

**City of Brenham, Texas**

**Request for Proposals:**

**Group Basic Term Life, Accidental Death & Dismemberment,  
and Long-Term Disability Insurance**

**RFP Number:** 21-003

**Proposal Deadline:** **2:00 PM (CST) Friday, November 20, 2020**  
Responses will be opened on this date and time in the Purchasing Services Office/City Hall and names of proposing firms announced for public record.

**Pre-RFP Questions:** The deadline for submittal of questions pertaining to this RFP is **Thursday, November 12, 2020 at 12:00 Noon (CST)**. Questions will be answered by Addendum no later than **Monday, November 16, 2020 by 5:00 PM (CST)**.

**1<sup>st</sup> Publication:** **October 22, 2020**

**2<sup>nd</sup> Publication:** **October 29, 2020**

**Submit Proposal to:** *This is a **FORMAL RFP** and proposals must be submitted to:*

**City Secretary's Office, Suite 203**

**City of Brenham**

**200 W. Vulcan St.**

**Brenham, Texas 77833**

or

**PO Box 1059**

**Brenham, Texas 77834-1059**

## **SECTION I: GENERAL INFORMATION**

### **1. REQUEST FOR PROPOSALS**

The City of Brenham requests proposals from a vendor to provide the following services:

- 1.1. Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance
- 1.2. Long Term Disability (LTD) Insurance

### **2. ADDENDA**

No person has the authority to verbally alter this RFP or any associated term, condition or specification. In the event of a needed change in the published documents, it is understood that all of the foregoing terms and conditions and all performance requirements will apply to any published addendum. Any changes or additional information related to this RFP will be posted on the City website, [www.cityofbrenham.org](http://www.cityofbrenham.org).

All published addenda shall be acknowledged on the submitted response form. Proposing firms are responsible for obtaining all published addenda from the website or from the City of Brenham Purchasing Services Office. The City assumes no responsibility for a Proposer's failure to obtain and /or properly acknowledge any addendum. Failure to acknowledge any addendum may be cause for a proposal to be rejected. The City's decision to accept or reject any particular bid due to a failure to acknowledge and submit addenda shall be final.

### **3. PRE-RFP QUESTIONS**

- 3.1. The deadline for submittal of questions pertaining to this RFP is THURSDAY, November 12, 2020 at 12:00 Noon (CST).
- 3.2. Questions will be answered by Addendum not later than MONDAY, November 16, 2020 BY 5:00 PM (CST).
- 3.3. Questions must be submitted by email only to: [kbranham@cityofbrenham.org](mailto:kbranham@cityofbrenham.org) or [jbelling@cityofbrenham.org](mailto:jbelling@cityofbrenham.org)

**4. RFP DUE DATE**

Proposals are due no later than **2:00 PM (CST) FRIDAY, NOVEMBER 20, 2020** to:

**Hand-deliver to:**

200 W. Vulcan Street  
Suite 203  
Brenham, TX 77833

**Mail to:**

P.O. Box 1059  
Brenham, TX 77834-1059  
ATTN: City Secretary

**Ship to (FedEx, UPS, DHL, etc.):**

200 W. Vulcan Street  
Suite 203  
Brenham, TX 77833

**5. REQUIRED DOCUMENTS**

Required documents to be submitted with all proposals are listed on the **RFP RESPONSE FORM**. Instructions concerning the RFP process are further specified in **Section II: RFP Specifications** of this document.

**6. AWARD**

Award of this RFP shall be made according to best value to the City as determined by criteria set forth within this RFP and not solely by lowest price or any other factor. The City reserves the right to accept or reject any response or combination of responses deemed advantageous to it. The CITY reserves the right to make an award without further discussion of the submittals.

**7. INFORMATION**

Please note that to ensure the proper and fair evaluation of all responses, the City of Brenham prohibits ex parte communications (e.g. unsolicited) initiated by prospective firms to any City Official, City Employee, or Evaluation Committee Member prior to the time a decision has been made. Communication between firms and the City will be initiated by the appropriate City representative as needed to obtain information or clarification to develop a proper and accurate evaluation of the response. Any contact initiated by a submitting firm must be made through the Purchasing and Fleet Supervisor as stated above. Ex parte communication may be grounds for disqualifying the offering firm from consideration or award of the project under consideration, or any future projects.

