



**FRANKLIN COUNTY**  
**PURCHASING DEPARTMENT**  
**REQUEST FOR PROPOSALS (RFP) COVER PAGE**

RFB NO:201948

TITLE: Voluntary Supplemental Life Insurance

Solicitation Schedule & Deadlines:

October 9, 2019	Solicitation Release Date
October 22, 2019 2:00PM	Deadline for Submitting Questions
October 24, 2019 4:30PM	Deadline to post Addendum
November 7, 2019 2:00PM	Deadline to Submit Response

Responses must be received no later than "Deadline to Submit Response"

November 7, 2019 2:00PM

Ann Struttmann, Purchasing Agent

Shakara Bray, Assistant Purchasing Agent

Phone: 636-584-6274    Email: [purchasing@franklinmo.net](mailto:purchasing@franklinmo.net)

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

## **PURPOSE/BACKGROUND**

Franklin County is looking for a provider for Voluntary Supplemental Life Insurance. The Company has 330 full time employees, and 400 temporary employees.

## **SCOPE OF SERVICES**

1. The Provider must offer a Group Term Life Insurance:
  - There shall be no cost to the County for the coverage.
  - Group Term Life Insurance, where rates do not increase with time.
  - The employee must be able to keep the life insurance even if they terminate employment with Franklin County.
  - The provider must offer coverage to the employee, spouse, and dependents.
2. The Provider must offer a Cancer Insurance Plan:
  - The plan must continue if the employee terminates with Franklin County.
  - The plan must offer coverage to employee, spouse, and dependents.
  - The plan must include the following:
    - Income replacement
    - Radiation
    - Chemotherapy
    - Hospital Stay
    - Chemotherapy drugs
    - Surgery
    - Anesthesia
    - Prosthesis
3. The Provider must offer an Accident Insurance Plan:
  - Death by automobile accident
  - Death by Travel
  - Accidental Death
  - Loss of Limbs
  - Loss of eyesight
4. The Provide must offer a Short-term and Long-term Disability plan:
  - The plan must include coverage for the full time employees for non-work related and work related claims.
5. The Provider shall provide/perform the following:
  - Representatives to personally meet with and give information to County employees.
  - Exceptional customer service to County employees on an as needed basis.

- Supply all sign up forms and facilitate deductions with human resources.

## PROPOSAL REQUIREMENTS

It is the responsibility of the Provider by careful personal examination of the sites, to satisfy themselves as to the location of the work, worksite conditions, and the quantity of staff required. The Provider shall examine carefully the proposal and all other documents and data pertaining to the Project. Failure to do so shall not relieve the awarded Provider of obligation to perform the provisions of the agreement. The Provider shall not at any time after the execution of the agreement make any claims alleging insufficient data, incorrectly assumed conditions or claim any misunderstanding with regard to the nature, conditions or character of the work to be done under the agreement.

The County will consider proposals from Providers with specific experience and success in offering insurance plans. All proposals must include:

1. Provider name, address, telephone number and contact persons(s) email address.
2. Brief history of the Company.
3. Provider to provide a detailed description of the coverage, deductibles, waiting periods, any caps on coverage expenses, coverage requirements, and claims processing for each plan listed within the scope of services.
4. List of recent (last 24 months) organizations that have used the Provider's services on similar projects, with contact names and contact information for reference checks
5. Provide rates based on the 2020 calendar year per employee (and dependents) for 26 pay periods, in addition to a monthly total. Also provide subsequent year rate increase if any.
6. All forms and/or tasks performed that are listed on the submission checklist below are completed and/or included with the Proposal:

*\*Only use the forms provided*

- I have reviewed the proposal schedule and deadlines, located on the solicitation cover page
- I have read ALL Terms and Conditions and Proposal Documents closely (Located at [www.franklinmo.org](http://www.franklinmo.org))
- Solicitation Cover Page
- Affidavit for Work Authorization is completed and Notarized
- Certificate of Insurance(COI)
- I have one original and three copies that are labeled accordingly
- Envelope is sealed and label attached

## **Employment of Unauthorized Aliens Prohibited**

- (a) Provider agrees to comply with Missouri Revised Statute section 285.530.1 in that it shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.
  
- (b) As a condition for the award of this contract, the Provider shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The Provider shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.
  
- (c) Provider shall require each subcontractor to affirmatively state in its contract with Provider that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri and shall not henceforth do so. Alternatively, Provider shall require each subcontractor to provide Contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

## **OFFER AND SCHEDULE OF FEES**

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 offeror is to make a written proposal which presents an understanding of the work to be performed. The proposal should demonstrate and provide evidence that the Provider has the capacities, professional expertise and experience to provide the necessary services as

described in this RFP. The Provider shall ensure that all information required is submitted with the proposal. All information provided should be verifiable by documentation requested by the County. Failure to provide all information, in accuracy or misstatement may be sufficient cause for rejection.

#### EVALUATION CRITERIA

The criteria used to select a Provider include the following factors:

- A. Quality and responsiveness of the proposal. (20%)
- B. Ability, capacity, and experience of the Provider to perform the services. (30%)
- C. Provider's plan/processes, coverage to be provided, and method of approach. (40%)
- D. Price to provide the services requested. (10%)

#### SELECTION PROCESS

The County will review and evaluate the proposals based on the evaluation criteria. Providers may be selected for interviews or questions for clarification. However, the County may choose to proceed without interviewing any Providers.

The County reserves the right, in its sole discretion, to reject any or all proposals, or portions thereof, to waive technicalities or deficiencies in any or all the proposals. The County reserves the right to cancel this RFP in part or in its entirety.

**AFFIDAVIT OF WORK AUTHORIZATION**

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative)  
as \_\_\_\_\_ (Position/Title)

first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

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Authorized Representative's Signature

Printed Name

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Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ . I am

Day

Month, Year

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commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_ and my commission expires on Date \_\_\_\_\_

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Signature of Notary

Date

**AFFIDAVIT OF WORK AUTHORIZATION**

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

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Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature
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Business Entity Name	Date
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As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

# CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published in the Vendor Information Packet on the Franklin County Official Website located at:

<http://www.franklinmo.org/bidopps>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

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Vendor/Contractor Signature

Date

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Vendor/Contractor Name and Title



**VENDOR INFORMATION**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

Email Address \_\_\_\_\_

May we send Bid Packet and Bid Information via email? \_\_\_\_\_

# ATTACHMENT 1

## SEALED RFP LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFP PACKAGE

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### SEALED RFP RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department  
400 East Locust St, Rm 004  
Union, MO 63084

RFP #201948      DATE: November 7, 2019 2:00PM

DESCRIPTION: Voluntary Supplemental Life Insurance

Vendor Name: \_\_\_\_\_

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