ADVERTISEMENT FOR REQUEST FOR PROPOSAL
COBB COUNTY PURCHASING DEPARTMENT

BID OPENING DATE: MAY 27, 2010

Cobb County will receive Sealed Bids before 12:00 NOON, May 27, 2010 in the Cobb County Purchasing Department, 1772 County Services Parkway, Marietta, GA 30008 for:

SEALED BID # 10 – 5490
LONG-TERM DISABILITY INSURANCE AND
LIFE/AD&D INSURANCE

COBB COUNTY HUMAN RESOURCES DEPARTMENT

PRE-PROPOSAL MEETING: MAY 10, 2010 @ 10:00A.M.(EST)
COMMISSION BOARD ROOM
100 CHEROKEE STREET 2ND FLOOR
MARIETTA, GEORGIA 30090

No bids will be accepted after the 12:00 noon deadline.

Proposals are opened at 2:00 p.m. at Cobb County Purchasing Department, 1772 County Services Parkway, 2nd Floor, Bid/Meeting Room, Marietta, GA 30008.

No proposal may be withdrawn for a period of ninety (90) days after date of bid opening, unless otherwise specified in the bid documents. Cobb County will consider the competency and responsibility of bidders in making the award. Cobb County reserves the right to reject any and all proposals, to waive informalities and technicalities, to reject portions of the proposals, and to award contracts in a manner consistent with the County and the laws governing the State of Georgia.

This solicitation and any addenda are available for download in PDF format on the Cobb County purchasing website. www.purchasing.cobbcountyga.gov
To request a copy of the proposal documents, **FAX** the following information to the Purchasing Department @ 770-528-1154 or **e-mail** requests to purchasing@cobbcounty.org:
.
Company name, contact name, company address, phone number and fax number.

Please reference the proposal number and the title of the proposal in the request

Advertise: APRIL 30, 2010
MAY 7, 14, 21, 2010

SUBMIT BID/PROPOSAL TO:

COBB COUNTY PURCHASING DEPARTMENT
1772 COUNTY SERVICES PARKWAY
MARIETTA, GA 30008-4012

BID/PROJECT NUMBER: 10-5490
REQUEST FOR PROPOSAL
LONG TERM DISABILITY INSURANCE AND LIFE AD&D INSURANCE
COBB COUNTY HUMAN RESOURCES DEPARTMENT

DELIVERY DEADLINE: MAY 27, 2010 BEFORE 12:00 (NOON) EST
(NO BIDS/PROPOSALS WILL BE ACCEPTED AFTER THIS DEADLINE).

OPENING DATE: MAY 27, 2010 @ 2:00 P.M. IN THE PURCHASING DEPARTMENT BID ROOM.

BUSINESS NAME AND ADDRESS INFORMATION:

COMPANY NAME: _____

CONTACT NAME: _____

COMPANY ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

_____

NAME AND OFFICIAL TITLE OF OFFICER GUARANTEEING THIS QUOTATION:

_____ _____
(PLEASE PRINT/TYPE) NAME TITLE

SIGNATURE OF OFFICER ABOVE: _____
(SIGNATURE)

TELEPHONE: _____ FAX: _____

BIDDER WILL INDICATE TIME PAYMENT DISCOUNT: _____

BIDDER SHALL INDICATE MAXIMUM DELIVERY DATE: _____

BIDS RECEIVED AFTER THE DATE AND TIME INDICATED WILL NOT BE CONSIDERED. COBB COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, TO WAIVE INFORMALITIES, TO REJECT PORTIONS OF THE BID, TO WAIVE TECHNICALITIES AND TO AWARD CONTRACTS IN A MANNER CONSISTENT WITH THE COUNTY AND THE LAWS GOVERNING THE STATE OF GEORGIA.

