
1/1/2008	\$0.49
1/1/2009	\$0.49
1/1/2010	\$0.54
1/1/2011	\$0.54
1/1/2012	\$0.54
1/1/2013	\$0.54
1/1/2014	\$0.54
1/1/2015	\$0.49
1/1/2016	\$0.49

LTD	
1/1/2005	\$0.410
1/1/2006	\$0.410
1/1/2007	\$0.410
1/1/2008	\$0.410
1/1/2009	\$0.410
1/1/2010	\$0.540
1/1/2011	\$0.640
1/1/2012	\$0.640
1/1/2013	\$0.640
1/1/2014	\$0.750
1/1/2015	\$0.845
1/1/2016	\$0.845

Current Supplemental Life Rates	
Age	Rate per \$1,000
0-29	\$0.070
30-34	\$0.100
35-39	\$0.120
40-44	\$0.150
45-49	\$0.230
50-54	\$0.390
55-59	\$0.670
60-64	\$1.000
65-69	\$1.360
70-99	\$2.440



**Life and Disability Insurance Q1708
Claims Data**

Exhibit E

Short Term Disability Exhibit – Monthly Data

Month	STD Premium	STD Lives	STD Claims
05/01/2013	\$2,678.19	94	\$0.00
06/01/2013	\$2,693.98	94	\$356.16
07/01/2013	\$2,693.98	96	\$2,265.46
08/01/2013	\$2,699.57	96	\$2,648.88
09/01/2013	\$2,715.06	96	\$3,523.30
10/01/2013	\$2,675.87	97	\$3,249.73
11/01/2013	\$2,656.62	95	\$2,231.30
12/01/2013	\$2,656.58	96	(\$751.10)
01/01/2014	\$2,656.58	95	\$0.00
02/01/2014	\$2,697.46	95	\$1,948.31
03/01/2014	\$2,677.02	94	\$1,791.70
04/01/2014	\$2,711.64	94	\$1,756.39
05/01/2014	\$2,711.64	95	\$4,512.89
06/01/2014	\$2,780.10	97	\$4,152.57
07/01/2014	\$2,711.64	95	\$1,333.44
08/01/2014	\$2,780.10	97	\$0.00
09/01/2014	\$2,780.10	97	\$0.00
10/01/2014	\$2,780.10	97	\$0.00
11/01/2014	\$2,780.10	97	\$1,506.51
12/01/2014	\$2,780.10	97	\$637.37
01/01/2015	\$2,780.10	97	\$1,253.24
02/01/2015	\$2,670.73	97	\$6,277.30
03/01/2015	\$2,711.54	94	\$1,770.48
04/01/2015	\$2,711.54	94	(\$273.52)
05/01/2015	\$2,711.54	94	\$1,412.95
06/01/2015	\$2,711.54	94	\$2,395.13
07/01/2015	\$2,711.54	94	\$4,794.23
08/01/2015	\$995.00	94	\$5,829.75
09/01/2015	\$2,434.28	91	\$0.00
10/01/2015	\$1,797.58	92	\$0.00
11/01/2015	\$2,538.30	93	\$424.32
12/01/2015	\$2,539.24	93	\$5,068.12
01/01/2016	\$2,538.29	93	\$5,649.17
02/01/2016	\$2,455.45	93	\$2,149.24
03/01/2016	\$2,417.74	91	\$0.00
04/01/2016	\$2,572.20	91	\$0.00



**Life and Disability Insurance Q1708
Claims Data**

Exhibit E

Short Term Disability Exhibit – Experience

Periods	05/01/2013 04/30/2014	05/01/2014 04/30/2015	05/01/2015 04/30/2016
Number of Employees in Period	95	96	92
Months in period	12	12	12
First Year	No	No	No
Rate	\$0.54	\$0.52	\$0.49
Plan Duration (weeks)	13	13	13
Paid Claims in Experience Period	\$19,020.13	\$21,170.28	\$27,722.91
Number of EOB's	9	7	7
Reserves Beginning of Period	\$0.00	\$3,524.58	\$3,923.02
Reserves End of Period	\$3,524.58	\$3,923.02	\$5,137.28
Change in Reserves	\$3,524.58	\$398.44	\$1,214.26
Incurred Claims	\$22,545	\$21,569	\$28,937
Plan Change Adjustment	1.00	1.00	1.00
Adjusted Incurred Claims	\$22,544.71	\$21,568.72	\$28,937.16
Billed Premium	\$32,212.55	\$32,977.79	\$28,422.70
Adjust to Current Rate	0.540	0.523	0.490
Adjusted Premium	\$29,229.90	\$30,877.29	\$28,422.70
Loss Ratio	77.13%	69.85%	101.81%
Credibility		84.11%	
Weighted Loss Ratio		87.01%	
Tolerable Loss Ratio		60.00%	
Requested Rate Action		31.22%	

See KCDC's webpage. The vendor must provide with a signature.