

Lake County

Purchasing Division

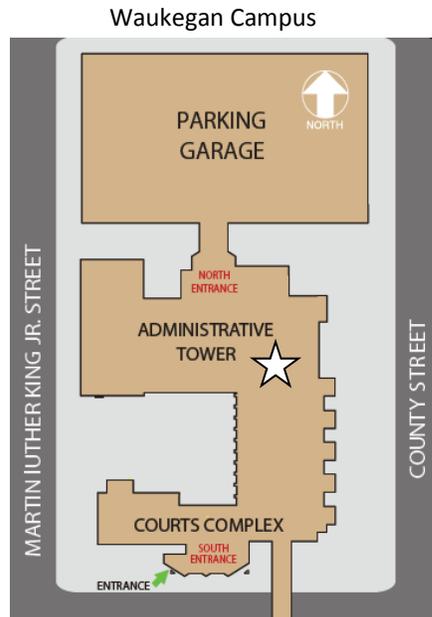
<http://doingbusiness.lakecountyil.gov/>

Please note the submission location is:

Lake County
Attn: Purchasing Division
 18 N. County Street – 9th Floor
 Waukegan, IL 60085

Contact information for Lake County Purchasing is:

Purchasing Division
 Phone 847-377-2992
 Fax 847-984-5889
 Email: purchasing@lakecountyil.gov



ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY. PLEASE USE BELOW LABEL FOR YOUR CONVENIENCE.



<u>BID/RFP No.</u> 16183	Deliver to: Lake County ATTN: PURCHASING DIVISION 18 N. County Street – 9 th Floor Waukegan, IL 60085
<u>Buyer</u> Yvette Albarran	
<u>Bid/RFP Description</u> Group Term, Optional Life and Long-term Care Insurance	
<u>BID/RFP Due Date*</u> July 21, 2016 at 2:00 p.m.	

*Please note: Responses are due at the 9th floor reception desk and shall be time stamped by 2:00 p.m. CST on the required due date. Please allow sufficient time for parking, passing through security and arriving at the 9th floor.

Lake County, Illinois
REQUEST FOR PROPOSALS #16183
Group Term, Optional Life and Long-Term Care Insurance for Lake County

This Request for Proposal (RFP) is for the purpose of establishing a Contract with a qualified professional firm to provide the Group Term, Optional Life and Long-Term Care Insurance for Lake County to eligible employees.

GENERAL REQUIREMENTS: Proposers are to submit sealed proposals, to be opened and evaluated in private. Submit one (1) marked Original, one (1) electronic unprotected copy on a CD/flash drive, and one (1) redacted copy to comply with the Illinois Freedom of Information Act.

SUBMISSION LOCATION: Lake County
Attn: Purchasing Division
18 N. County Street – 9th Floor
Waukegan, IL 60085

SUBMISSION DATE: **July 21, 2016, 2:00 p.m. Local time**
Proposals received after the time specified will not be opened.

CONTENTS: The following sections, including this cover sheet, shall be considered integral parts of this solicitation:

- *Cover Sheets (Page 1-2)
- *General Terms and Conditions (Page 3-9)
- *General Information (Page 10)
- *Scope of Work (Page 11-13)
- *Submittal Requirements (Page 14-15)
- * Evaluation Criteria (Page 16-17)
- *Life Insurance Questionnaire (Page 18-20)
- *Price Proposal Sheet (Page 21)
- *Proposer Contact Information Sheet (Page 22)
- *Reference Form (Page 23)
- *Sustainability Statement (Pages 24-25)
- *Addendum Acknowledgement Form (Page 26)
- * Attachment – Life Insurance Experience Summary

If a Proposal includes any exceptions, Proposers must insert an "X" in the following box indicating a RFP submission with exceptions.

NOTE TO PROPOSERS: Any and all exceptions to these specifications MUST be clearly and completely indicated in the Proposer's response to the RFP. Failure to do so may lead the County to declare any such term non-negotiable. Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration for award.

1. Negotiations:

Lake County reserves the right to negotiate specifications, terms and conditions, which may be necessary or appropriate to the accomplishment of the purpose of this RFP.

2. Confidentiality:

Proposals are subject to the Illinois Freedom of Information Act (FOIA). As such all Proposers responding are asked to submit one redacted copy of their proposal that can be used by the County to respond to any future FOIA requests for the awarded contract for the services.

3. Reserved Rights:

Lake County reserves the right at any time and for any reason to cancel this Request for Proposal or any portion thereof, to reject any or all proposals, or to accept an alternate proposal. The County reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the Proposer, the County has ninety (90) days to accept. The County may seek clarification from a Proposer at any time and failure to respond promptly is cause for rejection. The County may require submission of best and final offers.

4. Incurred Costs:

Lake County will not be liable for any costs incurred by respondents in replying to this RFP.

5. Award:

Award shall be made by the Lake County Board in accordance with a selection review process to the responsible Proposer whose proposal is the most advantageous to the County, based on the evaluation criteria set forth herein. Lake County reserves the right to award this Contract in whole or in part if determined to be in the best interests of the County.

6. Discussion of Proposals:

Lake County may conduct discussions with any Proposer who submits a proposal. During the course of such discussions, the County shall not disclose any information derived from one proposal to any other Proposer.

