

**CITY OF CHATTANOOGA PURCHASING DEPARTMENT  
101 EAST 11<sup>th</sup> STREET, CITY HALL, SUITE G-13  
CHATTANOOGA, TENNESSEE 37402**

Request for Proposal No.: \_165188\_\_

Ordering Dept.: Human Resources

Buyer: Deidre Keylon; e-mail: [rfp@chattanooga.gov](mailto:rfp@chattanooga.gov) (NO E-MAILED PROPOSALS ACCEPTED!!!!)

Phone No.: 423-643-7231; Fax No.: 423-643-7244

\*\*\*\*\*

**Products or Services Being Purchased:** Benefits Advisor, Open Enrollment Communications, and Voluntary Benefits

\*\*\*\*\*

**PROPOSAL MUST BE RECEIVED AS SPECIFIED AND NO LATER THAN**

**4:00 P.M. E.S.T. ON FEBRUARY 14, 2018**

**ALL QUESTIONS MUST BE RECEIVED AS SPECIFIED AND NO LATER THAN**

**4:00 P.M. E.S.T. ON FEBRUARY 2, 2018**

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The City of Chattanooga reserves the right to reject any and/or all proposals, waive any informalities in the proposals received, and to accept any proposal which in its opinion may be for the best interest of the City. The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color or national origin. The City of Chattanooga (COC) Terms and Conditions posted on Website are applicable: <http://www.chattanooga.gov/purchasing/standard-terms-and-conditions>

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**NOTE: ALL PROPOSALS MUST BE SIGNED.**

All proposals received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Offeror acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated within Offeror's proposal.

\*\*\*\*\*

PLEASE PROVIDE THE FOLLOWING:

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

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

City & Zip Code: \_\_\_\_\_

Phone/Toll-Free No.: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

**COMPLETED AND SIGNED COVER PAGE TO BE RETURNED WITH PROPOSAL**

City Of Chattanooga, Tennessee  
Department of Human Resources



Request for Proposal

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Benefit Advisor/Open Enrollment Communications and Voluntary Benefits

1/26/2018

The City of Chattanooga is seeking a vendor to provide Benefit Advisor/Open Enrollment Communication Services as well as certain Voluntary Employee Benefits.

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# SECTION I

## OVERVIEW

The Department of Human Resources of the City of Chattanooga is seeking a vendor to provide employee benefit advisor/broker services, as well as to provide assistance with the City's annual open enrollment. The awarded vendor will be responsible for providing benefit advisement as well as assist with communication during the City's annual Open Enrollment process. The communication services will continue throughout the plan year. The vendor will also provide certain voluntary benefits to the City's eligible employees. The selected vendor will be named the Broker of Record for all City benefit plans to include the voluntary products offered only during Open Enrollment. The vendor will help the City in evaluating the products and carriers through the plan year. Other services should include but are not limited to reviewing benefit plan(s) performance, facilitate Requests for Proposals (RFPs), assisting with the benefit budget, participate in annual benefit plan renewals, assisting with City compliance with Federal and State laws, assist with day to day benefit needs.

The following are the currently offered voluntary products for the purpose of this proposal: Unum Whole Life (Individual) Policy, Unum Accident (Group) Policy, Unum Critical Illness (Group) Policy with Cancer Rider available, and Unum Hospital Indemnity (Group) Policy.

The contract for the benefit advisor shall have an effect date of 4/1/2018. The effective date for the Open Enrollment voluntary benefits will be 7/1/2018.

The City of Chattanooga is a self-insured municipality with approximately 2700 (including part time and seasonal) employees and approximately 2400 employees who are eligible to receive benefits. Those who are eligible are full time regular and a small group of part time regular to include elected officials. The employees have a wide variety of occupations but the departments include, but are not limited to, Police, Fire, Public Works (City Wide Services, Landfill, Waste Water Treatment, and Parks), Transportation, Library, Recreation, Human Services, Garages and Administration Services. Benefit enrollment is maintained on an Oracle based Oracle Advanced Benefit (OAB) system and employees enroll using an online system. The City health plan also includes employees from four local agencies consisting of approximately 80 employees. These employees are not employees of the City and are not on the City's network or payroll.

The City's benefit plan year is consistent with the fiscal year and begins on July 1<sup>st</sup> of each year. Open Enrollment is usually held in May for active employees. The City is currently contracted with BlueCross BlueShield of Tennessee (BCBST) as its medical and vision administrator and dental being are administered by Cigna. Two options are available for medical coverage; a PPO plan and a High Deductible Health Plan (HDHP) with a health Savings Account (H.S.A.). With either plan, employees have the option of two BCBST networks, network P and network S, which has a more select number of providers. There are monthly premium reductions for maintaining a tobacco free status. The City currently has two dental plans offered through Cigna (PPO and HMO). Both dental plans are voluntary and are paid by the employees. The City offers a voluntary vision plan which is administered by BCBST.

The City has a robust wellness program which includes an onsite clinic, onsite pharmacy and a fitness center. The onsite full service pharmacy operated by On-Site RX and employees are offered reduced co-pays for prescriptions and can purchase over the counter products at discounted prices. The onsite clinic is managed by Marathon Health. Members of the City's health plan can receive treatment at no cost if on the PPO plan or can pay \$20 per visit if under the HDHP plan. Flexible Spending Accounts (FSAs) are available at each plan year and they are administered by Total Administrative Services Corporation (TASC). All premiums for benefits are deducted from the employee's pay through the City's payroll system (Oracle EBiz).

Eligible employees can select to purchase a voluntary Short Term Disability policy as well as a Supplemental Life insurance policy, both offered through Voya. These plans are administered by the City and enrollment can be at the time of hire or at the annual Open Enrollment. The City provides a group Life and Accidental Death and Dismemberment policy and a Long Term Disability insurance policy at no cost to eligible employees. The current vendor for these policies is Voya.

The current vendor for the City's Benefit Advisory services and Open Enrollment Communications is Russ Blakely and Associates.

Please refer to the City's online benefit guide for details on all City health plans, voluntary insurance plans and rates. The website is [www.mychattanoogaenefits.com](http://www.mychattanoogaenefits.com)

Any Blanket Contract for services described herein shall be for a period of one (1) year, with two (2) additional optional one (1) year renewal periods, upon agreement of both parties.