For any information needed concerning specifications, contact:

Kyle Branham, Purchasing and Fleet Supervisor or  
Jeana Bellinger, City Secretary- Director of Administrative services

Purchasing Services  
City of Brenham

**Physical Address:**

200 W. Vulcan St., Brenham, TX 77833

**Mailing Address:**

PO Box 1059, Brenham, TX 77834-1059

Phone: (979) 337-7537

Email:

[kbranham@cityofbrenham.org](mailto:kbranham@cityofbrenham.org)

[jbelling@cityofbrenham.org](mailto:jbelling@cityofbrenham.org)

## **SECTION II: RFP SPECIFICATIONS**

### **1. INTRODUCTION**

The City of Brenham requests proposals from firms qualified to provide the following services:

- 1.1. **Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance**
- 1.2. **Long Term Disability (LTD) Insurance**

### **2. GENERAL INFORMATION**

- 2.1. **Plan Effective Date**  
January 1, 2021

- 2.2. **Plan Year**  
January 1 through December 31

- 2.3. **Term of Contract**  
The City requests proposals with a **three (3) year rate guarantee**. The contract(s) will be for three (3) years with an option for **two (2) annual renewals**. Rates must be guaranteed for the three-year contract period. Rates shall be net of commissions and fees. Approval on behalf of the City to extend this contract will be made by the City Council. The effective date of the new contract will be January 1, 2021.

- 2.4. **Contribution**  
Basic Life, AD&D and Long-Term Disability premiums are 100% employer paid.

**3. RFP PROCESS**

**3.1. Submittal and Format**

**One (1) original and two (2) hard copies** of the proposal must be submitted to facilitate evaluation. If the copies are not submitted with the original, the proposal may be considered as “non-responsive to specifications” and may not be considered for further evaluation.

Proposing firms shall use the format of the attached questionnaires or forms in responding. The numbering and headings in the questionnaire or form shall be used in the same sequence for your detailed response to each item contained in the Questionnaires. Responses should be straightforward and brief. The answer to each question should be limited to LESS than 250 words if possible.

**3.2. Timeline**

In order to complete a comprehensive review, give your organization a fair evaluation, and still meet executive presentation and enrollment deadlines, every effort will be made to follow the timeline below.

<b>DATE</b>	<b>ACTIVITY</b>
Monday, November 2, 2020	RFP distribution
Thursday, November 12, 2020	Questions due from proposing firms.
Monday, November 16, 2020	Q&A addendum distributed to proposing firms.
Friday- November 20, 2020 @ 2pm	Proposal due date.
Monday, November 23, 2020- Friday, December 4, 2020	Evaluation and determination of staff recommendation.
Thursday, December 17, 2020	Tentative City Council award.

3.3. **Evaluation and Criteria**

No immediate decisions will be rendered concerning the proposals submitted; however, proposals will be reviewed in a timely manner upon opening. After the proposals have been studied, proposing firms may be called for further information. The City reserves the right to accept or reject any and all proposals. Proposals will be evaluated based upon the following weighted criteria:

<b>Criteria Description</b>	<b>Points</b>
Price	15
Benefits/plan design	15
Adherence to specifications	10
Customer Service	15
Value Added Services	15
Implementation	5
Account Management	15
Management Reports	10
<b>Total Points</b>	<b>100</b>

Following evaluation, the City may enter into negotiation with one or more proposing firms. The City may then request best and final offers. Award shall be made by City Council to the firm providing the best value to the City.

**4. BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

4.1 **Overview**

The City of Brenham currently provides basic term-life and AD&D coverage for benefit eligible employees.

Current waiver of life premium recipients will continue to receive benefits from the present insurer.

Proposals are requested for coverage equal to two times annual salary rounded to next \$1,000 to a maximum of \$400,000 each. Proposals are requested to duplicate, at minimum, the other features of the current plan.

4.2. **Current Carrier**

BlueCross BlueShield of Texas (formerly Dearborn National) is the current provider of basic life and AD&D for all benefit eligible City employees. BlueCross BlueShield of Texas (formerly Dearborn National) has been the insurance provider or carrier since January 1, 2018. This contract will expire December 31, 2020.

### 4.3 Current Plan Design

#### Carrier and Plan Design History

BlueCross BlueShield of Tx	2018-2020
Sun Life Financial	2015-2017
Lincoln Financial	2012-2014
Prudential	2009-2011

#### Current Plan Design

Please see "Exhibit A" Summary Plan Description for current plan details.