7. Contract Period:

This contract shall be in effect for a two (2) year period beginning January 1, 2017. Lake County reserves the right to renew this contract for three (3) additional one (1) year period(s), subject to acceptable performance by the contractor. At the end of any contract term, Lake County reserves the right to extend this contract for a period of sixty (60) days for the purpose of getting a new contract in place. For any year beyond the initial year, this contract is contingent on the appropriation of sufficient funds; no charges shall be assessed for failure of the County to appropriate funds in future contract years.

8. Responsibility & Default:

The Proposer shall be required to assume responsibility for all items listed in this Request for Proposals. The successful Proposer shall be considered the sole point of Contact for purposes of this Contract.

9. Invoices and Payments:

The Proposer shall submit invoice(s) detailing the services provided in accordance with the payment provisions of this Contract. Invoices will be billed and sent directly to the requesting Lake County Department and Payment shall be made in accordance with the Local Government Prompt Payment Act.

10. Interpretation or Correction of Request for Proposals:

Proposers shall promptly notify the Purchasing Division of any ambiguity, inconsistency or error that they may discover upon examination of the Request for Proposals. Interpretation, correction and changes to the Request for Proposals will be made by written addendum. Interpretation, corrections or changes made in any other manner will not be binding.

11. Addenda:

Any and all changes to the specifications and terms and conditions of this RFP are valid only if they are included by addendum issued by Lake County Purchasing. Proposers shall acknowledge addenda by signing the enclosed Addendum Acknowledgement form. Failure of any Proposer to receive any such addendum or interpretation shall not relieve the Proposer from obligation under this RFP as submitted. All addenda as issued shall become part of the RFP documents. It is the Proposer's responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum issued within three business days of the submittal due date.

12. Additional Information:

Should the Proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting the RFP number and addendum link. Questions may also be submitted via email to purchasing@lakecountyil.gov. All questions shall be submitted no less than seven (7) days prior to the RFP opening date. No interpretation of the meaning of the plans, specifications or other Contract documents will be made orally. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a Proposer to improperly submit a proposal.

13. Jurisdiction, Venue, Choice of Law:

This Contract shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

14. Taxes:

The County is exempt from paying certain Illinois State Taxes.

15. Termination:

The County reserves the right to terminate this Contract, or any part of this Contract, upon thirty (30) days written notice. In case of such termination, the Proposer shall be entitled to receive payment from the County for work completed to the termination date in accordance with the terms and conditions of this Contract. In the event that this Contract is terminated due to Proposer's default, the County shall be entitled to purchase substitute items and/or services elsewhere and charge the Proposer with any or all losses incurred, including attorney's fees and expenses.

16. Independent Contractor:

The Contractor is an independent Contractor, not an employee or agent of Lake County and the County has no right to control or direct Contractor's manner, detail, or means by which Contractor accomplishes tasks under this Contract.

17. Non-Discrimination:

Proposer shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), which is incorporated herein by reference. Furthermore, the Proposer shall comply the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended.

18. Hold Harmless Clause:

The Proposer agrees to indemnify, save harmless and defend Lake County, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this Contract. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of Lake County, its agents, servants, or employees or any other person indemnified hereunder.

19. Exceptions:

Any and all exceptions taken by Proposer to the terms of this RFP are to be identified in writing and included in the list of submittals.

20. Assignment:

The Proposer shall not assign this Contract or any part thereof, without prior written consent of Lake County Purchasing Division.

21. Insurance:

All Contracts may be subjected to change

The contractor must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A-and provide the County with a Certificate of Insurance with your proposal, and thereafter annually for contracts/ projects that will last more than one year. Insurance in the following types and amounts is necessary and/or where applicable:

Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Contractor arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois.

Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Contractor's employees, with limits listed below:

Employers Liability

- a) Each Accident \$1,000,000
- b) Disease-Policy Limit \$1,000,000
- c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of Lake County.

Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

- Premises and Operations
- Independent Contractors
- Products/Completed Operations
- Liability assumed under an Insured Contract/ Contractual Liability
- Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations
\$ 1,000,000 Personal and Advertising injury limit
\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the contractor's projects away from premises owned or rented to contractor.

Automobile Liability Insurance (if applicable)

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Contractor's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

Professional Liability – Errors and Omissions (if applicable)

The Engineers/Architects/Consultants for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

Excess/ Umbrella Liability (if applicable)

The Contractor's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage, limits of insurance will be based on size of project:

\$ 2,000,000 per occurrence limit (*minimum, and may be higher depending on the project*)

Liability Insurance Conditions

Contractor agrees that with respect to the above required insurance:

- a) The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
- b) The Contractor's insurance shall be primary in the event of a claim.
- c) Contractor agrees that with respect to the above required insurance, Lake County shall be named as additional insured, including its agents, officers, and employees and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change;
- d) Lake County shall be provided with Certificates of Insurance and endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies.

Said Notices and Certificates of Insurance shall be provided to:

**Lake County
Purchasing Division
18 N. County 9th Floor
Waukegan, Illinois 60085
Attn: RuthAnne Hall, Lake County Purchasing Agent**

Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, Lake County may purchase such insurance coverage and charge the expense to the Contractor.

22. Change in Status:

The Proposer shall notify Lake County immediately of any change in its status resulting from any of the following: (a) Proposer is acquired by another party; (b) Proposer becomes insolvent; (c) Proposer, voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Proposer ceases to conduct its operations in normal course of business. Lake County shall have the option to terminate its Contract with the Proposer immediately on written notice based on any such change in status.