THE ENCLOSED (OR ATTACHED) BID IS IN RESPONSE TO INVITATION NUMBER 10-5490 ; IS A FIRM OFFER, AS DEFINED BY SECTION O.C.G.A. (S) 11-2-205 OF THE CODE OF GEORGIA (GEORGIA LAWS 1962 PAGES 156-178), BY THE UNDERSIGNED BIDDER. THIS OFFER SHALL REMAIN OPEN FOR ACCEPTANCE FOR A PERIOD OF 90 CALENDAR DAYS FROM THE BID OPENING DATE, AS SET FORTH IN THIS INVITATION TO BID UNLESS OTHERWISE SPECIFIED IN THE BID DOCUMENTS.

NOTICE TO BIDDERS - - BID QUOTES MUST INCLUDE INSIDE DELIVERY CHARGES

ADVERTISE DATES: APRIL 30, 2010
MAY 7, 14, 21, 2010

BIDDING INSTRUCTIONS – TERMS AND CONDITIONS

1. PREPARATION OF BID:

(A) Bidders are expected to examine the drawings, specifications, schedules, and all instructions. Failure to do so will be at the bidder's risk.
(B) Each bidder shall furnish the information required by the bid form. The bidder shall sign and print or type his/her name where designated. The person signing the bid must initial erasures or other changes.
(C) Unit price for each quotation shall be shown and such price shall include packing unless otherwise specified, along with a total and grand total where applicable. In case of discrepancy between a unit price and extended price, the unit price will be presumed correct.
(D) Where not otherwise specified, bidders must definitely state DATE OF DELIVERY.

2. EXPLANATION TO BIDDERS:

Any explanation desired by a bidder regarding the meaning or interpretation of Invitation to Bids, Request for Proposals or Qualifications, drawings, specifications, etc., must be in writing. All questions must be received within seven (7) business days prior to the bid opening date for a response to be generated by the County to all bidders in the form of an addendum. If any statement in the bidding documents, specifications, etc., appears ambiguous to the bidder, the bidder is specifically instructed to make a written request to the Purchasing Department, unless otherwise outlined in the specifications. Any information given to a prospective bidder concerning an Invitation for Bid will be furnished to all prospective bidders, as an addendum to the invitation, if such information is necessary to bidders in submitting bids on the invitation or if the lack of such information would be prejudicial to uninformed bidders. Receipt of the addendum by a bidder must be acknowledged on the bid or by letter received before the date and time specified for the bid opening. **ORAL EXPLANATION OR INSTRUCTIONS GIVEN BEFORE THE AWARD OF THE CONTRACT WILL NOT BE BINDING.**

3. SUBMISSION OF BIDS: FACSIMILE BIDS WILL NOT BE CONSIDERED.

(A) Any Bid Package and modifications thereof shall be enclosed in a sealed envelope, addressed to the office specified in the Invitation to Bid, with the name and address of the bidder, the date and hour of bid opening, and name of bid. A bid reply label will be included in most bid packages stating the above referenced information. Any bid package NOT having bid information on outside of package could be opened as regular mail, and bid could be disqualified.
(B) Samples of items, when required, must be submitted within the time specified, unless otherwise specified by the County, and at no expense to the County
(C) An item offered must at least meet specifications called for and must be of quality which will adequately service the purpose and use for which it was intended.
(D) Full identification of each item bid upon, including brand name, make, model, and catalog number, must be furnished according to the bid specifications if requested to identify exactly what the bidder is proposing. Supporting literature may be furnished to further substantiate the proposal.
(E) The bidder represents that the article(s) to be furnished under this Invitation to Bid is (are) new and that the quality has not deteriorated so as to impair its usefulness.
(F) Bids cannot be withdrawn or corrected after the bid opening (except reductions or changes by the successful bidder which would be beneficial or advantageous to the County). The County as deemed necessary may reject changes.
(G) Cobb County is exempt from Federal Excise Tax and Georgia Sales Tax.
(H) Cobb County does not accept conditional bids.

4. DEFAULT:

The Award as a result of bids received under this invitation may be in part based on the delivery factor. Accordingly, should delivery fail to be performed within the time specified by the bidder, the bid may then be declared in default of the contract. In such event, the County may then proceed to purchase in the open market the items from another source.

5. F.O.B. POINT:

Unless otherwise stated in the Invitation to Bid and any resulting contract, all articles will be F.O.B. Destination. This means delivered, unloaded, and placed in the designated place.

