

CITY OF FLOWERY BRANCH, GEORGIA
5410 W. Pine St.
Flowery Branch, GA 30542
Bid # FY22-006

TO: Prospective Vendors
DATE: April 19, 2022
SUBJECT: Request for Proposals for Benefits Consulting and Broker Services

You are invited to submit Proposals for Benefits Consulting and Broker Services for Health, Dental, Vision, Life, and Ancillary/Voluntary Benefits for the City of Flowery Branch, Georgia. THIS IS NOT A REQUEST FOR INSURANCE COVERAGE.

Attached are the general conditions, technical specifications, and submittal format.

The written requirements contained in this Request for Proposal (RFP) shall not be changed or superseded except by written addendum from City of Flowery Branch. Failure to comply with the written requirements for this RFP may result in disqualification of the submittal by City of Flowery Branch.

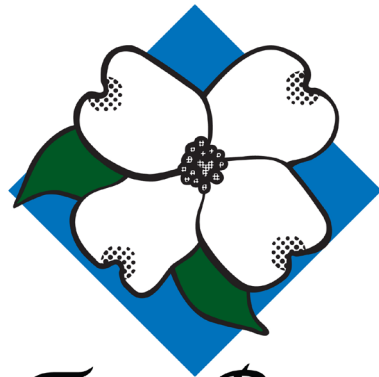
Submittals are to be sealed, marked with the submitting firm's name and address and labeled: **"Bid # FY 22-006 Insurance Broker Services"** and delivered to:

City of Flowery Branch
Attn: Alisha Gamble
Finance Director
5410 W. Pine Street
Flowery Branch, GA 30542

not later than **Thursday, May 19, 2022 at 2:00 p.m. P.M. local time.**

The City of Flowery Branch reserves the right to reject any and all submittals, to waive any technicalities or irregularities and to make an award based on the best interest of City of Flowery Branch.

Inquiries regarding this Request for Proposal (RFP) should be made to Alisha Gamble, Finance Director, Tel: (470) 798-0524, Fax: (770) 967-6381, Email: alisha@flowerybranchga.org



Flowery Branch

REQUEST FOR PROPOSALS

**Benefits Consulting
and
Brokerage Services
Bid # FY 22-006**

CITY OF FLOWERY BRANCH, GEORGIA

SECTION I - REQUEST FOR PROPOSALS OVERVIEW

A. PURPOSE

The purpose of this Request for Proposals (RFP) is to seek qualified brokers to assist the City of Flowery Branch with strategically planning, designing, negotiating and implementing the best coverage and cost for selective employee benefit programs to include Health, Dental, Vision, Life and Ancillary/Voluntary Benefits for the City of Flowery Branch. **THIS IS NOT A REQUEST FOR INSURANCE COVERAGE.**

B. INFORMATION TO OFFERORS

1. RFP TIMETABLE

The anticipated schedule for the RFP is as follows:

RFP Available April 19, 2022

Deadline for questions May 9, 2022 2:00 p.m.

Submittal deadline May 19, 2022 2:00 p.m.

2. BID SUBMISSION:

Four (4) sets (one **(1)** original, three **(3)** copies, and one (1) electronic .pdf version on CD or “thumb drive”) of the complete signed submittal must be received by **Thursday, May 19, 2022 by 2:00 P.M. local time prevailing.**

Proposals must be submitted in a sealed container stating on the outside, the submitting firm name, address and Bid # FY Insurance Broker Service to:

**City of Flowery Branch
Attn: Alisha Gamble, Finance Department
5410 W. Pine Street
Flowery Branch, GA 30542**

Hand delivered copies may be delivered to the above address **ONLY** between the hours of 8:00 a.m. and 4:30 p.m. local time, Monday through Friday, excluding holidays observed by the City of Flowery Branch.

Submitting firms are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

The Submittal must be signed by a company officer who is legally authorized to enter into a contractual relationship in the name of the submitting firm.

3. CONTACT PERSON:

Submitting firms are encouraged to contact Alisha Gamble, Finance Director, **Tel: (470) 798-0524, Fax: (770) 967-6381, Email: alisha@flowerybranchga.org** with questions on the RFP requirements. All questions that arise prior to the DEADLINE FOR QUESTIONS due date shall be directed to the contact person in writing via facsimile or email. Any unauthorized contact shall not be used as a basis for responding to this RFP and also may result in the disqualification of the prospective vendor's submittal.