The final number of contract(s) awarded will be within the sole discretion of the City. There is no guarantee that any work will be requested from an awarded Contractor.

## **GENERAL INSTRUCTIONS TO PROPOSERS**

Sealed Proposals must be in a clearly labeled package and submitted as otherwise specified to the Purchasing Department, City of Chattanooga, for time-stamping by no later than 4:00 p.m., e.s.t. on February 14, 2018, to the attention of:

City of Chattanooga Purchasing Department  
101 East 11<sup>th</sup> Street, Suite G13  
Chattanooga, TN 37402

**Late or misdirected proposals shall be rejected and offered for return at the expense of the vendor, unopened without exception. Postmarks are not accepted.**

### Quantity and Format

Proposer shall submit three (3) complete copies of the proposal as follows; one (1) original (bound); one (1) copy (unbound); and one (1) electronic copy in PDF format on a flash drive, not a disc. All proposals shall be submitted in a sealed non-transparent envelope or box clearly labelled with the issuer's name and address and "RFP No. "165188".

#### Detailed Technical Proposals

Complete technical submittals shall be submitted with the Proposal. These technical submittals shall describe in detail how the Proposer complies with each specification requirement of the RFP. Any deviations from the specifications shall be noted.

#### Implied Requirements

All products and services not specifically mentioned in this RFP, but which are necessary to provide the functional capabilities described by the Proposer, shall be included in the Proposal.

#### Proposer-Supplied Materials

Any material submitted by a Proposer shall become the property of the City unless otherwise requested at the time of submission. **Any firm submitting a proposal should assume the information included in the proposal is subject to the Open Records / Freedom of Information Act.**

#### Incurring Costs

The City shall not be liable for any cost incurred by the proposer prior to the issuance of a contract purchase agreement and will not pay for the information solicited or obtained. Proposer shall not include or integrate any such expense as part of its proposal.

#### Economy of Preparation

Proposals shall be prepared simply and economically. Proposals shall provide a straightforward and concise proposal description. Emphasis shall be placed on clarity and content.

#### Proposal Withdrawal Procedure

A Proposal may be withdrawn at any time until the date and time set above for opening of proposals. Any proposal not so withdrawn shall, upon opening, constitute an irrevocable offer to provide the specifications set forth in the proposal, until the successful proposal(s) is/are accepted and a contract has been executed between the City and the successful Proposer(s).

#### Proposal Expiration

A Proposal shall be valid for four (4) months from the RFP due date. A proposal that is accepted by award will be incorporated into the contract.

#### General Reservation of City Rights

The City of Chattanooga may contact any firm for the purpose of obtaining additional information or clarification.

#### General Terms

Any contract resulting from this Request for Proposal will be subject to the City of Chattanooga's Standard Terms and Conditions which may be read at:

**<http://www.chattanooga.gov/purchasing/standard-terms-and-conditions>**

***Any exceptions to the RFP itself or to the Standard Terms and Conditions must be submitted with the Proposal.*** Proposers shall state any exceptions to or deviations from the terms of this Request for Proposals and the Standard Terms and Conditions. Where proposer wishes to propose alternative approaches to meeting the City's technical or contractual requirements, these should be thoroughly explained. The Contractor shall be bound to accept all stated terms not accepted in its proposal.

City reserves the right to accept or reject any or all exceptions / deviations at its sole discretion.  
City reserves the right to reject excepted or conditional proposals at its sole discretion.

#### Contract Administration Activity

The Proposer will be expected to provide periodic reporting and/or attend Contract Administration meetings as described in this document or as otherwise required by the Issuing Department and the City Purchasing Division.

#### Proposed Timeline for RFP

RFP released	1/26/2018
Last Day for Questions to City	2/2/2018
City releases Answers to Questions	2/6/2018
Last date to submit proposals	2/14/2018
Finalist Meetings begin	2/26/2018

#### **REQUEST FOR ADDITIONAL INFORMATION**

All questions and requests for information or clarification must be submitted **in writing**, and will be accepted until 4:00 p.m., e.s.t. on February 2, 2018 and shall be **clearly labeled** as **:QUESTION re:RFP No. 165188 Benefits Advisor/Open Enrollment Communications and Voluntary Benefits** and sent to:

City of Chattanooga Purchasing Division  
Attn: Deidre Keylon, Buyer  
101 East 11<sup>th</sup> Street, Suite G13  
Chattanooga, TN 37402  
Phone: (423) 643-7231  
Fax: (423) 643-7244  
rfp@chattanooga.gov

#### COMMUNICATION POINT OF CONTACT

Any communication concerning this RFP must be conducted exclusively with the Purchasing Division Buyer named, until the evaluation and award process has been completed. Failure to honor this request will be negatively viewed in the selection process and can result in elimination of the proposal.

# SECTION II

## PROPOSAL SCOPE OF WORK

### Desired Outcomes:

- Provide Benefit Advisor Services throughout City's benefit plan year
- Provide Voluntary Benefits offered during Open Enrollment
- Provide Open Enrollment communications and assistance with the City annual enrollment process

### Scope of Work Includes:

#### 1. Benefit Advisor Services

The Department of Human Resources of the City of Chattanooga is seeking a vendor to provide employee benefit advisor/broker services throughout the plan year (July 1 through June 30). The awarded vendor will be named the Broker of Record for all City benefit plans to include the voluntary products offered only during Open Enrollment. The vendor will be responsible for the following:

- A – assist the City by evaluating the benefit products and carriers throughout the plan year
- B – review plan(s) performance for all benefit plans
- C – facilitate any Requests for Proposal (RFP) for services directly or indirectly related to all benefit plans.
- D – assist with cost analysis and budgeting
- E - participate in annual benefit plan renewal negotiations with all benefit vendors
- F – keep City abreast of pending and current legislation and regulation
- G –assist to ensure City is compliant with all Federal and State regulations
- F – assist with day to day needs as they arise for all benefit plans

The qualified vendor will be able to provide City with the same or similar or additional services.

