

**MOBILE COUNTY COMMISSION  
205 Government Street  
Mobile, Alabama 36644  
PO Box 1443  
Mobile, Al 36633**

**REQUEST FOR PROPOSAL**

**NO: 2-2010**

**APRIL 12, 2010**

In accordance with General Act No. 217, Special Session 1967, notice is hereby given that the Mobile County Commission, Mobile, Alabama, will receive proposals from qualified parties for the following:

**EXCLUSIVE RIGHT TO OFFER AND SELL CERTAIN OPTIONAL PAYROLL DEDUCTED INSURANCE PRODUCTS TO ITS EMPLOYEES AS PER ATTACHED SPECIFICATIONS:**

Any questions or comments concerning the proposal requirements must be brought to the attention of the Purchasing Agent, Susan Holland, 251-574-8613, 205 Government Street, 8<sup>th</sup> floor south, Mobile, Alabama 36644, to or at the opening or will be forever waived.

All bidders shall furnish a five (5%) percent bid bond on any contract exceeding \$10,000: provided that bonding is available for services, equipment or materials.

Out of State Corporations shall furnish a Certificate of Authority to transact business in the State of Alabama. Out of State limited liability companies shall provide proof of registration to transact business in this state.

If applicable to a contract resulting from this invitation, the successful bidder must comply with the Contractor Felony Investigation Policy, available in the Purchasing Department or at mobilecounty.org.

This inquiry is to establish a price and a source of supply for the above listed items by Mobile County Commission and the incorporated areas therein. Purchases by political subdivisions are optional with those agencies.

**THE MOBILE COUNTY COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, SEX, NATIONAL ORIGIN, RELIGION, OR DISABILITIES.**

F.O.B. Mobile DATE OF DELIVERY \_\_\_\_\_ Terms \_\_\_\_\_ You are invited to submit a proposal on the above specifications. The restrictions contained herein are for the purpose of fixing a quality level, and any deviation there from must, in detail establish that it meets the quality requirements.

**PROPOSALS WILL BE RECEIVED UNTIL 10:00 A.M. JUNE 2, 2010**

**ALL PROPOSALS MUST BE SEALED, THE WORD "PROPOSAL", THE PROPOSAL NUMBER AND THE NAME OF THE ITEM MARKED ON THE OUTSIDE OF THE ENVELOPE. PROPOSALS WILL BE RECEIVED BY THE RECEPTIONIST IN THE OFFICE OF THE COUNTY COMMISSION ADMINISTRATOR, 205 GOVERNMENT STREET ON THE EIGHTH FLOOR OF THE MOBILE COUNTY GOVERNMENT PLAZA. FAILURE TO OBSERVE THE ABOVE INSTRUCTIONS WILL CONSTITUTE GROUNDS FOR REJECTION OF YOUR PROPOSAL. THE COMMISSION RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS.**

MOBILE COUNTY COMMISSION

JOHN PAFENBACH, COUNTY ADMINISTRATOR

DATE: \_\_\_\_\_

RFP# 2-2010

*EXCLUSIVE ADMINISTRATION OF A PROGRAM OF PAYROLL DEDUCTED INSURANCE PRODUCTS FOR ELIGIBLE EMPLOYEES:*

**COMPANY** \_\_\_\_\_

**COMPANY REPRESENTATIVE** \_\_\_\_\_  
(Print)

**COMPANY REPRESENTATIVE** \_\_\_\_\_  
(Signature)

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER ( )** \_\_\_\_\_ **FAX NUMBER ( )** \_\_\_\_\_

**FEDERAL ID NUMBER** \_\_\_\_\_

## REQUEST FOR PROPOSALS

### I. Purpose of Request

The Mobile County Commission, Mobile, Alabama (hereinafter referred to as **MCC**) is seeking proposals from qualified parties for the exclusive right to offer and sell certain optional payroll-deducted insurance products for its employees. **MCC** makes these products available to its employees to enhance its benefit program. In proposing these benefits the following objectives should be considered by the proposer:

- To provide professional and responsible administration of all facets of the payroll deducted insurance program;
- To minimize **MCC**'s administrative involvement in the provision of these benefits;
- To minimize disruption of **MCC** operations occurring as a result of making these benefits available to employees and servicing the accounts;
- To administer the program at no cost to the **MCC**;
- To provide only high quality products from companies with AM Best ratings A+ or better, or as otherwise approved by **MCC**, with competitive premiums;
- To provide a guaranteed issue provision so that every employee has access to the products;
- To provide high quality service to the **MCC** and its employees, including the prompt resolution of all employee and **MCC** complaints;
- To implement this program within 60 days of awarding the proposal.