23. Dispute Resolution:

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the Lake County Purchasing Ordinance.

24. Non-Enforcement by the County:

The Proposer shall not be excused from complying with any of the requirements of the Contract because of any failure on the part of the County, on any one or more occasions, to insist on the Proposer's performance or to seek the Proposer's compliance with any one or more of said terms or conditions.

25. Precedence:

Where there appears to be variances or conflicts, the following order of precedence shall prevail: Specifications; Lake County General Terms & Conditions, Lake County Request for Proposal Terms & Conditions and the Proposer's Proposal Response.

26. Personal Examination:

Proposers are required to satisfy themselves, by personal examination of the site as to work involved and of the difficulties likely to be encountered in the performance of work under this Contract. No plea of ignorance of conditions that exist now or hereafter, or of any conditions of difficulties that may be encountered in the execution of the work under this Contract will be accepted as an excuse for failure to or omission on the part of the Proposer to fulfill in every respect all the requirements, specifications, etc., nor will same be accepted as a basis for any claim for extra compensation.

27. Pricing:

Pricing shall be included on Proposal Price Sheet. PLEASE NOTE PRICE SHEET MUST BE COMPLETED AND SUBMITTED WITH YOUR RESPONSE. FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY CAUSE YOU TO BE CONSIDERED TO BE UNRESPONSIVE TO THIS RFP.

28. Proposer Qualifications:

Proposers shall have a minimum of 5 years of experience providing a life insurance program to a medium to large organization and must complete and submit the General Information Sheet with your proposal.

29. Account Representative:

The Proposer shall assign an Account Representative who has successful experience in providing effective services. The Account Representative, and his or her qualifications, shall be identified in the submittal of the RFP documents. The Account Representative shall be present for presentation of the proposal and must be assigned to Lake County throughout the Contract period.

30. Economic Opportunity Program

Lake County initiated a **Buy Local. Build Local. Work Local** program in 2013 to increase the outreach and procurement opportunities for businesses located within Lake County, including women-owned businesses and

minority-owned business. The program's overarching objective is to maximize participation from these businesses in the County's procurement process, while adhering to the law. The County will take all necessary and reasonable steps to assure that business enterprises defined as L/W/MBE shall have a fair opportunity to participate in County Contracts. As part of its Economic Opportunity Program commitment the County will make every effort to achieve the following objectives:

- (a) To ensure nondiscrimination in the award and administration of Contracts;
- (b) To create a level playing field on which L/W/MBEs can compete fairly for Contracts by providing any necessary training and assistance in bid preparation;
- (c) To ensure that the County's EOP is narrowly tailored in accordance with applicable law;
- (d) To establish a means for firms identifying themselves as L/W/MBEs to register for procurement opportunities and work cooperatively with Contracted firms to report on measures that validate the County's commitment to its EOP; and
- (e) To help remove barriers to the participation of L/W/MBEs in procurement opportunities through proactive outreach and notification of Contract opportunities.

State law mandates an open and competitive bidding process and requires that publicly procured Contracts be awarded to the lowest responsible and responsive Proposer with no demonstrated preference based on the Proposer's location, race and gender.

Lake County's Workforce Development mission is to foster and ensure the economic prosperity of the Lake County community by maximizing the potential of businesses and workers. As such, Workforce Development provides a key resource for job seekers and employers. Successful Proposers are encouraged to work with Workforce Development to post any and all opportunities for employment on County Contracts.

31. Reporting Requirements for Awarded Contracts:

All awarded Contractors will identify and report the type of ownership—locally owned, women owned, minority owned, and/or not locally owned for any work that they or their approved Subcontractors will perform. In addition, Lake County requests that all awarded Contractors provide an accounting of employees assigned throughout the term of the Contract in regards to their home address and ethnicity. Lake County may use any data collected to report on potential of businesses and workers benefitting from County Contracts.

32. Joint Purchasing:

The purchase of goods and services pursuant to the terms of this Contract shall also be offered for purchases to be made by other governmental units, as authorized by the Governmental Joint Purchasing Act, 30 ILCS 525/0.01, et seq. (the "Act"). All purchases and payments made under the Act shall be made directly by and between each governmental unit and the successful Proposer. The Proposer agrees that Lake County shall not be responsible in any way for purchase orders or payments made by the other governmental units. The Proposer further agrees that all terms and conditions of this Contract shall continue in full force and effect as to the other governmental units during extended terms. The credit or liability of each governmental unit shall remain separate and distinct. Disputes between Proposers and governmental units shall be resolved between the immediate parties.

The Proposer and the other governmental units may negotiate such other and further terms and conditions to this Contract ("Other Terms") as individual projects may require. To be effective, Other Terms shall be reduced to writing and signed by a duly authorized representative of both the successful Proposer and the other governmental unit.

The Proposer shall provide the other governmental units with all required documentation set forth in the solicitation including but not limited to: performance and payment bonds, Certificates of Insurance naming the

respective governmental unit as an additional insured and certified payrolls to the other governmental unit as required.