#### 2. Provide Voluntary Benefits offered during Open Enrollment

The Department of Human Resources of the City of Chattanooga is seeking a vendor to provide certain voluntary benefits to the City's eligible employees. The following are the currently offered voluntary products for the purpose of this proposal:

- A - *Unum Whole Life (Individual) Policy*
- B - *Unum Accident (Group) Policy*
- C - *Unum Critical Illness (Group) Policy with Cancer Rider available*



- *D - Unum Hospital Indemnity (Group) Policy*

The current vendor provides information and rates for these policies either at the onsite meetings or via phone meetings during Open Enrollment. Employees who have access to the City's computer system are asked to sign up for a specific time to meet (phone call) with a benefit counselor using an online appointment calendar. The employee calls the counselor using a toll free number at the planned time. After open enrollment, the enrollment data is sent to the City's payroll system so that the premiums can be deducted from payroll.

Please see Appendix A for a plan document for the Unum Policies

The qualified vendor will be able to provide the City with the same or similar products which will be made available for enrollment at the City's annual Open Enrollment. The City may allow employees to continue their current voluntary selections but this would be done through direct bill.

- **3. Provide Open Enrollment communications and assistance with the City annual enrollment process**

The Department of Human Resources of the City of Chattanooga is seeking a vendor to provide assistance with the City's annual open enrollment process. The awarded vendor will be responsible for providing benefit communication during the City's annual Open Enrollment process as well as throughout the plan year. The vendor will provide the following services:

- A – provide and maintain Communications portal with online Benefit Guide
- B – implement and facilitate onsite Open Enrollment meetings for those departments who have employees without computer access as well as others.
- C – provide all benefit eligible employees with Benefit Guides at Open Enrollment and through plan year to be used at new hire orientation
- D – Communicate and
- F – Provide new hire and Open Enrollment videos or other audio presentations to be distributed to employees.
- G – Provide posters or other materials to alert employees about the upcoming Open Enrollment period

The City of Chattanooga's benefit plan year is consistent with its fiscal year and runs from July - June. Open Enrollment for the next plan year usually takes place in May of each year with informational meetings beginning in April. Employees can select desired health, dental and vision plans at that time as well as short term disability, supplemental life or four other voluntary Unum products. Flexible spending accounts (FSAs) for health and/or dependent care is available only during open enrollment.

The City currently uses the online "self-service" Oracle Advanced Benefits (OAB) module for enrollment. All employees are expected to enroll themselves using the City network. However, not all employees have access due to having positions "in the field" and therefore not requiring the use of the City network or computer. Most departments have access to network computers but this group of employees requires "hands on" assistance which is provided by our current open enrollment vendor as

well as members of the benefits office. These employees number around 600 and are employed in approximately fifteen locations.

Information about the upcoming annual enrollment including online enrollment instructions, plan descriptions, premiums, dates of enrollment, etc. are sent to employees via email and by guiding the employees to the online benefit guide which is provided by our current enrollment vendor.

Informational meetings (face to face) are held by the vendor for those areas where personnel do not have access to the City's network. There are approximately 25 meetings held to accommodate work schedules and to get to the various work locations.

The current vendor provides the following to City employees: Online benefit guides with current (plan year) description of all benefit offerings with premiums, plan coverage, eligibility rules, EAP, wellness, fitness and incentive programs as well as a list of contact phone numbers and websites for each vendor. The site also includes information about COBRA, HIPAA, FMLA, ACA as well as other health related topics. Required forms for policies are located on this site and can be downloaded and copied by the employees. This website is not updated throughout the benefit year but only at the time of Open Enrollment. A link to this website is on the City of Chattanooga website.

Printed benefit guides with similar information are given to all employees. Additional copies are used by the City benefits office for new hires throughout the plan year. 2500 copies of the guides were printed and distributed last year.

Posters with information, dates and locations of the upcoming Open Enrollment are produced by the current vendor. These posters are 12 X 24 inches in size and number around 30 so that they can be placed throughout the City's work locations.

The current vendor conducts onsite group meetings prior to open enrollment for those departments with employees who do not have City computers. They also provide one on one enrollment assistance for this group of employees. The enrollment counselors are trained each year by City HR (benefit) staff on how to enroll using the City's OAB "self-serve" module. The counselors assist the employees not only with the enrollment process but with the benefit designs and voluntary products. The current counselors are very knowledgeable with standard benefit designs for our health, dental, vision and voluntary products.

The current vendor works closely with the City benefits team prior to Open Enrollment to learn about upcoming changes in City benefits so that they can be reflected in the updated benefit guide. Enrollment needs are also assessed so the proper number of counselors can be available for hands on enrollment.

The current vendor is responsible for coordinating and scheduling the hands on meetings by working directly with personnel at the selected sites.

The qualified vendor will be able to provide the City with the same or similar products which will be made available for enrollment at the City's annual Open Enrollment.

## **PAYMENT OF SERVICES**

1. The City will make payment according to the City's policies and procedures.
2. Currently, the City operates under a self billing process and is requesting the same or a similar capability be provided going forward.

## **SECTION III**

### **REVIEW AND EVALUATION OF PROPOSAL**

All proposals submitted in response to this RFP will be evaluated by an Evaluation Committee, in accordance with the criteria described below. Total scores will be tabulated, and the contract will be awarded to the proposers whose proposal is deemed to be in the best interests of the City.

#### **Evaluation Committee**

A committee consisting of individuals selected by the City will receive all proposals submitted. Each proposal will be awarded a maximum of 100 points based on the evaluation criteria. The City, at its sole judgment, will decide if a proposal is viable.

#### **Evaluation Criteria**

In preparing responses, proposers should describe in detail how they propose to meet the specifications as detailed in this solicitation document.

The specific categorical factors that will be applied to the proposal information, in order to assist the City in selecting the most qualified proposers for the contract, are as follows:

#### **Evaluation Criteria**

**Vendors who are chosen for finalist presentations will be evaluated by the following:**

- 1) Competence/Ability to Provide Scope of Work (30%)**
- 2) Quality and Experience of Vendor (20%)**
- 3) References (15%)**
- 4) Array of voluntary products offered (15%)**
- 5) Cost of vendor services (20 %)**

Selection of Proposers for formal presentations (if any) and for contract negotiations will be evaluated based on an objective evaluation of the criteria listed above.