6. AWARD OF CONTRACT:

The Contract will be awarded to the responsible bidder whose bid will be the most advantageous to the County, price, and other factors considered. The County will make the determination. The County reserves the right at any time to reject any and all bids, to waive informalities and technicalities, to award portions of the bid, and to award contracts consistent with the County and the laws governing the State of Georgia. Normal payment terms are net thirty (30) days after receipt of invoice by the Finance Department.

COBB COUNTY
PURCHASING DEPARTMENT
1772 County Services Parkway
Marietta, Georgia 30008-4012
(770) 528-8400/FAX (770) 528-1154
www.cobbcounty.org

IMPORTANT NOTICE – PLEASE READ CAREFULLY!!

All vendors are required to submit the ORIGINAL AND AT LEAST one (1) duplicated copy of any bid submitted to Cobb County. Please refer to your bid specifications to determine if more than one (1) copy is required. Non-submission of a duplicate copy may disqualify your bid/proposal.

A **"SEALED BID LABEL"** has been enclosed to affix to your bid. This label ***MUST*** be affixed to the outside of the envelope or package, **even if it is a "NO BID" response**. Failure to attach the label may result in your bid being opened in error or not being routed to the proper location for consideration. No bid will be accepted after the date and time specified. IT IS THE VENDOR'S RESPONSIBILITY TO ENSURE THAT EACH BID HAS BEEN RECEIVED IN A TIMELY MANNER.

BIDS MUST BE RECEIVED BEFORE 12:00 (NOON) ON BID OPENING DAY

Bids must be received at the Cobb County Purchasing Department**. Any bids received later than 12:00 (noon) will not be accepted**. The County accepts no responsibility for delays in the mail. Bids are to be mailed or hand delivered to:

COBB COUNTY PURCHASING DEPARTMENT
1772 COUNTY SERVICES PARKWAY
MARIETTA, GA 30008-4012

Bids will be opened at 2:00 P.M. in the Cobb County Purchasing Department, 1772 County Services Parkway, 2nd Floor, Conference/Bid Room, Marietta, GA 30008.

Thank you in advance for your cooperation.

SEALED BID LABEL

SEALED BID ENCLOSED

DELIVER TO:
COBB COUNTY PURCHASING
1772 County Services Parkway
Marietta, GA 30008-4012

SEALED BID # 10-5490 DATE: May 27, 2010

BIDS MUST BE RECEIVED BEFORE 12:00 NOON

DESCRIPTION: Request for Proposal
Long Term Disability Insurance and Life AD&D Insurance

PLEASE ATTACH LABEL TO OUTSIDE OF BID PACKAGE

Cobb County...Expect the Best!

REQUEST FOR PROPOSAL

SEALED BID # 10 – 5490
LONG TERM DISABILITY INSURANCE AND LIFE AD&D INSURANCE
COBB COUNTY HUMAN RESOURCES DEPARTMENT
BID OPENING DATE: MAY 27, 2010

PRE-PROPOSAL CONFERENCE: MAY 10, 2010 @ 10:00 AM. (E.S.T.)
COBB COUNTY COMMISSION BOARD ROOM
100 CHEROKEE STREET 2ND FLOOR
MARIETTA, GEORGIA 30090

BIDS ARE RECEIVED IN THE
COBB COUNTY PURCHASING DEPARTMENT
1772 COUNTY SERVICES PARKWAY
MARIETTA, GEORGIA 30008
BEFORE 12:00 (NOON) BY THE BID OPENING DATE

BIDS WILL BE OPENED IN THE COBB COUNTY PURCHASING DEPARTMENT
BID/MEETING ROOM AT 2:00 P.M.

VENDORS ARE REQUIRED TO SUBMIT THE ORIGINAL AND 5 COPIES OF BID
(UNLESS OTHERWISE SPECIFIED IN BID SPECIFICATIONS)

N.I.G.P. COMMODITY CODE: 95300

NAME: _____

ADDRESS: _____

_____

REPRESENTATIVE: _____

PHONE: _____ FAX: _____

E-MAIL _____

NOTE: The Cobb County Purchasing Department will not be responsible for the accuracy or completeness of the content of any Cobb County Invitation to Bid or Request for Proposal or subsequent addenda thereto received from a source other than the Cobb County Purchasing Department.