33. **Key Personnel:**

Proposer shall not replace any Key Personnel without the County's prior written consent, which shall not be unreasonably withheld. Should one of the Key Personnel be reassigned, become incapacitated, cease employment by Proposer, and/or be unable to perform the functions or responsibilities assigned to him or her, Proposer shall (i) within ten (10) business days, temporarily replace them with another properly qualified employee and (ii) within thirty (30) calendar days, permanently replace the contact. Lake County reserves the right with advance notice, and Proposer having the opportunity to remedy, to request the dismissal and removal of Proposer staff from the project for reasonable cause. Any decision to substitute or replace Proposers Subcontractor for the implementation of proposed solution, will need a prior written consent from the County.

- Provide a summary organizational chart. Identify the primary contact and describe the roles of each key person.
- Provide detailed resumes for all key professionals who will be directly responsible for providing services to the County. Include the following information; title, number of years at your firm, total number of years of experience, professional designations or licenses.

1. Intent

Lake County is seeking price proposals for the following insurance types:

- a. Group Term Life Insurance to eligible, full-time employees and dependents. Proposers are invited to quote on an employer-sponsored Group Term Life Insurance Plan (1X annual salary).
- b. Optional Life Insurance (1X, 2X, 3X, 4X or 5X annual salary) to full-time, eligible employees.
- c. Optional Life on Spouse and Dependents. Premium is the employee’s responsibility, and cannot exceed the employee’s GTL, plus Optional Life purchase on their Spouse’s coverage or \$10,000 on their Children’s coverage.
- d. Long-Term Care policies for eligible, full-time employees.
The County is seeking proposals in an effort to achieve the following:
 - Lower fixed/administrative costs;
 - Competitive premiums;
 - Identify the most competitive solution for implementing the proposed programs;
 - Assure a consistently high level of service and plan administration.

2. Background

Lake County is located in northeast Illinois, between the Chicago and Milwaukee metropolitan areas. Lake County is home to about 703,000 residents. Lake County is committed to open government and transparency, and the County board’s conservative fiscal policies have allowed the County to maintain fiscal stability and achieve AAA bond rating from Standard & Poor’s and Moody’s. Lake County is governed by a 21-member board and managed by a County Administrator.

Lake County is comprised of 34 departments with approximately 2739 employees and a \$500 million operating budget. The County provides a full array of services, including judicial and public safety, planning, building, and zoning, public works, health and community services, as well as finance and administrative services. Further information on Lake County is available on the County’s website, www.lakecountyil.gov.

3. Project Timeline

RFP Release date	7/5/2016
Proposal Due Date	7/21/2016
Proposer Interviews (if needed)	8/8/2016 – 8/12/2016
Awardee Selection / Notification	8/31/2016
County Board Meeting	9/13/2016
Contract Execution	9/13/2016
Contract Start Date	1/1/2017

1. Current Program Offering

Lake County is a unit of local government in the State of Illinois with approximately 2,600 employees. Our current programs consist of:

a. Employer-sponsored Group Term Life Insurance Plan

Lake County offers a fully insured Group Term Life Insurance Plan. The Group Term Life Insurance plan currently covers 2494 full-time employees. The County pays the full premium for the employer-sponsored Group Term Life plan (1X annual salary for eligible full-time employees).

b. Optional Life Employee Insurance Plan

The Optional Life Employee Plan currently covers approximately 958 individuals. Employees are responsible for the premiums under the Optional Employee Insurance Plan (which allows eligible employees to obtain additional insurance based on 1X, 2X or 3X, 4X or 5X their annual salary). Premiums will be paid for thru payroll deduction.

c. Optional Life Spouse Insurance Plan

The Optional Life Spouse Plan currently covers approximately 303 individuals. Employee pays all the premiums for the Spouse Optional Life Plan. Employees must carry the additional Employee Optional Life Plan to purchase spouse coverage in an amount equal or less than the employee's coverage, not to exceed the maximum policy limit of \$250,000. Premium amounts are purchased in \$5,000 increments. Guarantee issue amount to \$25,000 for New Hires or newly eligible. Evidence of Insurability required for amounts greater than \$25,000. Premiums based on spouse's age and coverage amount.

d. Optional Life Dependent Insurance Plan

The Optional Life Dependent Plan currently covers approximately 269 individuals. Employees pay all the premiums for the Dependent Optional Life Plan. Employees must carry additional Optional Life to purchase Dependent coverage in increments of \$2,000, not to exceed maximum policy limit of \$10,000. One premium covers all dependent children, per family. Dependent children are covered from 14 days-old up to 23 years-old. Guarantee issue amount to \$10,000 for New Hires and newly eligible.

Employee, Spouse, & Dependent Children Optional Life policy is portable upon retirement or termination with Lake County.

e. Long-Term Care Insurance – currently not offered.

2. Market Assignments & Commissions

Lake County has chosen to approach several insurers/providers directly, without use of an agent or broker. No commission is available for payment to an agent/broker either directly or indirectly as a result of this solicitation. All rates must be net of any commissions.

3. Qualifications

Proposals shall be accepted from qualified health care organizations or insurance carriers to provide fully insured life insurance coverage. Proposers shall have an AM Best Rating of A- or better; be "licensed" by the State of Illinois Insurance Department and comply with all regulations, provide CPA audited financial statements for the past three years, or provide other information to represent qualifications and financial capability as agreed to by Lake County.

4. Rate Guarantee and Notification

All rates must be guaranteed for a minimum of twelve (12) months. Proposers shall indicate if they are willing to guarantee the rate for a longer term. Annual renewals must also be guaranteed for a minimum of twelve (12) months. Notification of a rate increase must be provided to the County at least **four (4) months** prior to the effective date for the second plan year and at least **six (6) months** prior to the effective plan year, thereafter.