#### **Formal Presentations**

In the event that a Proposer cannot be selected solely on the Proposals submitted, the City may invite up to three (3) qualified firms for formal presentations. The City reserves the right, however, to invite more or less than this number, if the quality of the proposals so merits.

The City Evaluation Committee may revise the initial scores based upon additional information and clarification received in this phase. If your company is invited to give a presentation to the City, the offered dates may not be flexible.

A presentation may not be required, and therefore, complete information must be submitted with a proposer's proposal.

#### **Selection of Finalist(s)**

After review of the proposals by the Evaluation Committee and formal presentations (if any), the City may, at its sole option, elect to reject all proposals or elect to pursue the project further. In the event that the City decides to pursue the project further, the City will select the highest ranked finalist(s) to negotiate an agreement.

### **RESPONSE FORMAT**

#### **Cover Letter**

Include a cover letter, issued by an Officer of the proposing entity, introducing your company, summarizing your qualifications, and detailing any exceptions to the RFP and/or Standard Terms and Conditions.

Include principal contact information for this RFP, including address, telephone number, email address, and website (if applicable).

#### **Questionnaire**

**Each proposer must complete in detail all questions in Attachment 1 of Appendix A.**

**Please provide a sample of your contract with your proposal.**

## **APPENDIX A**

Attachment 1 - Questionnaire.

Attachment 2 - Unum Whole Life (Individual) Policy

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Attachment 3 – Unum Accident (Group) Policy

Attachment 4 – Unum Critical Illness (Group) Policy with Cancer available

Attachment 5 – Unum Hospital Indemnity (Group) Policy

## **Attachment 1 Questions**

The following questions must be completed for finalist consideration. If you will be using a third party vendor for any services, indicate.

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### **Company Information**

1. Provide the name and address of all third party vendors who will participate in your service offering.
2. Describe the history, company and ownership of the entity responsible for delivering the services described in your responses.
3. How many years has your company and/or third party vendor been providing communication and enrollment services?
4. How many clients do you and/or your third party vendor have as of 1/2018?
5. What is the average size employer that you and/or your third party vendor currently serve?
6. Provide the names & titles of person(s) responsible for planning, supervising, and performing services.
7. Please provide the names and contact information of three (3) current clients.
8. Please provide the names and contact information of three (3) terminated clients.
9. Describe how you will be compensated for your services year one and year two forward?
10. Please address in detail how your company will deliver each item in the Scope of Service in the RFP. Please indicate alternate or additional services that your company can offer.

### **Voluntary Benefits and Open Enrollment**

11. Will you agree to provide all the outlined services if the voluntary benefits stay with the existing carrier?
12. Describe how you will be compensated for your services year one and year two forward?
13. List the top three insurance carriers that you have worked with to provide employee voluntary benefits.

14. List the number of groups you have enrolled in voluntary benefits during the past three years with more than 1,000 employees.
  15. What type of call center or email support do you provide?
- 
16. List the number of groups you have enrolled during the past three years with more than 1,000 employees.
  17. Describe your implementation process, including your preferred format for planning sessions (i.e. conference calls, meetings, etc.).
  18. Provide details of a plan specifying all critical events and identify the role responsible for each major task.
  19. What are your online communication capabilities? Please provide an example.
  20. Does your company have sufficient resources to provide one-to-one meetings with all employees?
  21. What is your recommended approach to scheduling, coordinating and announcing enrollment meetings?
  22. Does your benefit communication strategy include any printed material? If so, describe the material recommended including method of distribution. Please provide an example.
  23. Describe your company's method for enrolling employees in the described City health plan offerings and the voluntary products.
  24. What is your method for ensuring confirmation for the voluntary products? Does your company use printed signed forms?
  25. Does your technology include call recording, storage and voice file retrieval? If so, how long do you require to fulfill a request for a voice file?
  26. What is the method and frequency of your data "backup" and transmission process during enrollment? What is your validation process for transmitting the data?

27. What measures do you take to ensure that sensitive employee data is secure during the enrollment?
28. What services will your company provide for ongoing communication and support after enrollment (during the plan year)?
29. Describe your company's method for troubleshooting the City's and carrier's relationship during and after Open Enrollments?
30. Outline any other advantages your firm can provide to the City of Chattanooga.
31. Are your enrollment counselors salaried or do they work for incentives or commissions?
32. If new voluntary benefits are offered, will you offer a Guaranteed Issue for the first enrollment year?
33. Please address in detail how your company will deliver each item in the Scope of Service in the RFP. Please indicate alternate or additional services that your company can offer.
34. Please explain how your company will administer Evidence of Insurability and detail your process after Open Enrollment.



# Give your kids a strong financial start.

Unum's Whole Life Insurance for children can help.

## Teach your kids to start saving now.

Katie and Derek work hard for what they have. But they're also smart financial planners who save their money — and they're teaching their kids to do the same. By buying a life insurance policy that accumulates cash value, they can save for their children's future. *Now that's a smart lesson.*



## Features that add value

1. Cash value — Accumulates at a rate of 4.5%\*. You can borrow from the cash value if you choose, or use it to buy a reduced policy with no more premiums.
2. Policy amounts of \$1 to \$3 per week require no health questions if you apply when you are first eligible. If you wait, there will be a few medical questions. Coverage beyond \$3 per week is available but requires health questions to determine eligibility.
3. At age 70, the policy is fully paid up. This means no more premiums must be paid. The benefit will be paid to the beneficiaries upon death.

## How to apply

To learn more, watch for information from your employer.

## Financial protection for your family

If an accident or illness were to claim the life of your child, this policy could provide the resources needed to deal with the financial strain of your loss — so you can take care of your family during this difficult time.

This coverage can be purchased without purchasing employee coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children and grandchildren.

## Child eligibility

Coverage is available to your:

- Children (natural and legally adopted)
- Stepchildren
- Grandchildren

Your child/grandchild is eligible from 14 days old until their 26th birthday. Children must reside in the U.S. to receive coverage.