Cobb County...Expect the Best!

"STATEMENT OF NO BID"

COBB COUNTY PURCHASING DEPARTMENT
1772 COUNTY SERVICES PARKWAY
MARIETTA, GA 30008

TO ALL PROSPECTIVE BIDDERS:

Because of the many requests to be placed on our vendors' list, we are continuously updating the list. While we want to include all bona fide vendors, we do not want to mail bids to those vendors who may no longer be interested in participating in our bidding process.

If you do not choose to respond to the attached Invitation to Bid/Request for Proposal, please fill out the form below indicating whether or not you want to be retained on our current vendor list.

Vendors who do not respond in any way (by either submitting a bid or by returning this form) over a period of one year may be removed from the current vendor list.

Vendors who do not wish to bid often return the entire bid package, sometimes at considerable postage expense. Returning the entire bid package is not necessary. Simply return this form.

Thank you for your cooperation.
Cobb County Purchasing Department

"STATEMENT OF NO BID"
SEALED BID NUMBER 10-5490
LONG TERM DISABILITY INSURANCE AND LIFE AD&D INSURANCE

If you do not wish to respond to the attached Invitation to Bid/Request for Proposal, please complete this form and mail/fax to: **Cobb County Purchasing Department, Attention: Sealed Bid Department, 1772 County Services Parkway, Marietta, GA. Fax # 770-528-1154**

I do not wish to submit a bid/proposal on this solicitation.

I wish to be retained on the vendor list for this commodity or service: Yes_____ No ____

Please PRINT the following:

_____ _____
Company Representative

You are invited to list reasons for your decision not to bid: _____
_____
_____

COBB COUNTY GOVERNMENT

REQUEST FOR PROPOSALS

LONG-TERM DISABILITY INSURANCE

And LIFE/AD&D INSURANCE

Sealed Bid # 10-5490

Proposals are to be received before 12:00 Noon EST **May 27, 2010**
PROPOSALS RECEIVED AFTER THAT TIME WILL NOT BE ACCEPTED.

Proposals are to be received at:

Cobb County Purchasing Department
1772 County Services Parkway
Marietta, GA 30008

One Original and Five Copies of proposals must be submitted in a **sealed** envelope marked on outside "LTD/LIFE BENEFIT PROPOSAL"

COBB COUNTY GOVERNMENT

REQUEST FOR PROPOSALS FOR LONG-TERM DISABILITY INSURANCE and LIFE INSURANCE
Sealed Bid #10-5490

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Available Appendices*:
A – Current Long Term Disability Plan
B – Long Term Disability Premium and Claims History
C – Current LTD Benefit Recipients
D – Current Life / AD&D Plan
E - Life Insurance / AD&D Premium and Claims History
F - Census Data of Eligible Persons and Current Coverage
G – Current Broker Services

* Appendices are available via email from the County's benefits consultant, Chris Clark, of The McCart Group. Please contact him directly for this information at chris.clark@mccart.com.

GENERAL INFORMATION

In keeping with its policy of business-like administration of the public monies entrusted to it, Cobb County Government has decided to consider Request for Proposals (RFP) for the Long-term Disability Insurance and Life / AD&D Insurance Benefit Programs. Future references to the "Life" coverage or program should be read to include AD&D, where applicable. Currently the County receives Broker Services that are considered value added programs to the County and sponsored by the current broker. Broker Services are outlined under Appendix G.

PLEASE NOTE – The County just completed an early retirement window program, called the Immediate Retirement Incentive (IRI). As a result of this program almost 250 employees in the 50-65 age range have just left active employment, and thus coverage under the insurance programs in this RFP. We request that you take that into account when formulating your premium rate offers as we feel the experience reflects a materially different risk than we have going forward.

