



**REQUEST FOR PROPOSALS**  
**Group Life, Voluntary Life,**  
**Group Disability Insurance.**  
**and additional Voluntary**  
**Benefits**

**This RFP is for Carrier Response  
only**

**Release Date: March 13, 2024**

**Response Due Date: April 15, 2024  
2:00pm CST**

**City of Manchester  
200 W Fort Street  
Manchester, TN 37355**

**LATE SUBMITTALS RECEIVED AFTER THE FOREMENTIONED DEADLINE DATE, EITHER BY MAIL, OR OTHERWISE, WILL NOT BE CONSIDERED AND RETURNED UNOPENED. THE TIME OF RECEIPT WILL BE DETERMINED BY THE TIME RECEIVED IN THE City of Manchester's OFFICE. IT IS THE SOLE RESPONSIBILITY OF THE FIRM FOR ASSURING THAT THE RFP IS RECEIVED IN THE PURCHASING OFFICE BY THE DESIGNATED DATE AND TIME. NO FAXED, ELECTRONIC OR ORAL RFP WILL BE ACCEPTED.**

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- Attachment 1: Benefit Outline*
- Attachment 2: Census Information*
- Attachment 3: Benefits Summaries*
- Attachment 4: Contracts/Certificates of Coverage*

# Information & Requirements

## **SECTION 1 – RFP GENERAL INFORMATION**

### **1.1 Purpose**

The City of Manchester extends an invitation to all interested insurance companies licensed in the State of Tennessee to submit proposals for providing group term life and ADD, voluntary term life and ADD, voluntary long-term disability, voluntary short term disability, additional voluntary coverages. and an Employee Assistance Program for eligible employees.

Additional Voluntary Coverages include the following:

Dental, Vision, Group Accident, Group Critical Care

### **1.2 Submission and Opening of Proposals**

**The original unbound proposal SINGED IN BLUE INK and two (2) bound copies shall be submitted in a sealed package clearly marked Group Life and LTD/STD Insurance – City of Manchester below:**

Date: **Monday, April 15th, 2024**  
City of Manchester  
Location: 200 W Fort Street  
Manchester, TN 37355  
Attn: RFP Life, and LTD/ STD

Time: **2:00 p.m. CST.**  
*(Proposals opened immediately following)*

**It is the responsibility of the proposer to ensure delivery of their response by the deadline.**

Proposals received after the closing time will be returned unopened.

**LATE SUBMITTALS RECEIVED AFTER THE FOREMENTIONED DEADLINE DATE, EITHER BY MAIL, OR OTHERWISE, WILL NOT BE CONSIDERED AND RETURNED UNOPENED. THE TIME OF RECEIPT WILL BE DETERMINED BY THE TIME RECEIVED IN THE PURCHASING AGENT'S OFFICE. IT IS THE SOLE RESPONSIBILITY OF THE FIRM FOR ASSURING THAT THE RFP IS RECEIVED IN THE PURCHASING OFFICE BY THE DESIGNATED DATE AND TIME. NO FAXED, ELECTRONIC OR ORAL RFP WILL BE ACCEPTED.**

### **1.3 Agent of Record Designation**

Insurance Benefits Associates and Bush Insurance has been appointed the consultant for the employer sponsored benefits for The City of Manchester. A benefits consulting fee of 10% of the total premium for each line of coverage will be included in the bid.

#### 1.4 **Questions/Clarifications**

The RFP and all attachments will be available at the City of Manchester 200 W Fort Street, Manchester TN 37355 or may be downloaded from the City's website at [www.cityofmanchester.com](http://www.cityofmanchester.com). A copy of the employee census must be obtained from the City of Manchester's Agent of Record/ Consultants, Doug Rogers, or David Young at 615-371-8900 or emailing [Doug@ibabenefits.net](mailto:Doug@ibabenefits.net). The City of Manchester will also advertise publicly.