4. ADDITIONAL INFORMATION/ADDENDA

The City of Flowery Branch will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Submitting firms should not rely on any representations, statements or explanations other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.

Offerors must acknowledge any issued addenda by including Attachment B-Addenda Acknowledgement with the submittal. Proposals which fail to acknowledge the offeror's receipt of any addendum will result in the rejection of the offer if the addendum contains information which substantively changes the Owner's requirements

5. LATE SUBMITTAL, LATE MODIFICATIONS AND LATE WITHDRAWALS

Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. The City of Flowery Branch Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

6. REJECTION OF PROPOSALS

City of Flowery Branch may reject any and all proposals and reserves the right to waive any irregularities or informalities in any proposal or in the submittal procedure.

Submittals received after said time or at any place other than the time and place as stated in the notice will not be considered.

7. MINIMUM RFP ACCEPTANCE PERIOD

Proposals shall be valid and may not be withdrawn for a period of 60 days from the date specified for receipt of proposals.

8. NON-COLLUSION AFFIDAVIT

By submitting a Proposal, the offeror represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the offeror has not directly or indirectly induced or solicited any other offeror to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the offeror has not in any manner sought by collusion to secure to that offeror any advantage over any other offeror.

By submitting a proposal, the offeror represents and warrants that no official or employee of City of Flowery Branch Government has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to arise there from.

9. COST INCURRED BY OFFERORS
All expenses involved with the preparation and submission of the RFP to the City of Flowery Branch, or any work performed in connection therewith is the responsibility of the offeror(s).
10. RFP OPENING
Submitted proposals will not be opened or read aloud publicly. A list of names of firms providing Proposals may be obtained from the Purchasing Department, after the due date and time stated herein.

C. GENERAL PROCUREMENT INSTRUCTIONS

1. City of Flowery Branch must receive all proposals not later than the date and time listed on the cover sheet of this proposal. Proposals must be sealed with "**Bid # 22-006 Insurance Brokerage Services**" clearly marked on the outside of the envelope. **Four (4) sets of the proposal must be received from each offeror (1 original, 3 copies, 1 .pdf formatted file on CD or "thumb drive")**. Each proposal must be signed and dated by an official authorized to bind the firm. Late proposals will not be considered for award. Electronic proposals (fax, email, etc.) will not be considered, other than the .pdf copy required in the submission package.
2. Proposals will be evaluated according to completeness, content, experience with similar projects, ability of the broker and its staff. The award of a contract to one broker does not mean that the other proposals lacked merit, but that, all factors considered, the selected proposal was deemed to provide the best value to the City.
3. Brokers are cautioned that this is a request for offers, not a request to contract and the City reserves the unqualified right to reject any and all offers when such rejection is deemed to be in the best interest of the City.
4. Elaborate proposals in the form of brochures or other presentations beyond that necessary to present a complete and effective proposal are not desired.
5. Any costs incurred by broker in preparing or submitting offers are the broker's sole responsibility; City of Flowery Branch will not reimburse any broker for any costs incurred prior to award.
6. Proposals must be submitted in accordance with the requirements of the RFP. Failure to include any required information may cause rejection of the proposal.
7. All respondents must complete the forms "**References**", "**Execution of Proposal**" and "**Addenda Acknowledgement**" and submit these forms with their proposal. Failure to complete and return these forms will automatically disqualify a respondent.
8. The City has included a list of "Frequently asked Questions" and answers for your information.

SECTION II - GENERAL CONDITIONS

A. Purpose:

The purpose of this Request for Proposals (RFP) is to seek qualified brokers to assist City of Flowery Branch with strategically planning, designing and negotiating the best coverage and cost for selective employee benefit programs and commercial property and casualty coverages. The City has approximately **51** full-time employee positions. City of Flowery Branch is constantly competing to recruit and retain the best employees possible. Our leadership is looking to ensure we have financially competitive and affordable benefit programs to offer our employees as well as comprehensive property and casualty protection.

