

Alleghany County
REQUEST FOR PROPOSAL
FOR
SECTION 125 FLEXIBLE BENEFIT PLAN

Invitation Date: December 1, 2016

Proposals Due Time: 10:00 AM

Proposals Due Date: January 9, 2017

Alleghany County
PO Box 366, 348 South Main Street
Sparta, NC 28675

REQUEST FOR PROPOSAL
for
Section 125 Flexible Benefit Plan
for
Alleghany County
Sparta, NC

INTRODUCTION

Alleghany County is soliciting Request for Proposals (RFP) for employee benefits broker/consulting services. Currently, we are requesting specific rates for our benefits and/or are in search of a broker/consultant with evidence that they are able to provide the needed benefit administration for Alleghany County and its employees. It is our intention not to release census data or claims history until after the benefit administrator has been chosen. This Request for Proposal does not indicate in any way that we are dissatisfied with the services, plans and/or products of our current provider. We are ensuring that our employees are continually offered the best benefit services and products available.

Alleghany County currently has 110 full-time employees.

There is no expressed or implied obligation for this Local Government to reimburse responding companies for any expenses incurred in preparing or presenting proposals in response to this request.

To be considered, five (5) copies of a sealed proposal must be received by the Alleghany County Finance Office, PO Box 366, 348 South Main Street, Sparta, NC 28675 by 10:00 AM on January 9, 2017. Please put on the outside of your envelope "Section 125 Benefit Plan Proposal". Proposals received after the 10:00 AM deadline will be returned unopened to the sender. Alleghany County reserves the right to reject any or all proposals submitted, or to accept a higher proposal if it is felt that the higher proposal provides better services or products for our employees or the county.

During the evaluation process, Alleghany County reserves the right, where it may serve the county's best interest, to request additional information or clarification from proposers, or to allow corrections of errors or omissions. At the discretion of the county, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

TYPE OF PLAN

Proposals will be accepted for all payroll deductions excluding deductions for local government employees’ health insurance, State Employees Credit Union and Prudential’s 401(k) state plan.

Proposals should include the following benefits. Verify that your firm has the experience and expertise to “shop the market” for and administer each of the following benefits:

Benefits	Yes / No
Section 125 Flexible Benefits Plan Administration <i>(Including Medical and Dependent Care Flexible Spending Accounts)</i>	_____
Group Term Life	_____
Permanent Whole / Universal Life	_____
Short-Term Disability	_____
Dental Coverage	_____
Vision Care	_____
Cancer/Intensive Care	_____
Critical Illness	_____
Accident Plan	_____
Hospital Indemnity – Sickness Plan	_____
Long Term Care	_____
403(b) plans (third party administrator)	_____
457 plans (third party administrator)	_____

OTHER SERVICES REQUIRED BY ALLEGHANY COUNTY

- Enrollment Services (web enrollment, individual counseling, etc.) required in implementing the plan whether individually or as one broker/consulting firm. See the enclosed Bid Form (question #8) to describe the Enrollment Services.
- Responsibility for any tax filings as required by the Internal Revenue Service
- The Section 125 administrator will complete all required discrimination testing, all required reports and will adhere to procedures, guidelines, regulations and laws related to the collection, disbursement and record keeping for the spending accounts of employees including any tax filings as required by the Internal Revenue Service.
- The Section 125 administrator will maintain an appropriate level of fidelity bond coverage during the contractual period.
- The county requires the firm to offer reimbursements under the flexible spending accounts.

EVALUATION STANDARDS

Proposals will be evaluated based on the model plan design, enrollment and communication capabilities, service, cost to the employer, and financial stability of the organization. Proposals should include specifications of the RFP and a completed Bid Form with attachments as needed to complete the Bid Form.

Thank you and your firm for reviewing and considering responding to our Request For Proposal for a Section 125 Flexible Benefit Plan for Alleghany County.

Sincerely,

Karen Evans
Alleghany County Finance Officer

Bid Form
Section 125 Flexible Benefit Plan Proposals
for
Alleghany County

Please complete and return this Bid Form with your proposal. If needed to answer a question or questions, you may attach a page or pages to this form. Please indicate on the Bid Form that the question is answered on an attached page. Also, please designate any answer on an attached page with the same number as the question on the Bid Form.

1. Name of Firm(s) Submitting Proposal:

2. Names and Titles of Person(s) Submitting Proposal:

3. Address of Firm Submitting Proposal:

4. Phone Number(s) of Firm Submitting Proposal:

5. Contact Person(s) for Firm: _____

Telephone Number(s) for Contact Person:

6. What is the total number of Local Government systems and Municipalities located in NC to which you administer the full Flexible Benefits Plan including Flexible Spending Accounts? _____
7. Please provide four references, preferably Local Government systems or Municipalities located in NC, with 50 to 150 full-time employees with whom your firm has worked.

System	Contact	Phone #
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

8. Describe in detail the communication and enrollment process.
 - a. Who will be doing the enrollments? Include number of staff provided.
 - b. What is their experience in benefit communication and enrollment with the Local Government systems?
 - c. Include brochures or information you will be using during the enrollment process.
 - d. Do you offer online or web enrollment and if so, please describe.
9. Please describe the following as it pertains to Flexible Spending Account administration:
 - a. Who will be the third party Administrator?
 - b. Describe the claim reimbursement process for Spending Accounts.
 - c. How often do you pay reimbursement claims?
 - d. What experience does your organization have with Flexible Benefit Administration?
 - e. Do you provide a Flex (debit) Card and how long has your company provided this card?
 - f. Is your Spending Account vendor compliant with all relevant IRS regulations in regard to administration of debit cards?

10. If you provide a Flex (debit) Card, describe the procedures for the use of the card and participant requirements for verification.
11. Please provide a list of all fees that your firm will charge to administer our Flexible Benefits Plan including COBRA services, Flex Card, Medical Reimbursement Loss Guarantee, and/or other insurance products you will offer.
12. Please provide a copy of a benefit election form that you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.
13. Do you provide a toll free phone number for our employees for service questions?
 - a. Yes _____, Number is: _____
 - b. No _____
14. Do you provide a personalized interactive website? Yes _____ ; No _____
15. Describe the billing process from your firm to our local government system.
16. Explain how you expect to be compensated for your services. Please describe in detail a schedule of any and all fees associated with your services.
17. What reports are sent to the employer and how often? Please enclose a copy of the report that your firm provides employers.
18. Will employees be allowed to keep existing policies if they desire? Discuss how you will be able to service these policies.
19. Is your firm in compliance with all guidelines established by the North Carolina Department of Insurance?
20. Describe your post-enrollment data return processes to Alleghany County Government.

21. Do you provide plan documents for the employer?

I certify that I have read this Request for Proposals and have answered all questions on this Bid Form.

I certify that our firm has not and will not contact any Alleghany County Commissioner to gain favor for our firm. If Board members are contacted your bid will be rejected.

I certify that our firm will honor all commitments made on this Bid Form.

I certify that our firm and all representatives are licensed and will be licensed in North Carolina to provide all services offered during the life of this contract.

Firm Name

Print Name of Representative

Signature of Representative

Title of Representative

Date of Signature