All questions or concerns shall be addressed in writing to the Consultant, Doug Rogers at [Doug@ibabenefits.net](mailto:Doug@ibabenefits.net) with a copy to the City HR department, Christine David by email at [cdavid@cityofmanchestertn.com](mailto:c david@cityofmanchestertn.com)

**PROPOSERS DIRECTING QUESTIONS TO ANY OTHER DEPARTMENT OR COUNTY STAFF MAY BE DISQUALIFIED.** Deadline to submit questions or request clarification on the RFP is **noon CST, Friday, April 12th 2024.**

Additional information may be provided during the RFP process. It is the responsibility of all proposers to verify whether additional information was released and to confirm receipt of said information. Although every effort was made to ensure such, The City of Manchester does not vouch for the accuracy of the information provided by the existing insurance companies.

### **SECTION 2 – PROCUREMENT RULES AND INFORMATION**

#### 2.1 **Terms and Conditions of Proposal**

- Rates proposed must be final based on the census and claims information submitted.
- Proposals must be valid through the effective date of the contract.
- Proposals must be signed by an official authorized to bind the proposal to the resultant agreement, if any.
- Proposals must indicate underwriting assumptions, enrollment requirements and any terms and conditions associated with their prospective contract.
- Proposals must indicate any exceptions or deviations from the RFP specifications. All deviations must be clearly identified separately, and all exceptions must include a written explanation as to the scope of the exception, any ramifications to The City of Manchester and any advantages/disadvantages to The City of Manchester as a result of the exception.
- Proposers must use the response forms included in the RFP package.
- Each proposing company's benefit program must comply with all applicable Tennessee and U.S. laws pertaining to mandated benefits.

The City of Manchester is under no obligation to award this contract to the proposer offering the lowest rates. Contract awards will be based on price, service reputation, financial stability and ability to handle the specific needs of the City of Manchester's employees.

The proposals received will be reviewed by a selection panel appointed by The City of Manchester. Based on the responses, evaluation and ranking, interviews may be conducted with selected proposers.

**2.2 Evaluation Criteria**

Adherence to Specifications	5%
Employee Assistance Program at no additional cost	5%
Financial stability/rating	15%
Reputation/Claims turnaround time	30%
Cost/Plan Design	<u>45%</u>

**Total: 100%**

**2.3 Cost of Preparing Proposal**

The City of Manchester is not liable for any costs incurred by the proposer in responding to this RFP, including those for oral presentations.

**2.4 Disposal of Proposal**

All proposals become the property of the City and will be a matter of record. The City shall have the right to use all ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejection of this proposal will not affect this right.

**2.5 Rejection of Proposal**

**The City reserves the right to accept or reject any all proposals as may be deemed necessary by the City to be in its best interest.** The City further reserves the right to waive any and all informalities, and reserves the right to reject all nonconforming, unresponsive, unbalanced or conditional Proposals. The City reserves the right to reject the Proposal of any Proposer if the City believes that it would not be in the best interest of the City to make an award to that Proposer, because the Proposal is not responsive or responsible, or the Proposer is unqualified or of doubtful financial ability or fails to meet any other pertinent standard or criteria established by the City. The City also reserves the right to enter into contract negotiations with a qualified, responsible, and responsive Proposer who submits the best ranked proposal. If the City and the best Proposer cannot negotiate a successful contract the City may terminate such negotiations and begin negotiations with the qualified, responsible, and responsive Proposer who submits the next best ranked proposal. No Proposer shall have any rights against the City arising from such negotiations.

Discrepancies in the multiplication of units of work and unit prices will be resolved in favor of the unit prices. Discrepancies between the indicated sum of any column of figures and the correct sum thereof will be resolved in favor of the correct sum. Where numeric data is given both in Arabic numerals and in written language, and where there exists a discrepancy between an Arabic numeral and written language, the written language shall be presumed to be correct and the Arabic numeral presumed incorrect.

The City reserves the right to delete any Proposal items and the total Proposal shall be determined as the sum of the Proposal items awarded. In evaluating Proposals, the City will consider the qualifications of the proposers, whether or not the Proposals comply with the prescribed requirements, time of completion and other data, as may be requested in the Proposal form or prior to the Notice of Award. The City may conduct such investigations as the City deems necessary to assist in the evaluation of any Proposal and to establish the responsibility, qualifications and

financial ability of Proposers, Proposers may be required to clarify their proposals. Any clarification will be reduced to writing by the proposer upon request, and such clarification will be considered part of the proposal. Refusal by a proposer to comply with this requirement will be cause for rejection of the proposal.