B. Contract Period:

Any contract resulting from this proposal shall be effective beginning on the first of the month following consultant/broker selection resulting from this RFP. It is the intent of the City of Flowery Branch to continue services for four additional one-year extensions should it remain in the best interest of the City and its employees to retain said services.

C. Respondent Proposals:

The City of Flowery Branch requires qualified respondents to this RFP to be Licensed Brokers in the State of Georgia that are independent and not affiliated with any insurance company, third party administrative agency or provider network. The brokerage firm must have not less than **5** years experience in providing brokerage services to employers with at least **50** employees. Experience in the provision of brokerage services to public sector employers is preferred but not required.

D. Scope of Work:

Provision of consulting and brokerage services to City of Flowery Branch for employee benefit programs including health, dental, vision, life, ancillary/voluntary benefits and commercial property & casualty coverages under any agreement ensuing from this proposal will entail the following, at a minimum:

1. Auditing resulting contracts for accuracy of coverage, terms and conditions
2. Assisting with annual benefits renewals, including negotiation of changes in contracts
3. Assisting the City in determining specifications for future insurance coverage
4. Marketing the City's desired insurance package through identification of appropriate carriers, analysis of proposals, provisions of recommendations, and assistance in contract negotiation
5. Preparing, disseminating, and analyzing bid packages in accordance with City specifications, should formal bidding of insurance packages be deemed necessary
6. Reviewing the employee benefit package for quality of benefits provided, cost effectiveness, competitiveness and plan administration on an annual basis.
7. Monitor ongoing contracts, including third part administrators, to insure contract compliance.

8. Analyzing claims history and insurance utilization at least quarterly
9. Providing information on employee benefit issues, trends and proposed or new legislation
10. Meeting with the City administrative staff as needed
11. Assisting in the design of employee benefits communications and participating in Benefit Fairs and annual enrollment process
12. Providing a key contact person to be available to answer questions and resolve issues that arise during the year regarding employee benefits, contract administration, and service provisions
13. Evaluating various insurance products submitted for consideration by insurance carriers
14. Perform other related consultation services as needed or requested

E. Vendor Proposal Requirements:

The proposal response must clearly demonstrate the required Proposals, expertise, competence and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the *Scope* of this document. Costs incurred by firms responding to this RFP are solely their responsibility. Additionally, please include the answers to the following questions (Address each by section and number):

General Overview

1. Provide a brief overview of your organization, including history, capabilities of your firm, organizational structure (i.e. publicly held corporation, partnership, etc.).
2. Provide an organization chart of the team that would be assigned to service our company for each area.
3. Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not employed by any insurance company, third party administrative agency or provider network.

Benefit Questions

4. If retained by City of Flowery Branch, what would be your first priority?
5. Describe your organization's Quality Assurance/Peer Review process.
6. Provide us an implementation and reporting schedule for the establishment of a new or renewal of an existing benefit plan. NOTE: The City of Flowery Branch's current plan year for benefits is Dec 1 – Nov 30.
7. Describe your procedures for monitoring client satisfaction.
8. Describe the key characteristics of your firm that distinguishes your firm in the marketplace.

9. Describe your firm's experience with designing flexible benefits plans in general and medical plans in particular.
10. Describe your marketplace presence to which your organization has access to the national vendors, administrative services, and voluntary insurance products.
11. Describe your experience with self-funded and alternative funded plans, including your ability to set reserves, report experience and project funding levels.
12. Please outline your ability and the resources (e.g. actuaries, economic forecasting) available to establish trends and recommendation in plan design.
13. Explain your ability to monitor regulatory and legislative developments on the federal and state level that may impact our company's benefit plans. How does your firm typically disseminate this information to clients?
14. Does your organization publish newsletters or other descriptive publications that are routinely provided to clients? If so, please describe and provide a copy of a recent issue.
15. Provide a sample of written communication(s) piece that you've created for an employer.
16. What innovation "outside the box" solutions have you provided your clients?
17. How would your firm go about assisting us in the use of technology in the communication, enrollment, self-service, and administration of all our benefit plans? List clients for whom you've done this.
18. How are annual renewals negotiations handled?
19. Explain the timing and nature of formal scheduled meetings that would occur throughout the plan year.
20. What advantage will City of Flowery Branch have by working with your firm?
21. What steps has your firm taken to help employers address the new requirements of the Affordable Care Act?
22. Describe your resources and capabilities to optimize a benefit strategy around the implications of the ACA?
23. Describe your experience with Benefit Administration systems and payroll integration for benefits?
24. Describe how your firm will be compensated for the proposed work?
25. Describe your contractual relationships, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, etc.).
26. Please provide a list of four verifiable (preferably public sector) references, all of whom are able to comment of your organization's relevant experience. Please include group name, contact name, and telephone number.