Accordingly, these specifications have been prepared for the use of interested parties in developing their proposals. Response sheets are included for use in presenting your proposal. **The response sheets are mandatory**; however any other additional information may be submitted as well. It is the County's position that responding companies should select the agent of their choice, if any, and not submit duplicate proposals. Any broker bid, or carrier offering a direct bid, must be able to account for the Current Broker Services in Appendix G.

Cobb County is not considering self-funding plans for either the Long Term Disability or Life Insurance benefits at this time. This Request For Proposal (RFP) is comprised of:

1) Long Term Disability Insurance at:
   a) similar levels of coverage as presently provided with *a stated maximum benefit:*
   b) coverage benefit level with increased *maximum* benefit.
   c) coverage benefit level of your choice

2) Group Life Insurance, Accidental Death and Dismemberment Insurance, and Dependent Life Insurance at:
   a) **Employee Life Option 1** - similar level of coverage as presently provided.
      Two times salary rounded to the next $1,000 with *no maximum* benefit for employees.
   b) **Employee Life Option 2** - coverage benefit level of optional three times salary
      Rounded to the next $1,000 with *no maximum* benefit for employees.
   c) **Elective Employee Life -** additional 1 times salary for employee purchase; (100% employee paid)
   d) **Elective Dependent Life -** Spousal life $25,000, Dependent Child (14 days; but less than six months) $2,500; Dependent six months up to age 26, as a full-time student. $10,000 - All eligible dependents automatically covered.
      (100% employee paid)
   e) **Group Coverage continued for Retirees**
   f) **Coverage benefit level of your choice.**

Proposers may respond to any one or each of these options. All responses must be submitted according to the format provided in the RFP but may be duplicated or re-typed as needed to provide full and complete information. Additional information may be included in support of the required information. If any alternative program is proposed it must be fully explained and presented in accordance with the requirements of and in the format presented in the RFP.

The selection criteria shall be determined using the competitive proposal method. The evaluation process will include equal weighting considerations as to pricing information, the firm's stability, and service delivery in determining the best proposal as set forth in the RFP.

The pages in these specifications are numbered and dated. It is possible that some pages may be revised, either because clarification is needed or because more current data is available. A written addendum to the RFP will be distributed, if necessary, to all persons who received original specifications and requested one or more Appendices.

All proposers offering insurance coverage must be registered in the State of Georgia. All proposals must be in compliance with Georgia Statutes and must be signed by a duly authorized representative of the company empowered to enter into binding contracts for the company.

All data provided has been collected from sources believed to be accurate, and represents the best information available at this time; however, it is not warranted that all information is correct, and respondents should assure themselves of any material they question.

Cobb County's work force consists of employees paid on a bi-weekly basis. Premium payments to the successful proposer are intended to be made on a monthly basis. Cobb County Government last bid on both the Long Term Disability and Life Insurance programs was 2010. **The current contracted rates expire on June 30, 2010.**

The County reserves the right to: (a) reject any and all proposals; (b) accept any alternative proposal which, in its opinion, would best serve the interest of the County; (c) give full proper consideration to the reputation, knowledge, experience, and servicing facilities of each proposer; and (d) select the agency of their choice, if more than one bid is offered on behalf of the same insurance company. Cobb County reserves the right to reject any proposal not submitted within the required time frame; reject any incomplete proposal submitted; contact client references; require further information; and may require presentations of proposals. All costs related to the preparation, submittal, or presentation of any proposals are the responsibility of the respondent and will not be assumed in full or in part by Cobb County.

Should you have questions about the material in the specifications or the response sheets, please direct them in writing to:

Cobb County Purchasing Department
1772 County Services Parkway
Marietta, GA 30008
Fax: (770) 528-1154
E-mail: purchasing@cobbcounty.org

Questions received prior to the pre-proposal conference will be answered at the pre-proposal conference, as well as in writing.