## Three reasons to buy this coverage at work

1. You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
2. You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

## My child's Whole Life coverage

Amount I applied for: \$ \_\_\_\_\_  
Cost per pay period: \$ \_\_\_\_\_  
Date deductions begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

(For your records — complete during your enrollment)

# Get the coverage you need.

## Amounts and values

Issue age	Weekly premium \$1		Weekly premium \$2		Weekly premium \$3		Weekly premium \$4		Weekly premium \$5	
	Coverage amount	Cash value at age 65*	Coverage amount	Cash value at age 65*	Coverage amount	Cash value at age 65*	Coverage amount	Cash value at age 65*	Coverage amount	Cash value at age 65*
0	\$7,461	\$3,460	\$14,921	\$6,919	\$22,382	\$10,379	\$29,842	\$13,838	\$37,303	\$17,298
1	\$7,450	\$3,452	\$14,900	\$6,904	\$22,350	\$10,357	\$29,799	\$13,808	\$37,249	\$17,260
2	\$7,429	\$3,440	\$14,857	\$6,879	\$22,286	\$10,318	\$29,714	\$13,758	\$37,143	\$17,197
3	\$7,345	\$3,398	\$14,689	\$6,795	\$22,034	\$10,192	\$29,379	\$13,590	\$36,723	\$16,987
4	\$7,232	\$3,342	\$14,465	\$6,684	\$21,697	\$10,026	\$28,929	\$13,368	\$36,161	\$16,710
5	\$7,084	\$3,270	\$14,169	\$6,541	\$21,253	\$9,811	\$28,338	\$13,081	\$35,422	\$16,351
6	\$6,924	\$3,193	\$13,848	\$6,385	\$20,772	\$9,578	\$27,696	\$12,771	\$34,621	\$15,964
7	\$6,753	\$3,110	\$13,506	\$6,220	\$20,260	\$9,331	\$27,013	\$12,441	\$33,766	\$15,551
8	\$6,574	\$3,024	\$13,148	\$6,048	\$19,722	\$9,072	\$26,296	\$12,096	\$32,870	\$15,120
9	\$6,380	\$2,931	\$12,761	\$5,862	\$19,141	\$8,793	\$25,521	\$11,724	\$31,902	\$14,655
10	\$6,198	\$2,843	\$12,396	\$5,687	\$18,594	\$8,530	\$24,791	\$11,373	\$30,989	\$14,216
11	\$5,998	\$2,748	\$11,995	\$5,495	\$17,993	\$8,242	\$23,991	\$10,990	\$29,988	\$13,737
12	\$5,810	\$2,657	\$11,620	\$5,315	\$17,430	\$7,972	\$23,240	\$10,630	\$29,050	\$13,287
13	\$5,622	\$2,567	\$11,243	\$5,134	\$16,865	\$7,702	\$22,486	\$10,269	\$28,108	\$12,836
14	\$5,445	\$2,483	\$10,890	\$4,965	\$16,335	\$7,448	\$21,780	\$9,930	\$27,225	\$12,413
15	\$5,274	\$2,400	\$10,548	\$4,801	\$15,822	\$7,201	\$21,095	\$9,601	\$26,369	\$12,002
16	\$5,118	\$2,325	\$10,236	\$4,651	\$15,354	\$6,976	\$20,472	\$9,301	\$25,591	\$11,627
17	\$4,967	\$2,253	\$9,933	\$4,505	\$14,900	\$6,758	\$19,866	\$9,010	\$24,833	\$11,263
18	\$4,828	\$2,185	\$9,656	\$4,371	\$14,485	\$6,557	\$19,313	\$8,742	\$24,141	\$10,928
19	\$4,693	\$2,120	\$9,386	\$4,240	\$14,079	\$6,360	\$18,773	\$8,481	\$23,466	\$10,601
20	\$4,565	\$2,058	\$9,131	\$4,116	\$13,696	\$6,174	\$18,262	\$8,233	\$22,827	\$10,291
21	\$4,441	\$1,998	\$8,881	\$3,995	\$13,322	\$5,993	\$17,763	\$7,990	\$22,203	\$9,988
22	\$4,323	\$1,940	\$8,645	\$3,880	\$12,968	\$5,820	\$17,290	\$7,759	\$21,613	\$9,699
23	\$4,207	\$1,883	\$8,414	\$3,767	\$12,621	\$5,650	\$16,828	\$7,533	\$21,036	\$9,417
24	\$4,098	\$1,830	\$8,195	\$3,659	\$12,293	\$5,489	\$16,391	\$7,318	\$20,489	\$9,148
25	\$3,994	\$1,778	\$7,988	\$3,556	\$11,982	\$5,335	\$15,975	\$7,113	\$19,969	\$8,891
26	\$3,895	\$1,729	\$7,790	\$3,458	\$11,685	\$5,187	\$15,581	\$6,917	\$19,476	\$8,646

\* The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

**Exclusions:** Life insurance benefits will not be paid for deaths caused by suicide if within 24 months (12 months in Colorado, Missouri and North Dakota) from the policy effective date, the insured commits suicide, whether sane or insane. Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

**Termination:** The policy will terminate on the earliest of the following:

1. written request by you to terminate the policy;
2. the insured dies;
3. the policy matures; or
4. the loan value exceeds the guaranteed cash value of this policy.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee  
In NY, underwritten by: First Unum Life Insurance Company, New York, New York

The information is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form I-21848 and FUL-21848-NY or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

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## Be sure to review this schedule of benefits.

It shows the many ways this coverage can pay a benefit if you are injured.