5. Price Escalation

Prices throughout the initial term of the contract shall remain firm/fixed for the first two year period. Written requests for price revisions after the first one (1) year period shall be submitted ninety (120) days prior to the end of the year to Lake County Purchasing Division. The percentage increase in the U.S. Average Consumer Price Index for the Midwest Region – Medical Care, whichever is less. Surcharges for fuel and/or other costs shall not be allowed other than in accordance with the Escalator Provision as stated herein. The County reserves the right to reject any price increase and to terminate the contract.

6. Estimated Quantity/Plan Enrollees

The quantities of employees indicated in Attachment A. currently enrolled shall serve as estimates of the quantity to be enrolled per plan during each year. The County does not guarantee any specific amount and shall not be held responsible for any deviation. This contract shall cover the County's requirements whether more or less than the estimated amount.

7. Renewal Date/Plan Year

January 1 through December 31st.

Lake County's life insurance plan offerings shall be renewed each year. The County reserves the right to amend the plan year dates at no additional cost to the County.

8. Open Enrollment

Proposer shall provide support as it relates to: changes in Plan Year, website, marketing material and educating employees on benefit changes. Open Enrollment takes place in October for the January 1 plan year.

9. Eligibility

- Full-time employees (Benefits will begin the first of the month following one *FULL month of employment.)
- For example Date of Hire is *January 5, 2016; Your benefits will begin March 1, 2016.)

10. Reports

Proposer shall submit the following reports, at a minimum:

- monthly eligibility & employee terminations
- monthly loss ratio of actual expenses
- quarterly loss reports for each coverage provided
- quarterly loss ratio including IBNR
- quarterly experience reports for each coverage
- annual statement of individual payouts for group term life

The Proposer shall provide additional reports as requested by the County.

PERFORMANCE STANDARDS

1. Implementation

- Produce and provide the County with up-to-date certificates, summary of benefits and open enrollment forms, electronic preferred, 30 days **prior** to the start of the County's open enrollment process and throughout the contract year.
- Code benefits in claim system with 100% accuracy.
- Have a knowledgeable team, fluent on the plan offerings, available to manage open enrollment and attend employee meetings.

2. Customer Service

- Provide dedicated account representative(s) available to Lake County Human Resources on a daily basis.
- Provide User-friendly website
- Provide prompt telephone response time.
- Provide callback and/or written response for unresolved issues within 24 hours.
- Claim Processing (subject to outside audit)
 1. Dollar accuracy
 2. Procedural accuracy
 3. Turnaround time of insurance claims paid within 21 days of the receipt of required documentation
- Produce agreed upon reports at quarterly, semi-annual, and annual intervals.
- Provide Lake County with online record updating capabilities, or interface options.
- Provide local or 800 telephone access for customer service / claims information / benefit information.

1. General

Proposals should be prepared as simply as possible and provide a straightforward, concise description of the proposed services to satisfy the requirements of the RFP. Attention should be given to accuracy, completeness, relevance and clarity of content. The proposal should be organized into the following major sections:

- Introduction Material and Executive Summary
- Company Background
- Statement of Work
- Completion of Life insurance Program Questionnaire
- Client References
- Exceptions to the RFP
- Price Proposal
- Sustainability Statement

2. Introduction Material and Executive Summary

The introductory material must include a title page with the RFP number, subject, name of the Proposer, address, telephone number, e-mail address, the date, a letter of transmittal and a table of contents. The executive summary should be limited to a brief narrative summarizing the proposal.

3. Company Background

In this section provide information about the company so that the County can evaluate the Proposer's stability and ability to support the commitments set forth in the response to this RFP. Information in this section should contain the following information in addition to the General Information Sheet that is also included as an exhibit to this RFP:

- Company name and location of the corporate headquarters and of the nearest office to Lake County.
- The number of years the company has been in business and the number of years the company has been providing services.
- Include information on the company's customer base, such as the number of public sector clients the company serves, the number of local government clients, and the number of public sector clients in the state.
- Identify if the company serves other industries.
- Include a brief summary of the company's organizational characteristics such as the number of employees, whether the company is privately held, publicly traded, or if it is a subsidiary to a parent company.
- Describe any other business affiliations (e.g., subsidiaries, joint ventures, "soft dollar" arrangements with brokers).
- Describe experience in the Lake County area.

4. Statement of Work

This section of the proposal should include a statement of work describing how you propose to perform the services outlined in this RFP. Be specific in detailing a work plan that includes all items included in the scope of work. The following information shall be submitted along with the proposal and will be considered when evaluating proposals:

- Experience\background in providing Life Insurance Services.
- Number of staff and description of the Project Team that will be assigned to work with the County on this Contract and your plan to facilitate handling County requests in a timely fashion.
- Proposed plan for facilitating County requests.

5. Life Insurance Program Questionnaire

The County is requesting that all proposers complete the life insurance program questionnaire. Lake County considers responses to be an important factor in its decision to award a contract.

6. Client References

The County considers references to be an important factor in its decision to award a Contract. Proposers should supply references that will be available to speak with the County. Three references should be provided for similar type of work completed in the past five years. A reference sheet is included as a submittal as part of this RFP document.