SCHEDULE OF EVENTS

RFP Issue Date	Friday, April 30, 2010
Advertisement Dates	Friday, April 30, 2010 Friday, May 7, 2010 Friday, May 14, 2010 Friday, May 21, 2010
Pre-proposal Conference*	Monday, May 10, 2010

10:00 – 11:00 a.m.; 100 Cherokee Street, Marietta, GA

Deadline for Questions	Tuesday, May 18, 2010 Before 5:00 pm
Due Date and Time for Proposal Delivery**	Thursday, May 27, 2010 Before 12:00 Noon
Proposal Opening**	Thursday, May 27, 2010 At 2:00 p.m.
Recommendation to Board of Commissioners	Tuesday, June 8, 2010
Services to Begin	Friday, July 1, 2010

*The purpose of the pre-proposal conference is to provide a verbal explanation of the RFP's purpose and vendor expectations and have an interactive Q&A with those parties who, after preliminary review of the specifications, intend to bid on this program. Attendance is strongly recommended. Pre-proposal Conference will be held at:

Commission Board Room
100 Cherokee St., 2nd Floor
Marietta, GA

**Proposal Opening is broadcast live on TV23 and is conducted at:

Cobb County Purchasing Department
1772 County Services Parkway
Marietta, GA 30008

PLAN OF BENEFITS

These specifications include the current policy contracts, which are the current plan of benefits for Long Term Disability Insurance and Life Insurance.

Proposals need not exactly match the current policy contract wording; however, **each proposal should point out any significant differences in contract provisions between the contract offered and the present wording**. It is especially important that any wording to limit or exclude acts, which a law enforcement officer would be involved with due to the nature of their work such as, riots and/or demonstration, is deleted from your contract.

Cobb County pays the entire cost for each employee eligible for coverage under the Core Long Term Disability and the current Basic Group Term Life benefit. Each employee pays the entire cost of Dependent Life Coverage, Supplemental Life, and LTD Buy-Up.

Note: Cobb County's pension plan has no provision for disability. The employee may take early retirement at age 55 after seven year's service with an actuarially adjusted benefit. If age 60, and disabled, the employee may take early retirement with a 1% per year penalty in retirement benefits. Full retirement is offered after the sum of service years and attained age equals 80 points, with no age minimum.

TERMS

Cobb County Government considers it to be uneconomical and generally disruptive of good service to request bids for this program more often than every three years unless, in the sole opinion of the Cobb County Government, there has been unsatisfactory service or an unwarranted rate change, if applicable. Cobb County will consider entering into an agreement for a period of up to five years.

The successful proposer may be required to enter into a contract containing the provisions as required by Georgia law pertaining to multi-year contracts. The following is a sample of the provision and will be adjusted as to the term or length of the contract.

This contract shall terminate absolutely and without further obligation on the part of Cobb County at the close of the calendar year in which it was executed, and at the close of each succeeding calendar year for which it may be renewed as provided in O.C.G.A. Section 36-60-13. The contract shall automatically renew for each of the remaining calendar years provided for in the contract, unless positive action is taken by Cobb County to terminate such contract, and the nature of such action shall be written notice provided to the bidder within sixty (60) days before the end of the initial year of the contract or each succeeding remaining calendar year.

This contract shall terminate immediately and absolutely at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of Cobb County under this contract.

ADMINISTRATIVE REQUIREMENTS

1. Plan Documents

The insurance company is to prepare claim forms and similar material subject to approval of Cobb County, and make them available in such quantities as needed for the efficient administration of the plan. Cobb County may elect to duplicate and distribute plan summaries to employees. Cobb County reserves the right to enroll employees without the benefit of company-provided enrollment forms.

Please note that there are special provisions for judges and handicapped dependents in our current Insurance plan.

2. Premium Calculation

Cobb County will compute all premium figures based on payroll data for eligible employees and the contract rate, and will forward a monthly report to the insurance company or administrator if required. Tape/electronic transmission is possible.

3. Claims Handling

The insurance company is to receive all reports of claims, make such investigations of claims, as are necessary, and pay claims.

4. Loss Control (LTD Only)

The insurance company is to include a description of programs it has available for case management, rehabilitation (if applicable) or any similar program, which will benefit Cobb County employees and Cobb County government.

5. Premium Rates

All rates must be guaranteed for three years. Rate guarantees of longer than three years will be considered.