Covered injuries	Benefit amount	Emergency and hospitalization benefits	Benefit amount
<b>Fractures</b>		Ambulance (ground, once per accident) <sup>1</sup>	\$400
Open reduction	Up to \$7,500	Air ambulance	\$1,500
Closed reduction	Up to \$3,750	Emergency room treatment	\$150
Chips	25% of closed amount	Emergency treatment in physician office/urgent care facility	\$75
<b>Dislocations</b>		<b>Hospital admission</b> (admission or intensive care admission once per covered accident)	\$1,000
Open reduction	Up to \$6,000	Intensive care admission (same as above)	\$1,500
Closed reduction	Up to \$3,000	Hospital confinement (per day up to 365 days)	\$200
<b>Burns</b>		Intensive care confinement (per day up to 15 days)	\$400
At least 10 square inches, but less than 20 square inches	2nd degree - \$0 3rd degree - \$2,500	Medical imaging test (once per accident)	\$200
At least 20 square inches, but less than 35 square inches	2nd degree - \$0 3rd degree - \$5,000	Outpatient surgery facility service (once per accident)	\$300
35 or more square inches of the body surface	2nd degree - \$1,000 3rd degree - \$10,000	Pain management (epidural, once per accident)	\$100
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit		
<b>Skin graft for any other accidental traumatic loss of skin</b>			
At least 10 square inches, but less than 20 square inches	\$150		
At least 20 square inches, but less than 35 square inches	\$250		
35 or more square inches of the body surface	\$500		
<b>Concussion</b>	\$150		
<b>Coma</b>	\$10,000		
<b>Ruptured disc</b>	\$800		
<b>Knee cartilage</b>			
Torn	\$750		
Exploratory	\$150		
<b>Laceration</b>	\$25 - \$600		
<b>Tendon/ligament and rotator cuff</b>			
Surgical repair of one	\$800		
Surgical repair of two or more	\$1,200		
Exploratory surgery only	\$150		
<b>Dental work, emergency</b>			
Extraction	\$100		
Crown	\$300		
<b>Eye injury</b>	\$300		

*Check it out!  
See how much this plan  
pays for actual injuries  
and treatment.*

Treatment and other services	Benefit amount
<b>Surgery benefit</b>	
Open abdominal, thoracic	\$1,500
Exploratory (without repair)	\$150
Hernia repair	\$150
Physician follow-up visit (2 visits per accident)	\$75
Chiropractic visit (up to 3 visits per calendar year) <sup>2</sup>	\$25
Therapy services (up to 10 per accident)	
Occupational therapy	\$25
Speech therapy	\$25
Physical therapy	\$25
<b>Prosthetic device or artificial limb</b>	
One	\$750
More than one	\$1,500
<b>Appliance</b> (once per accident)	\$100
<b>Blood, plasma and platelets</b>	\$400
<b>Travel due to accident</b>	
Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip <sup>3</sup>	\$0.40 per mile
<b>Lodging</b> (per night up to 30 days per accident) <sup>4</sup>	\$150
<b>Rehabilitation unit confinement</b> (per day up to 15 days; max 30 days per calendar year)	\$100

Accidental death and other covered losses	Benefit amount
<b>Accidental death*</b>	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
*The accidental death benefit triples if the insured individual is injured as a fare-paying passenger on a common carrier: Employee – \$150,000; spouse – \$60,000; child – \$30,000	
<b>Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss</b>	
Loss of both hands or both feet; or	\$15,000
Loss of one hand and one foot; or	\$15,000
Loss of one hand or one foot;	\$7,500
Loss of two or more fingers, toes or any combination; or	\$1,500
Loss of one finger or toe	\$750
<b>Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss<sup>5</sup></b>	
Loss of both hands or both feet; or loss of one hand and one foot	
Employee (prior to age 65)	\$100,000
– Spouse and child	\$50,000
Employee (ages 65–69)	\$50,000
– Spouse and child	\$25,000
Employee (70+ years old)	\$25,000
– Spouse and child	\$12,500
<b>Accidental loss — paralysis, sight, hearing and speech<sup>6</sup></b>	
Initial accidental loss — one benefit per accident, not payable with initial dismemberment	
Permanent paralysis; or	\$15,000
Loss of sight of both eyes; or	\$15,000
Loss of sight of one eye; or	\$7,500
Loss of the hearing of one ear	\$7,500
<b>Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment</b>	
Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes	
Employee (prior to age 65)	\$100,000
– Spouse and child	\$50,000
Employee (ages 65–69)	\$50,000
– Spouse and child	\$25,000
Employee (70+ years old)	\$25,000
– Spouse and child	\$12,500

#### THIS IS A LIMITED POLICY.

For NH and NY, please refer to the state specific form for benefit variations.  
In CT, there is a \$500 benefit payable for outpatient emergency room medical care for  
accidental ingestion of a controlled substance.

† Catastrophic accidental benefit — payable after fulfilling a 365-day elimination period.

1 In CA and CT, no ground or air ambulance benefit is payable.

2 In KS, no chiropractic benefit is payable.

3 In NJ, no transportation benefit is payable.

4 In NJ, no lodging benefit is payable.

5 In ME, catastrophic benefits amounts vary. In PA, no catastrophic accidental  
dismemberment benefit is payable.

6 In PA, no paralysis benefit is payable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

The information is not intended to be a complete description of the insurance coverage  
available. The policy or its provisions may vary or be unavailable in some states. The  
policy has exclusions and limitations which may affect any benefits payable. For complete  
details of coverage and availability, please refer to policy form GA-1 or contact your  
Unum representative.

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brand of Unum Group and its insuring subsidiaries

# Could your bank account survive a serious illness?

Get protected with group Critical Illness Insurance from Unum.

## Lisa's story

Lisa was planning her daughter's wedding when a stroke disrupted her plans. Thanks to her Critical Illness coverage, Lisa was able to afford the treatment her medical insurance didn't cover. So she was able to focus on her goal for recovery: to dance at her daughter's wedding.



## Who's at risk?

- The risk of developing cancer during a lifetime is about one in two for men and one in three for women.<sup>1</sup>
- **63%** of American adults indicate they have received medical bills that cost more than they expected.<sup>2</sup>

## Key advantage

You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis and be medically unrelated. Each condition is payable once per lifetime.

## How to apply

To learn more, watch for information from your employer.

## Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

## How can Critical Illness Insurance help?

Critical Illness Insurance can pay a lump-sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from \$5,000 to \$50,000 — and you can use the money any way you see fit.

Covered conditions	
Heart attack	Blindness
Major organ failure	End-stage renal (kidney) failure
Occupational HIV	Coronary artery bypass surgery; pays 25% of lump-sum benefit
Benign brain tumor	
Covered conditions with time limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event
Coma	Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days
Permanent paralysis	Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident
Optional cancer conditions	
If selected by your employer, you may choose to select this benefit for an additional premium.	
Cancer	Carcinoma in situ; <sup>3</sup> pays 25% of lump-sum benefit

Please see policy definitions for complete details about these covered conditions

# Group Critical Illness Insurance

## Available family coverage

Who can have it?	Benefit
Employees who are actively at work in the U.S.	\$5,000 to \$50,000
Dependent children newborn until their 26th birthday, regardless of marital or student status All eligible children are automatically covered at 25% of the employee benefit amount (no additional cost)*	Eligible children are covered for the same conditions as employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
Spouse ages 17 through 64 with purchase of employee coverage <sup>4</sup>	From \$5,000 to \$30,000

\* In NH, coronary artery bypass surgery and carcinoma in situ for children are covered at 100% of the employee's payable benefit amount

Note: Employees must be legally authorized to work in the U.S. to receive coverage. Spouses must live in the U.S. to receive coverage.