7. Exceptions to the RFP

All requested information to this RFP must be supplied as this document and subsequent proposals submitted help form the basis for a Contract with the selected Contractor. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and written explanation shall include the scope of the exceptions, the ramifications of the exceptions for the County and the descriptions of the advantages or disadvantages to the County as a result of the exception. The County, at its sole discretion, may reject any exceptions or specifications within the proposal.

8. Price Proposal

Pricing shall be submitted on the included proposal price sheet. Price sheet must be completed and submitted with your response. Failure to complete and submit this form may cause you to be considered non-responsive to this request for proposal.

9. Sustainability Statement

Lake County is committed to green and sustainable practices and good environmental stewardship. Consequently, Proposers are asked to provide a Statement of Sustainability to demonstrate that they are also incorporating sustainability into their firms' practices. A Sustainability Statement form is included as part of the RFP. Proposers are asked to provide a clear description of your firm's sustainable practices, policies, or procedures in the following areas: waste minimization, energy efficiency, water efficiency, staff and education.

1. Evaluation

The County will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this procurement effort. All proposals will be evaluated by how well the proposal satisfies the described/stated needs, rather than how exactly the proposal matches the strictest interpretation of the terminology and design concepts stated herein. Newly emerging technologies, additional features and the ability of the proposed solutions to adapt will be a consideration.

2. Evaluation Organization

An Evaluation Committee will be established to score and evaluate the submitted proposals. The Evaluation Committee may include members from Lake County's departments who have experience with Human Resources policies and procedures. The Evaluation Committee will be responsible for evaluating the proposals (including corporate reference checks).

3. Criteria

Lake County will evaluate the Proposers response and the extent to which it meets the requirements delineated in this RFP. All proposals submitted in response to this RFP will be scored based on the ability to meet or exceed the following evaluation factors:

- A. Experience, background, financial capability, and years in business performing similar services to other private and public companies and organizations within and around Lake County.
- B. High level of commitment to serve Lake County Human Resources staff and all plan participants demonstrated by a commitment to identifying a responsive account service team, efficient customer service, and service accessibility and strong account management and implementation team.
- C. Responses to the Group Term, Optional Life, and Long-Term Care questionnaire.
- D. Track record and ability to maintain effective performance standards.
- E. Ability to implement and administer the changes in Plan Year and manage Open Enrollment as it relates to: staffing, website, marketing material and educating employees on benefit changes.
- F. Rates, including financial offers. The following areas will be key to Lake County as it evaluates the proposals:
 - Financial offers: this includes multiyear rate guarantees and performance guarantee incentives
 - Life and AD&D premium rates quoted for employer-sponsored group term life plan coverage
 - Life and AD&D premium rates quoted for optional employee insurance plan coverage
 - Long-Term Care premium rates quoted for employee insurance plan coverage
 - Management information, billing, and reporting systems
- G. Ability to implement and administer the changes in Plan Year and manage Open Enrollment as it relates to: website, marketing material and educating employees on benefit changes.

4. Short List

The evaluation factors will be used to assist the evaluation committee in determining a short list. Proposers will be notified by the County if they have been selected for the short list. Please note, Lake County reserves the right to not short list any and all Proposers if it is not in the best interest of the County.

5. Interview

Lake County reserves the right, as part of the evaluation process, to ask for additional materials, interview, or schedule site visits to any or all Proposers. Site visits may be scheduled or unscheduled as determined by the County. If applicable, the County shall contact Proposers to arrange an interview. Information provided as part of the interview may be used by Evaluation Committee to re-evaluate and re-rank Proposers

6. Additional Investigations

The County reserves the right to make such additional investigations as it deems necessary to establish the competence and financial stability of any firm submitting a proposal.

7. Best and Final Offer

The County reserves the right to request a Best and Final Offer (BAFO) if additional information or modified terms are necessary for the Evaluation Committee to complete its evaluation and ranking. A BAFO will not be used solely to reduce pricing. If a BAFO is requested, all short-listed proposers, or if the short list process is not used, all qualified Proposers will be provided an opportunity to submit a modified Response. Only one BAFO request will be issued by the County. The information received from the BAFO may be used by the Evaluation Committee to re-evaluate and re-rank the Proposers.

**Group Term, Optional Life and Long-Term Care Insurance for Lake County
PROGRAM QUESTIONNAIRE**

June 2016

All proposers must respond to all of the following questions. Proposals should include both the question and the response. Failure to complete this Questionnaire could result in rejection of the proposal.