## **2.6 Verbal Instructions**

No negotiations, decisions, or actions shall be initiated or executed by the proposer as a result of any discussion with any city employee. Only those communications from proposers, which are signed and in writing will be recognized by the City as duly authorized expressions on behalf of the proposer. Oral and other interpretations or clarifications will be without legal effect.

## **2.7 Proposal Rules for Withdrawal**

A proposal may not be withdrawn after the date of the RFP opening. Proposals may be modified or withdrawn by an appropriate document duly executed (in the manner that a proposal must be executed) and delivered to the place where proposals are to be submitted at any time prior to the opening of the proposals.

## **2.8 Public Access**

A request to inspect or copy public records relating to this Contract must be made directly to the City. If the City does not possess the requested records, it shall immediately notify the Consultant of the request, and the Consultant must provide the records to the City or allow the records to be inspected or copied within a reasonable time.

## **SECTION 3 – SCOPE OF SERVICES**

### **3.1 Outline of Benefits Life**

The City of Manchester provides each employee life insurance and AD&D at no cost to the employee in the amount of \$30,000 for all employees. Employees may purchase additional life insurance for themselves and dependents through payroll deductions. The current carrier is OneAmerica for the group Life and VoluntaryLife.

### 3.2 **Disability Insurance**

Long term disability with a 90-day elimination period is currently provided to all employees of the City of Manchester on a voluntary basis. The current benefit period is 5 years. The city would be requesting proposals based on a voluntary plan with a 5 year benefit period and benefits payable to SSFRA. The city also is requesting proposals based on 100% employer paid coverage to SSFRA.

### 3.3 **Employee Assistance Program**

The City as part of the current carrier offering has an Employee Assistance Program (EAP) in place and requests proposals for an Employee Assistance Program to be included with the life and disability package. Please provide program details and cost, if any, with your response.

Please propose a benefit structure to resemble the in-force plans and identify any variances. The City of Manchester prefers one carrier to provide the life and disability coverage. The City reserves the right to determine if multiple carriers would be a better benefit option.

3.4 The current carrier for Voluntary Dental and Vision is Blue Cross Blue Shield of Tennessee.

3.5 The Current Carrier for the Voluntary Short Term Disability, Critical Care, Accident, Whole Life is Colonial.

The schedule of benefits for each line of coverage is included in the package.



## **SECTION 4 – CONTRACT SPECIFICATIONS & REQUIREMENTS**

### **4.1 Financial Arrangement**

City of Manchester will only consider fully insured financial arrangements; self-insurance or “partial self-insurance” programs will not be considered.

### **4.2 Contract Year**

The anniversary date is currently set a July 1st of each year. The contract duration for all programs will be for a period of two (2) years beginning July 1, 2024, subject to satisfactory performance by the carrier and approval by the City of Manchester. The minimum duration for rate guarantees for the plans is two (2) years.

### **4.3 Notice Requirements**

The City of Manchester may cancel these contracts off-cycle with a 30-day written notice. Contracted companies will agree to provide The City of Manchester with at least 150 days written notice for intent to cancel or modify the program. If the intention is to modify the program, the company must agree to provide details of the modification.

Contracted companies will agree to provide The City of Manchester with written notice of any rate increase by providing the actual proposed rates no later than April 1st for the following contract term.

All proposals must clearly indicate underwriting assumptions, enrollment requirements and any terms and conditions associated with their prospective contract.

### **4.4 Employee Eligibility**

Full-time employees are eligible for benefits on the first of the month following their day of employment. This includes all full-time employees and those otherwise eligible for FMLA, COBRA or other legislated coverage requirements.

The City of Manchester pays 100% of the employee only life insurance. Employees may purchase at their expense life coverage for their dependents. The City also pays 100% of the long-term disability coverage for active employees.