## My Critical Illness coverage

Amount I applied for: \$ \_\_\_\_\_

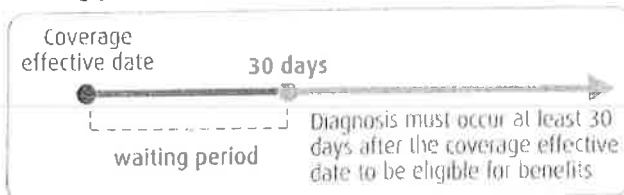
Cost per pay period: \$ \_\_\_\_\_

Date deductions begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

(For your records -- complete during your enrollment)

## Provisions

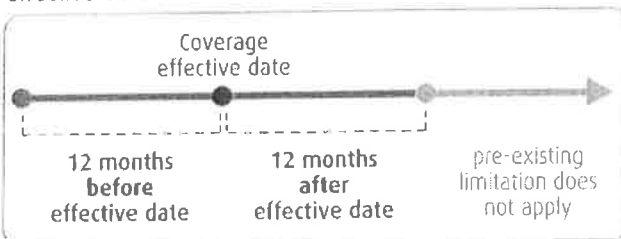
### Waiting period



Does not apply to coma, occupational HIV and permanent paralysis or the specific childhood conditions listed in the chart to the left. Also, there is no waiting period in CT, MN and MO.

### Pre-existing condition limitation

Unum will not pay benefits for a claim that is caused by, contributed to or occurs as a result of a pre-existing condition -- during the 12 months after the coverage effective date.



A pre-existing condition means a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which a person received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to the coverage effective date or effective date of a change in coverage.

### Reduction of benefits

The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

## THIS INSURANCE PROVIDES LIMITED BENEFITS.

1 American Cancer Society, "Cancer Facts & Figures 2015" (2015)

2 Christina LaMontagne, "NerdWallet Health Study: Medical Debt Crisis Worsening Despite Health Care Policy Advances" (2014; accessed Oct. 20, 2014), <http://www.nerdwallet.com/blog/health/2014/10/08/medical-bills-debt-crisis/>

3 Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

4 Spouses who work for the same employer can only be covered as either an employee or spouse, but not both.

Depending on the location of your employer, certificates issued under the following state plan designs include specific restrictions (ask your benefit counselor for details):

CA, GA, MI and TX — employees must have comprehensive medical coverage before purchasing group critical illness insurance.

CA, IN and NY — occupational HIV is not a covered condition.

NY and PA — permanent paralysis is not a covered condition.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Unum complies with all state civil union and domestic partner laws when applicable  
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# Would a trip to the hospital leave your finances in serious condition?

Hospital Indemnity Insurance from Unum can help.

## Frank's story

Frank works hard to pay for the things that matter to him and his family. So when his appendix ruptured, he worried what it would mean to his finances.

His recovery kept him in the hospital for a few days, but Frank's Hospital Indemnity coverage protected his savings. A lump-sum benefit helped Frank with the unexpected costs — so he could get back to work with fewer worries.



## Who's at risk?

- The average expense for a hospital stay is \$17,793.<sup>2</sup>
- **44% of Americans don't have at least \$2,000 in emergency savings.**<sup>1</sup>

## Two reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage becomes effective on the first day of the month in which payroll deductions begin.

## How to apply

To learn more, watch for information from your employer.

## Key advantage

This plan pays a benefit when you are admitted to the hospital for a covered hospital stay. Depending on the plan your employer chooses, it may also pay a benefit if you receive additional treatment for a covered accident or sickness.

## How can Hospital Indemnity Insurance help?

This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. Benefits paid are based on the plan design chosen by your employer.

### An illustrative example of how Hospital Indemnity Insurance could help you with your expenses\*

#### 30-year-old claimant

Condition: Ruptured appendix resulting in a 5-day hospital stay

#### Out-of-pocket expenses incurred:

\$500 deductible  
\$2,000 co-insurance for 5-day hospital stay  
(\$10,000 x 20%)

**Total out-of-pocket expenses: \$2,500**

#### Benefits paid:

\$1,500 hospital admission benefit  
\$500 daily hospital confinement benefit  
(\$100 x 5 days)

**Total benefit paid under policy: \$2,000**

\*Costs of treatment and benefit amounts may vary

# Group Hospital Indemnity Insurance

Your employer has selected a specific benefit amount to complement your medical plan:

- ✓ \$500-\$5,000 for each covered hospital admission (once per calendar year or once per confinement)

Your employer may also have chosen to include some or all of the following additional benefits:

- \$100-\$400 for each day of your covered hospital stay, up to 15 days (once per calendar year or once per confinement)
- \$200-\$800 for each day you spend in intensive care, up to 15 days (once per calendar year or once per confinement)
- \$150 for emergency room treatment for an accident (once per calendar year)
- \$100 for ambulance or \$500 for air ambulance transportation (once per calendar year)

The following benefit is automatically included in your plan:

## Wellness Benefit

Based on the plan selected by your employer, this benefit can pay \$50, \$75 or \$100 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood tests
- Chest X-rays
- Stress tests
- Mammograms
- Colonoscopies

A full list of covered tests will be provided in your certificate.