Please furnish:

1. Services you provided
2. Benefit programs addressed
3. Time period covered
4. Number of covered employees
5. Contact name and phone number

It is the vendor's responsibility to provide valid reference information and the City of Flowery Branch reserves the right to use reference checks in its evaluation of proposals.

27. What training resources does your organization provide to assist your clients in educating and training their benefit staff?

F. Criteria for Evaluation:

All proposals will be evaluated according to:

- Your firm's indicated ability to provide a level of service sufficient to meet the City's needs, as stated in your response to item 4. (Scope of Services) and 5. (Vendor Proposal Requirements).
- Extent and success of previous work your firm has provided to organizations similar in nature and size to City of Flowery Branch, as determined by City of Flowery Branch's contact with listed references.
- The proposal itself as an example of your firm's work product.
- Proposals/experience of key personnel to be assigned to the project.
- Adherence to RFP requirements, including: completion of all required forms; provision of all requested information; adequacy of responses, and return of the RFP by the stated deadline.

G. Pricing:

It is City of Flowery Branch's expectation that brokerage fees and commissions will be borne by the selected insurance carrier/provider. If additional brokerage fees are expected of City of Flowery Branch, or if your firm offers additional fee-supported services which are supplemental to your proposal, please clearly outline such costs and services on a separate fee schedule.

H. Oral Presentations:

During the evaluation process, City of Flowery Branch may at its discretion, request oral presentations from any or all respondents for the purpose of clarification or amplifying the materials presented. However, respondents are cautioned that the City is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker.

I. Final Selection:

Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to the City of Flowery Branch City Commission. Following approval, the City will complete contract negotiations. The selected vendor should be prepared to commence working on the employee benefit package immediately following contract execution.

Note: City of Flowery Branch reserves the right to accept the response that is determined to be in the best interest of the City and its employees. The City reserves the right to reject any and or all proposals.

COMPANY NAME _____

REFERENCES

PROPOSALS MUST LIST FOUR (4), PREFERALLY PUBLIC SECTOR, REFERENCES FOR WHOM SIMILAR WORK HAS BEEN PERFORMED DURING THE PAST THREE (3) YEARS.

(1) CLIENT NAME _____

ADDRESS (Street) _____

ADDRESS (City, St, Zip) _____

CONTACT NAME _____

TELEPHONE/E-MAIL _____

(2) CLIENT NAME _____

ADDRESS (Street) _____

ADDRESS (City, St, Zip) _____

CONTACT NAME _____

TELEPHONE/E-MAIL _____

(3) CLIENT NAME _____

ADDRESS (Street) _____

ADDRESS (City, St, Zip) _____

CONTACT NAME _____

TELEPHONE/E-MAIL _____

(4) CLIENT NAME _____

ADDRESS (Street) _____

ADDRESS (City, St, Zip) _____

CONTACT NAME _____

TELEPHONE/E-MAIL _____

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

EXECUTION OF PROPOSAL

DATE: _____

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- ___ That this proposal was signed by an authorized representative of the firm.
- ___ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- ___ **That all labor costs associated with this project have been determined, including all direct and indirect costs.**
- ___ That the potential Contractor agrees to the conditions as set forth in this **Request for Proposal** with no exceptions.

Therefore, in compliance with the foregoing **Request for Proposals**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within sixty (60) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

Business Contact Representative

Operational Contact Representative

Vendor's Name Federal ID #

Address

Phone Fax

Email

Authorized Signature Date

Typed Name & Title

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

ADDENDA ACKNOWLEDGEMENT

The Offeror has examined and carefully studied the Request for Proposals and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Authorized Representative/Title
(Print or Type)

Authorized Representative
(Signature)

(Date)

Offerors must acknowledge any issued addenda. Proposals which fail to acknowledge the offeror's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the City's requirements.