### **4.5 Actively at Work Waiver**

All active employees (as deemed by The City of Manchester) will be eligible for the insurance regardless of whether they are actively-at-work. As such, the successful company will waive any actively at work requirements regardless of the reason for the absence.

## **SECTION 5 – ADMINISTRATION**

### **5.1 Materials & Implementation**

Companies awarded the business are expected to build in costs for implementation and on-going materials. This is to include, but is not limited to, benefit summaries; certificates; ID cards; enrollment forms; claim forms and billing.

### **5.2 Claims & Enrollment Reporting**

The successful proposer will agree to provide annual claims reports, premium and enrollment information as requested.

### **5.3 Electronic Submission of Enrollment**

The successful proposer(s) will agree to accept electronic submission of enrollment from the annual open enrollment. The winning carrier will supply an Excel format or other electronic means into which all necessary information will be loaded and securely submitted.

## **SECTION 6 – TERM OF CONTRACT**

### **6.1 Terms**

The term of this contract is estimated to be for two (2) years-beginning on the date of its complete execution. The actual term will be determined during the negotiation with the highest ranked firm with the understanding that The City of Manchester desires this work to be completed professionally within a reasonable timeframe for the scope of work.

### **6.2 Termination of Contract**

The City may terminate this Agreement at any time with or without cause, and with a 30-day written notice.

## **SECTION 7 – SUBMISSION & FORMS REQUIREMENTS**

### **7.1 References**

Each company should provide at least four references. It is preferred that proposers offer references from similar sized governmental units.

### **7.2 Signed Invitation for Proposals for Group Life and Disability**

### **7.3 Signature Page**

### **7.4 Publics Act 109 Signed**

## **SECTION 8 – INSURANCE QUESTIONNAIRE**

1. Are you willing to grandfather in existing amounts currently underwritten for optional employee life and dependent life?
2. Please describe your claims turn-around goals versus actual performance over the most recent 12-month period for the following:
  - a. Life
  - b. Long term disability
3. Please describe your process for assessing and determining approval for a disability claim.
4. Please describe your anticipated service strategy for both employer and employees.
5. What is the location of your nearest corporate service office?
6. What is the location of your home office and the operations center accountable for this group?
7. Do you have toll-free numbers available for administrative contacts and for employee customer service?
8. Is on-line billing and/or enrollment an option?
9. Are you agreeable to the actively at work waiver as indicated in the bid specifications?
10. Please provide the latest copy of your most recent audited financial statement.
11. Please provide your current rating from the following services:
  - a) AM Best
  - b) Standard & Poors
  - c) Moodys
12. Do you agree to the notice requirements indicated in the specifications?
13. Do you agree with the eligibility requirements as set forth in the specifications?
14. Do you agree to provide the materials and assistance required for implementation and ongoing service as indicated in the specifications?
15. Please clearly indicate any variances in coverage levels as compared to the in-force plan on the attached form.
16. Please include 4 references as requested including:
  - a) Employer Group Name
  - b) Contact Person & Title
  - c) Size of the Group
  - d) Address
  - e) Phone Number
  - f) Length of Time with Your Company

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

**INVITATION FOR PROPOSALS for Group Life and Disability**

City of Manchester  
Attn: RFP Group Life and Disability  
Manchester, TN 37355  
Phone: 931-728-4652 Ext. 1303

Request for Proposals: Group Life and Disability

Proposal Due: Monday, April 15, 2024 at 2 p.m.

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

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

---

Name and Address of Proposer:

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

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

**VIII. SIGNATURE PAGE**

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

**Proposals must be delivered to the following address:**

City of Manchester  
Attn: RFP Group Life and Disability Coverage  
200 W. Fort Street  
Manchester, TN 37355

**SIGNATURE PAGE**

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

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

Title: \_\_\_\_\_ Submitted on \_\_\_\_\_, 20

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

Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**PUBLIC ACTS 109**  
**(Iran Divestment**  
**Act)**

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

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

\_\_\_\_\_  
Company Name (Proposer/Contractor)

Print Name

\_\_\_\_\_

Signed

\_\_\_\_\_

Title

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

My Commission expires: \_\_\_\_\_, 20\_\_\_\_.

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