## My Hospital Indemnity coverage

Cost per pay period: \$ \_\_\_\_\_

Date deductions begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

(For your records — complete during your enrollment)

## Available family coverage

### Who can have it?

**Spouse coverage** Ages 17 to 64

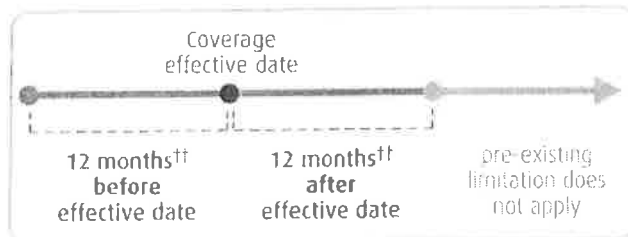
**Child coverage** Dependent children newborn until their 26th birthday, regardless of marital or student status

Employees must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. Spouses and dependents must live in the U.S. to receive coverage.

## Provisions

### Pre-existing condition<sup>1</sup> limitation

Unum will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of a pre-existing condition. Please refer to information provided in your certificate or consult with your benefit counselor to determine what would be considered a pre-existing condition.



<sup>1</sup> A pre-existing condition is a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to your coverage effective date.

<sup>††</sup> Varies by state.

## THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance; it is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

AK — A transportation benefit is payable with this plan. Please see the certificate for details.  
CA — Ambulance benefit is not available.

CA, MA and ME — Employees must have comprehensive medical coverage before purchasing hospital indemnity insurance.

<sup>1</sup> Agency for Healthcare Research and Quality, "National Health Care Expenses in the U.S. (Civilian Noninstitutionalized Population, 2010: Statistical Brief #396)" (2013).

<sup>2</sup> Purchasing Power, "Financial Wellness: Addressing the '9 to 5' Impact of 24/7 Financial Stress" (July 2013).

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

This information is not intended to be a complete description of the insurance coverage available; the policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form ULH-1 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

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## APPENDIX B

### PROPOSER QUALIFICATION DATA

All questions must be answered clearly and comprehensively. If necessary, separate sheets may be attached.

1. Company Name of proposer:  
\_\_\_\_\_
2. Main office address:  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  - a. Email Address: \_\_\_\_\_
4. Proposers federal tax identification number: \_\_\_\_\_  
(Please attach Form W-9)
5. The proposer is organized as a \_\_\_\_\_
6. The date the proposer was organized in its current form:  
\_\_\_\_\_
7. If a corporation, the state where it is incorporated:  
\_\_\_\_\_
8. Is your company registered with the Tennessee Secretary of State?
  - a. ☐ YES
  - b. ☐ NO - Please explain  
\_\_\_\_\_  
\_\_\_\_\_
9. How many years have you be engaged in the business described in this solicitation, under your present firm or trade name:  
\_\_\_\_\_
10. Describe any pending plans to sell or merge your company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been debarred or suspended by a government from consideration for the award of contracts?

a. ☐ YES - Please list the contract party, and explain

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b. ☐ NO

12. Have you ever been disqualified, removed, sued, or otherwise prevented from proposing on or completing any contract?

a. ☐ YES - Please list the contract party, and explain

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b. ☐ NO

13. Have you ever been charged with liquidated damages on a contract?

a. ☐ YES - Please list the contract party, and explain

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b. ☐ NO

14. Bonding  
a. Limit: \$

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b. Bonding Company: 

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c. Address: 

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d. Phone Number: \_\_\_\_\_

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**Chapter No. 817 (HB0261/SB0377).**  
**"Iran Divestment Act" enacted.**  
**Vendor Disclosure and Acknowledgement**

By submission of this bid, each proposer and each person signing on behalf of any proposer certifies, and in the case of a joint bid 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.

(SIGNED) \_\_\_\_\_

(PRINTED NAME) \_\_\_\_\_

(BUSINESS NAME) \_\_\_\_\_

(DATE) \_\_\_\_\_

For further information, please see website: [www.tn.gov](http://www.tn.gov), type in search term "List of persons pursuant to Tenn.Code Ann. 12-12-106," and search to access a link to the "Public Information Library."

<https://www.tn.gov/generalservices/article/Public-Information-library>. There, click on List of persons pursuant to Tenn.Code Ann. 12-12-106, Iran Divestment Act. The list, which is periodically updated, is there. Currently, as of 10/17/17, the link for the list is available at this address:

[https://www.tn.gov/assets/entities/generalservices/cpo/attachments/List of persons pursuant to Tenn. Code Ann. 12-12-106 Iran Divestment Act updated 7.7.17.pdf](https://www.tn.gov/assets/entities/generalservices/cpo/attachments/List_of_persons_pursuant_to_Tenn.Code_Ann._12-12-106_Iran_Divestment_Act_updated_7.7.17.pdf)

## **Affirmative Action Plan**

The City of Chattanooga is an equal opportunity employer and during the performance of this Contract, the Contractor agrees to abide by the equal opportunity goals of the City of Chattanooga as follows:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Contractor will take affirmative action to ensure that applicants are employed, and the employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay, or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. During the term of this contract the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
  - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer."
  - b. Seek and maintain contracts with minority groups and human relations organizations as available.
  - c. Encourage present employees to refer qualified minority group and female applicants for employment opportunities
  - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority group members and women will be sought for consideration for all positions when vacancies occur.
5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
6. The Contractor agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.

---

(Signature of Contractor)

---

(Title and Name of Company)

---

(Date)

**No Contact/No Advocacy Affidavit**

City of Chattanooga  
Purchasing Division

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ (agent name), being first duly sworn, deposes and says that:

1. He/She is the owner, partner, officer, representative, or agent of

\_\_\_\_\_ (business name), the Submitter of the attached sealed solicitation  
Response to Solicitation # \_\_\_\_\_;

2. \_\_\_\_\_ (agent name) swears or affirms that the Submitter has taken notice, and will abide by the following No Contact and No Advocacy clauses:

**NO CONTACT POLICY:** After the posting of this solicitation, a potential submitter is prohibited from directly or indirectly contacting any City of Chattanooga representative concerning the subject matter of this solicitation, unless such contact is made with the Purchasing Division.

**NO ADVOCATING POLICY:** To ensure the integrity of the review and evaluation process, companies and/or individuals submitting sealed solicitation responses, as well as those persons and/or companies formally/informally representing such submitters, may not directly or indirectly lobby or advocate to any City of Chattanooga representative.

**Any business entity and/or individual that does not comply with the No Contact and No Advocating policies may be subject to the rejection or disqualification of its solicitation response from consideration.**

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

Printed Name: \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_