RESPONSE SHEETS
FOR LONG TERM DISABILITY INSURANCE and LIFE INSURANCE

Sealed Bid #10-5490

COBB COUNTY GOVERNMENT

Proposal Deadline: Thursday, May 27, 2010 before 12:00 noon EST
PROPOSALS WILL NOT BE ACCEPTED AFTER THIS TIME

Received at: Cobb County Purchasing Department
1772 County Services Parkway
Marietta, GA 30008

Name of Company: _____

Address: _____

Telephone/Fax: _____/_____

Email Address:_____

Georgia Licensed?: _____ Yes _____ No

BY:_____
Company Contact

_____
Signature

_____
Print Name and Title

RESPONSE SHEETS
FOR LONG TERM DISABILITY INSURANCE and LIFE INSURANCE

TO COBB COUNTY GOVERNMENT

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RESPONSE SHEETS
FOR LONG TERM DISABILITY INSURANCE and LIFE INSURANCE

TO COBB COUNTY GOVERNMENT

INSTRUCTIONS FOR RESPONSE SHEETS/FORMAT

These questions have been prepared to provide interested parties with a checklist of items and to assure prompt and accurate consideration of all proposals. It is, therefore, mandatory that *the response sheet questions be answered.*

The cover page of your proposal should include the name of a person who can be contacted in the event of any question on the proposal. All responses must be submitted according to the format provided in this RFP but may also be duplicated, re-typed, and/or provided in your standard proposal format.

RESPONSE SHEETS
LONG-TERM DISABILITY/LIFE INSURANCE

Based on the information contained in these specifications, please provide the monthly fee proposal for:

Beginning on: **07/01/10…07/01/11…07/01/12…07/2013…07/2014**

Ending on: **06/30/11…06/30/12…06/30/13…06/30/14…06/30/15**

Long Term Disability

$_____... $_____... $_____...$_____..$_____
per $100 covered payroll
Maximum $3,750, minimum $100 monthly benefit, 60% covered salary

per $100 covered payroll **$_____...$_____... $_____…$_____...$_____**
No Maximum, minimum $100 monthly benefit, 70% covered salary

RESPONSE SHEETS - LIFE INSURANCE

Based on the information contained in these specifications, please provide your monthly fee proposal for:

Beginning on:	**07/01/10**	**07/01/11**	**07/01/12**	**07/01/13**	**07/01/14**
Ending on:	**06/30/11**	**06/30/12**	**06/30/13**	**06/30/14**	**06/30/15**

Life Insurance

Employee Life Option 1 **$_____ $_____ $_____ $_____ $_____**
Term 2 times salary rounded to next
Highest $1,000 of coverage payroll
(100% Cobb County paid)

Acc.Death/Dismember **$_____ $_____ $_____ $_____ $_____**
per $1,000 payroll

Is this option portable? ____ Yes ___ No If Yes, include the rates for portability.

Employee Life Option 2 **$_____ $_____ $_____ $_____ $____**
Term 3 times salary rounded
to next Highest $1,000 of coverage payroll
(100% Cobb County paid)

Acc.Death/Dismember **$_____ $_____ $_____ $_____ $_____**
per $1,000 payroll

Is this option portable? ____ Yes ___ No If Yes, include the rates for portability.

Elective Employee Life
Additional 1 times salary **$_____ $_____ $_____ $_____ $_____**
coverage to be Purchased at employee discretion
(100% employee paid)

Acc.Death/Dismember
per $1,000 payroll **$_____ $_____ $_____ $_____ $_____**

Is this option portable? ____ Yes ___ No If Yes, include the rates for portability.