- 1) Indicate your company's ability to duplicate the current benefit levels and contractual provisions. If you propose an alternative plan design, describe your design as completely as possible.
- 2) Clearly identify any restrictions and/or limitations on coverage or eligibility for coverage. Examples: (a) Coverage becomes effective only if the individual is "actively-at-work"; (b) Coverage becomes effective only with a pre-existing condition limitation or restriction for present or future Insured's, etc.
- 3) Submit a complete description of your current conversion options. Indicate whether conversion costs are included in retention as expenses, how such costs are determined, and whether the Policyholder is charged (and, if so, how much) when conversion coverage is elected. Identify any charges per \$1,000 of group life or optional life insurance converted?
- 4) Does your company put any restrictions on the participation level for the optional employee insurance plans? Identify the minimum enrollment required for quoted fees.
- 5) Are your premium rates quoted in your proposal to be considered firm? What conditions, if any, would affect the proposal rates?
 - a) Will you hold rates for 24 months?
 - b) Will you hold rates for 36 months?
- 6) For County budget protection, are you willing to agree to a rate cap for future years?
- 7) If yes, what is the maximum percent (%) increase you propose for each subsequent renewal year?
- 8) Please explain the conditions and limitations under which your company is willing to issue a premium refund to an Insured. If a refund is available, what is the maximum number of refundable monthly premium payments and the timeframe and process for requesting a maximum refund?
- 9) Please furnish the following information: (a) A complete financial statement of assets, liabilities, and reserves, as well as the last operating statement of your company; and (b) A list of five (5) accounts with enrollment of at least 500 subscribers or Insured's with the name, address, and telephone number of an individual familiar with the administration of the program and the level of service your company has provided.
- 10) Will you provide certificates of coverage to individuals directly for the optional employee life insurance plans? Please explain if this will incur an additional expense.
- 11) How much time will you require after the effective date to issue administrative materials to the County, certificates of coverage for Insured's, and the master policy/contract?
- 12) Does your proposal require the Employee-sponsored Group Term Life plan, the Optional Employee/Spouse/Civil Union/Dependent Plans, and the Long-Term Care plan to be accepted as a "package" or is each Plan offered on a "stand-alone" basis? If quoted as packaged, would you consider unbundling?

- 13) For the Optional Life Employee Insurance Plan and Spouse/Civil Union Partner/Dependent Life Plans: (a) Indicate the average duration of your company's review process for determining satisfactory Evidence of Insurability (assuming that you have all required medical documentation); (b) Indicate how your company handles inquiries from Insured's concerning the status of their applications (Insured's may contact your company directly? Insured's must direct questions to the County for transmission to you?); and (c) Indicate how your company proposes to process Dependent Life applications requiring satisfactory Evidence of Insurability (for example, will rejection of one dependent jeopardize coverage for the other dependents and, if "no", who is responsible for maintaining the names of those approved for coverage).
- 14) If you are submitting a proposal that includes the Long-Term Care plan, what type of Long Term Care Insurance policy do you recommend for Lake County employees?
- 15) What is the average duration of your company's review process for determining eligibility for Waiver-of-Premium (assuming that you have all required medical documentation)? How does your company handle inquiries from Insured's concerning the status of their Waiver-of-Premium applications (May Insured's contact your company directly or should Insured's direct questions to the County for transmission to you?)
- 16) If your company is not providing multiple-year rate guarantees, explain to what extent rate determination will be based on the County's experience after the initial 2-year contract expires.
- 17) Is your company rated by Moody's Investors Service? If it is, is your rating "A" or higher? Please indicate your rating.
- 18) Is your company rated by Standard & Poors? If it is, is your rating "A" or higher? Please indicate your rating.
- 19) Is your company rated by A. M. Best? If it is, is your rating "A+"? Please indicate your rating. If it is, is your company rated a financial class VII or higher and, if so, indicate your rating.
- 20) Does your company have \$50 million or more of annual group life premium or premium equivalent in force? Please indicate the amount of your annual group premium in force.
- 21) Please explain your company's standard accelerated death benefit and eligibility criterion.
- 22) Please explain the availability of specialized AD&D benefits, such as seat belt and air bag utilization, through your proposed policy.
- 23) Please explain the availability of smoker/non-smoker premium ratings. Describe the impact on premium rates proposed, discuss the prevalence of this rating approach in your book of business, and advise the County of your recommended approach, considering your experience with employee relations implications and additional administrative requirements for the County.
- 24) Please explain the availability of tobacco user/non-tobacco user premium ratings. Explain the administration of such a program (proof of non-tobacco status, length of time tobacco-free necessary to qualify, obligation of Insured's to notify of changes in status, response to allegations of lying, etc.). Summarize premium rates if such an approach were to be used in both the current and proposed Optional Life Employee Insurance Plan design.
- 25) Will you be able to receive County payroll deduction information electronically via ACH? What is your process for setting up an electronic file transfer (EFT) system and how long does it normally take? Describe any other EFT methods you use.

- 26) What are the expectations for claims payment turnaround times from initial receipt of a complete claim? For the unit responsible for processing Lake County's claims, what are the performance statistics in comparison to your stated goal or expectation? Also, describe the claim payment expected performance statistics and actual recent results for the claim office which will administer Lake County's plan, including payment accuracy, customer service accuracy and claim turnaround time.
- 27) Describe the process for enrolling members, changing members' coverage, and terminating membership. What is the desired process for the County to transfer information to you? What electronic/automated procedures are in place to manage membership and eligibility?
- 28) Describe the billing process. What is the desired process for the County to make monthly premium payments to you? Will Lake County pay monthly charges from an invoice initiated by the vendor or based on a self-bill tied to an eligibility list? Include the time periods covered for a billing period and the period of time given from the issuance of an invoice until the due date?
- 29) Specify whether your company will pay any commissions or service fees in connection with any Plan implemented.
- 30) Describe your company's use of electronic format for Health Histories, Waiver-of-Premium Applications, and your processes for HIPPA compliance. Are these formats forms designed to be submitted electronically or printed forms and submitted via paper copy?
- 31) Describe what type of access Lake County will have to checking claims status in response to Insured's questions.
- 32) Describe how Lake County Human Resources would gain access to designated customer service representatives. What are their hours of availability? Are you willing to provide a designated team that will handle claims? Describe the length of training each team member has had. What is the annual turnover rate in the area that will be responsible for our claims?
- 33) What strategy do you propose for the plan transition during Lake County's Open Enrollment period? Describe in terms of an implementation schedule, staffing, electronic materials, and other communication pieces provided. What strategy do you propose for on-site support after the initial transition?
- 34) What customer service support is available for employees who prefer a language other than English?
- 35) What other services or value-added products will you provide as part of this proposal?