### II. Background

Eligible employees are those who are paid through the **MCC** Payroll Department. The number of eligible employees is approximately 1750.

Compensation and benefits management is carried out by the Human Resources Department, under the direction of the Director of General Services. The Finance Department in conjunction with the Payroll Department are responsible for payroll deduction, transfer of premiums, and general information about the insured individual.

**MCC** currently allows payroll deducted insurance products to be provided and serviced by outside vendors of these products. We would like to streamline this program in order to reduce disruption to **MCC** operations and make the products accessible to all employees. At this time, **MCC** is making payroll deducted premium payments to the following vendors:

	<u>Annual Payroll Deduction Amount</u>
• American Family Life Assurance Company (AFLAC)	\$419,580
• Liberty National Life Insurance Company	\$124,172
• American General Life & Accident Insurance Company (AIG)	\$ 50,544
• Colonial Life & Accident Insurance Company	\$ 95,476
• Blue Cross & Blue Shield Long Term Care	\$ 12,005

**MCC** provides its employees with a self-insured group health and dental insurance plan and basic life insurance. Health and dental insurance is administered through Blue Cross Blue Shield of Alabama. Life insurance is through Hartford Life Insurance Company, with a death benefit of \$50,000. The **MCC**'s group health and dental insurance and basic life insurance are not within the scope of this Request for Proposals.

### III. **Proposal and Submission Requirements**

Proposals shall be submitted in a sealed envelope and must be received in the Office of **MCC**, 205 Government Street, 8<sup>th</sup> Floor, South Tower, prior to 10:00 a.m. on June 2, 2010. The submission should include an original and three copies of the proposal. Emails or facsimiles will not be accepted.

The envelope must be plainly marked on the outside as follows:

PROPOSAL:	Payroll-Deducted Insurance Benefits
NUMBER:	2-2010
DATE:	June 2, 2010

The proposal shall be signed by a representative who is authorized to contractually bind the proposer. Each proposal shall be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the Request for Proposal. The emphasis in each proposal must be on completeness and clarity of content. In order to expedite the evaluation of proposals, proposers should follow the format and instructions contained herein.

If the proposer so wishes, the proposal may be accompanied with brochures, promotional materials, or displays properly identified.

Proposers must include a proposal transmittal letter binding your firm to your proposal, signed in ink. Omission of a signed transmittal letter will result in rejection of your proposal. The letter must state that the products and rates are guaranteed for a period of no less than 120-days to allow time for a decision. The products and rates should have at least a 3-year guarantee from the effective date.

#### **Proposal Format**

##### 1. Title Page

Show the request for proposal subject, the name of your firm, address, telephone number, name of contact person, email address, and date.

##### 2. Table of Contents

Clearly identify the material by section and page number

##### 3. Letter of Transmittal

- a) Briefly state your firm's understanding of the service to be provided and provide a positive commitment to perform the service.
- b) Give the names of persons who will be authorized to make representations of your firm, their titles, addresses, phone numbers, and email address.

##### 4. Profile of Proposer

- a) State whether your organization is national, regional, or local.
- b) State the location of the office from which the service will be provided.
- c) Describe the firm's experience in the delivery and administration of payroll deducted insurance benefits for public and/or private employers, and the number of years engaged in this type of work. Provide a representative list of current and prior clients, in particularly county governments, for whom you have provided this type of service. Include the contact person's name and telephone number.
- d) State if you have been involved in litigation within the last five years or if there is any pending litigation in any way arising out of the performance or delivery of the proposer's service. If so, please provide a brief explanation of the issues involved and the outcome, if resolved.