Elective Dependent Life **$_____ $_____ $_____ $_____ $_____**
Spouse $25,000, Child (14 days but less than 1 yr) $2,500; Child 1 yr through age 25 yrs $10,000 (100% employee paid)

Is this option portable? ____ Yes ___ No If Yes, include the rates or portability

Retiree Life
Term 2 times salary at the **$_____ $_____ $_____ $_____ $_____**
Time of Retirement

RESPONSE SHEETS
LONG-TERM DISABILITY/LIFE INSURANCE
FEE PROPOSAL/QUESTIONNAIRE

1. List any and all ratings by which the company has been evaluated. (i.e. A.M. Best's, Standard and Poors. etc.)

   _____

   _____

2. How long has the company been providing LTD and/or Life Insurance coverage?

   _____

   _____

3. If selected, identify any agent and the amount of commission to be paid.

   _____

4. Provide a copy of the company's latest financial statement.

5. Attach a specimen copy of the contract that Cobb County would be expected to sign.

6. Provide a copy of standard claims form, claims procedures, and sample reports that can be regularly provided.

7. Provide a list of current client references. For a least three (3) client references, provide the contact names, telephone numbers, and specific information for which the company has provided coverage. If possible, these references should have at least 2,000 employees enrolled (preferably government).

   _____

   _____

   _____

RESPONSE SHEETS
LONG-TERM DISABILITY/LIFE INSURANCE
FEE PROPOSAL/QUESTIONNAIRE

8. For Long-term Disability proposals only: Provide a summary of any continuation benefits (i.e. after age 65 or post death) that are included in the proposed rates.

_____

_____

9. For Long Term Disability proposals only: If Cobb County would like to have a health insurance premium deducted from each eligible participant's monthly benefit check and forwarded back to Cobb County along with a summary report, summarize the cost, if any, that would be charged for the service?

_____

_____

_____

10. Should it be necessary to transition to a different company, describe the transition procedure for employees who are currently on leave of absence? Please respond for the Life benefit and for the Long-term Disability benefit. For the Long-term Disability benefit, describe the procedure to transition an employee who was on leave of absence initially for a non-medical reason who later became disabled?

_____

_____

11. From what physical location would services for Cobb County be provided? Who would be the day-to-day contact?

_____

12. Can the company provide any unique features, capabilities, and technical or legal resources?

_____

_____

13. Are there any other fees that will be required by the company that have not been stated in this RFP? If yes, describe in detail.

_____

RESPONSE SHEETS
LONG-TERM DISABILITY/LIFE INSURANCE
FEE PROPOSAL/QUESTIONNAIRE

14. Please provide, in a separate section of your proposal, a detailed description of the Benefits Enrollment solution you are proposing. Please include information about how many employers and employee lives are currently serviced, how long you have provided these services and any other information you feel would be helpful in distinguishing your system from others.

15. Provide a detailed listing of any of the enrollment services identified in Appendix G that are not included in your proposal.

16. Provide the cost of your proposed enrollment solution for this group, assuming it was not built into the insurance rates. Note that this should be built into your insurance rates quoted, this question is for comparative purposes.

17. If your other references do not also use your enrollment solution please also provide at least 2 additional references that do.

18. Please provide, in a separate section of your proposal, a detailed description of the Flexible Spending Account administration solution you are proposing. Please include information about how many employers and employee lives are currently serviced, how long you have provided these services and any other information you feel would be helpful in distinguishing your offer.

19. Provide a detailed listing of any of the FSA administration services identified in Appendix G that are not included in your proposal.

20. Provide the cost of your proposed FSA administration solution for this group, assuming it was not built into the insurance rates. Note that this should be built into your insurance rates quoted, this question is for comparative purposes.

21. Provide a copy of the last SAS-70 audit of your FSA administration solution, if available. If not, please describe comparable measures utilized by your firm to assure quality/compliance.

22. If your other references do not also use your FSA administration solution please also provide at least 2 additional references that do.

CERTIFICATION AND CONFLICT OF INTEREST STATEMENT

As a duly authorized representative of (firm)
_____
I, _____, certify that to the best of my knowledge that no circumstances exist which will cause a conflict of interest in performing services for Cobb County Government, that no employee of Cobb County, nor any public agency official or employee affected by this Request For Proposals has any pecuniary interest in the business of this firm, subsidiary, or other legal entity of which this firm is a part, and that no person associated with or employed by this firm has any interest that would conflict in any manner or degree with the performance of services for Cobb County Government.

_____	_____
Date	Signature
_____	_____
Telephone	Print Name
	_____
	Title