Group Term, Optional Life and Long-Term Care Insurance for Lake County
PRICE PROPOSAL SHEET

June 2016

Group Term Life Insurance (Employer Paid)

Vendor rates should be based on \$1,000 of coverage.

Age	Rate per \$1,000	Age	Rate per \$1,000
Under 25	\$	45-49	\$
25-29	\$	50-54	\$
30-34	\$	55-59	\$
35-39	\$	60-64	\$
40-44	\$	65-69	\$
		70+	\$

Optional Life Insurance (1X, 2X, 3X,4X, or 5X Salary) (Employee Paid)

Vendor rates should be based on \$1,000 of coverage and age for Employee & Spouse Optional Life

Age	Rate per \$1,000	Age	Rate per \$1,000
Under 25	\$	45-49	\$
25-29	\$	50-54	\$
30-34	\$	55-59	\$
35-39	\$	60-64	\$
0-44	\$	65-69	\$
		70+	\$

Dependent Children \$_____ per \$2,000 - **All dependent children covered under one individual premium**

Long-Term Care (Employee Paid)

Vendor rates should be based on different levels of coverage

Age		Age	
Under 25	\$	45-49	\$
25-29	\$	50-54	\$
30-34	\$	55-59	\$
35-39	\$	60-64	\$
40-44	\$	65-69	\$
		70+	\$

AUTHORIZED NEGOTIATORS:

Name:	Phone:	Email Address:
Name:	Phone:	Email Address:

RECEIPT OF ADDENDA: The receipt of the following addenda is hereby acknowledged:

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

In submitting this proposal, it is understood that the Lake County reserves the right to reject any or all Proposals, to accept an alternate Proposal, and to waive any informalities in any Proposal.

BUSINESS ORGANIZATION: (check one only)

Sole Proprietor: An individual whose signature is affixed to this proposal.

Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

Corporation: State of incorporation: _____

Non-profit Corporation

501c3-- U.S. Internal Revenue Code

By signing this proposal document, the Proposer hereby certifies that it is not barred from responding on this Contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Business Name

Signature

Print or Type Name

Title

Date

List below other similar size clients for whom you have provided these services:

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Contact Person and Email Address _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Contact Person and Email Address _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Contact Person and Email Address _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Contact Person and Email Address _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Contact Person and Email Address _____
Dates of Service _____
of Employees _____

SUSTAINABILITY STATEMENT INSTRUCTIONS

The County of Lake is committed to green and sustainable practices and good environmental stewardship. Consequently, we are asking Proposers to provide a Statement of Sustainability to ensure our Proposers are also incorporating sustainability into their firms' practices.

INSTRUCTIONS

On the following Sustainability Statement form, provide a clear description of your firm's sustainable practices, policies, or procedures. These practices may include, but may not be limited to, the following categories and examples:

Waste Minimization within your office or facilities, such as a recycling programs, double-sided copying, electronic internal communications (i.e. memos), use of recycled-content materials and reusable cups, limiting printing, electronic document management, instituting green purchasing policies, using green cleaning supplies and practices, or reducing packaging in materials you procure or supply.

Energy Efficiency within your office, facilities, or firm, such as lighting retrofits, photo-sensor switches for lighting, effective use of daytime lighting, using Energy Star rated appliances or equipment, using an alternative fuel or having efficient fleet policies, an anti-idling policy, or indoor temperature management (i.e. turning the thermostat up in the summer and down in the winter).

Water Efficiency within the office, facilities, or firm, such as faucet or fixture retrofits, switching from individual bottled water to office water coolers or drinking fountains, and installing drought-tolerant landscaping.

Staff encouraged to adopt sustainable practices and supported by your firm through public transit benefits, bicycle accommodations, telecommuting options, support for green seminar attendance, becoming US Green Building Council LEED accredited, or creating an internal "green team."

Education of your staff about green practices, education of your business peers about your green accomplishments, education of your community by your sustainability, or notice of any environmental awards your firm has achieved.

SUSTAINABILITY STATEMENT

Attach additional sheets if necessary.

Waste Minimization

Energy Efficiency

Water Efficiency

Staff

Education



Addendum Acknowledgement RFP #16183

The undersigned acknowledges receipt of the following addendum(s):

ADDENDUM #	SIGNATURE

I have examined and carefully prepared the submittal documentation in detail before submitting my response to Lake County.

Submittal Number: 16183

Company Name: _____

Authorized Representative: _____
Signature

Authorized Representative: _____
Print

Date: _____

It is the vendor's responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of the submittal due date.

If the submittal has already been received by Lake County, vendors are required to acknowledge receipt of addendum via email to purchasing@lakecountyil.gov prior to the due date.

Submittals that do not acknowledge addendums may be rejected.

All responses are to be submitted in a sealed envelope. Envelopes are to be clearly marked with required submittal information.