##### 5. Summary of Proposer's Qualifications

- a) Identify the service Manager and each person who will be involved in the implementation and service of this program. Provide information describing each person's qualifications to provide this type of service, including relevant experience and education/training.

6. Proposed Approach for the Development and Provision of Service
  - a) List and describe the products you would make available.
  - b) Describe your proposed approach to enroll employees, including a schedule of events or activities. In doing so, please note that disruption of work should be minimized and that all meetings must be approved by the Human Resources Department in advance.
  - c) Describe in detail the services that would be provided to employees.
  - d) Describe in detail any necessary administrative interaction with **MCC** including enrollment and billing.
  - e) Describe in detail your approach to resolving complaints and service issues.
7. Fees and Expenses
  - a) Please provide detailed information about the frequency of invoices, method of payment, payment due dates, and your organization's accounts receivable policies.
  - b) If commissions are to be paid to any licensed agent in connection with any of the products proposed, the name of the individual and the commission as a percent of gross premiums or other formula for each product must be stated.

#### IV. **Information or Clarification**

It is preferred that all questions be submitted in writing. To facilitate prompt receipt of questions, they should be sent via email. For information concerning procedures for responding to this Request for Proposals, contact the Purchasing Coordinator, Susan Holland at [sholland@mobile-county.net](mailto:sholland@mobile-county.net) . All other questions should be directed to Finise Howard-Burnett at [fhoward-burnett@mobile-county.net](mailto:fhoward-burnett@mobile-county.net).

#### V. **Other Considerations**

1. Describe any services which might benefit **MCC** or its employees such as electronic enrollment, total compensation statements, web site access to information, forms, etc.
2. It is intended that the existing voluntary products will no longer qualify for the payroll deduction privilege in favor of new products. The successful bidder is encouraged to provide the opportunity for all employees to transfer coverage on a no loss no gain basis.
3. Any proposals submitted after the time and date specified in this Request for Proposals will not be considered.
4. **MCC** reserves the right to select the most responsible proposer. **MCC** reserves the right to award the contract from any of the proposals submitted, to reject any and all proposals, and to waive any informalities in the proposals received. Proposals will be good for one hundred and twenty (120) days after being opened by **MCC**.
5. All materials submitted in response to this Request for Proposals become the property of **MCC** and will be returned only at the option of the **MCC**. The **MCC** has the right to use any or all ideas presented in any response to the Request for Proposals whether amended or not, and selection or rejection of the proposal does not affect this right.
6. After the initial review of the proposals, **MCC** may invite proposal representatives for an interview to discuss the proposal and to meet key personnel who would be engaged in the administration and service of this program. It is understood that the **MCC** shall entail no costs as a result of this interview, nor bear any obligation in further consideration of the proposal.
7. **MCC** will conduct contract negotiations with the proposer whose proposal is selected as most beneficial to **MCC's** employees. Until the **MCC** acts formally to authorize to enter into a contract with the proposer, and until such contract is signed by both parties, **MCC** is legally obligated in no respect.

8. In the event **MCC** does not find any proposals submitted in response to this Request for Proposals acceptable, it may at its discretion re-open the proposal process and invite additional firms to submit proposals.
9. The successful firm must possess or obtain an appropriate license to conduct business in the State of Alabama if the nature of the transaction requires such license.
10. Enrollers or representatives for the proposer should include minority representation comparable to that of the population served.
11. The successful firm will be required to provide certificates of insurance showing that the vendor carries, or has in force, general liability insurance and workers' compensation insurance. Limits of liability for general liability insurance shall be, at minimum, \$1,000,000 per occurrence, \$1,000,000 personal and advertising injury, \$1,000,000 general aggregate and \$1,000,000 products and completed operations aggregate. Workers' Compensation insurance shall provide statutory workers' compensation coverage and employers liability coverage with limits of, at minimum, \$100,000 each accident, \$100,000 disease-employee and \$500,000 disease-policy limit.

The certificate of insurance shall provide MCC with thirty days written notice of cancellation of any of the coverages named in said certificate and show MCC as additional insured.

Questions concerning insurance coverage can be answered by the Risk Management Coordinator, Joseph Stewart, who can be contacted at [jmstewart@mobile-county.net](mailto:jmstewart@mobile-county.net).