	Benefit
<b>Class Description</b>	All benefit-eligible employees working for the Employer
<b>Basic Life Amount for Employees</b>	2 x annual salary
Maximum Benefit	\$400,000
Minimum Benefit	\$10,000
Guarantee Issue	\$400,000
<b>Basic AD&amp;D Amount for Employees</b>	2 x annual salary
Maximum Benefit	\$400,000
Minimum Benefit	\$10,000
Guarantee Issue	\$400,000
<b>Waiver of Premium Provision</b>	Included
<b>Age Reduction Schedule</b>	65: 65% 70+: 50%
<b>Accelerated Benefit Description</b>	Included
<b>Conversion</b>	Included
<b>Portability</b>	Included
<b>Actively at Work Provision</b>	Included

**CURRENT BASIC LIFE/AD&D RATES**

<b>Basic Life/AD&amp;D Rates</b>	<b>Rate</b>	<b>Volume as of 10/1/2020</b>
Life	\$0.136	\$21,857,950 (incl 2 x annual salary)
AD&D	\$0.020	\$21,857,950 (incl 2 x annual salary)

**Basic Life Claim History:**

2015 - 1 Claim

2018 - 2 Claims

2019 – 1 Claim

2020 – 1 Claim

**5. LONG TERM DISABILITY (LTD)**

**5.1. Overview**

The City of Brenham currently offers LTD coverage for benefit eligible employees

Proposals are requested to duplicate, at minimum, the features of the current plan.

**5.2 Current Carrier**

BlueCross BlueShield of Texas (formerly Dearborn National) is the current provider of Long-Term Disability coverage for all benefit eligible City employees. BlueCross BlueShield of Texas (formerly Dearborn National) has been the insurance provider or carrier since January 1, 2018. This contract will expire December 31, 2020.

**5.3 Current Plan Design**

**Carrier and Plan Design History**

BlueCross BlueShield of Tx	2018-2020
Sun Life Financial	2015-2017
Lincoln Financial	2012-2014
Prudential	2009-2011



**Current LTD Plan Design**

Multiple Class

No

Please see "Exhibit A" Current Plan Summary Description for plan details.

	<b>Benefit</b>
<b>Class Description</b>	All eligible Employees
<b>Eligibility</b>	All benefit-eligible employees working for the Employer
<b>Definition of Disability</b>	The employee, because of injury or sickness is unable to perform the material and substantial duties of the employee's Own Occupation, he/she is considered disabled.
<b>Definition of Earnings</b>	Gross monthly income from your employer including longevity pay, certification pay, and auto/expense allowance, and other defined stipends but does <b>not include</b> commissions, bonuses, overtime pay, extra compensation or income from another source other than your employer
<b>Elimination Period</b>	90 days
<b>Benefit Duration</b>	Social Security Normal Retirement Age
<b>Benefit Percentage</b>	50% of monthly earnings
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$100
<b>Regular Occupation Period</b>	24 months
<b>Partial Disability Benefit</b>	Included
<b>Pre-Existing Condition</b>	3/12
<b>Mental &amp; Nervous</b>	24 months
<b>Drug &amp; Alcohol</b>	24 months
<b>Self-Reported Symptoms</b>	24 months
<b>Survivor Benefit</b>	Included
<b>Rehabilitation Requirement</b>	Included
<b>Benefit Taxation</b>	Taxable
<b>Actively at Work Provision</b>	Included

**Current Basic LTD Rate**

Basic LTD Rate	\$0.209	Volume \$ 913,889
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**LTD Claims History:**

2013-1 Claim

## PROPOSAL SUBMISSION AUTHORIZATION

- An authorized representative must sign proposals, with the PROPOSER'S address, telephone and email information provided. Unsigned proposals may not be considered.
- If the proposal is made by an individual, the name, mailing address and signature of the individual must be shown.
- If the proposal is made by a firm or partnership, the name and mailing address of the firm or partnership and the signature of at least one of the general partners must be shown.
- If the proposal is made by a corporation, the name and mailing address of the corporation and the signature and title of the person who signs on behalf of the corporation must be shown.
- The CITY reserves the right to request documentation showing the authority of the individual signing the proposal to execute contracts on behalf of anyone, or any corporation, other than himself/herself. Refusal to provide such information upon request may cause the bid to be rejected as non-responsive.

The undersigned certifies that the information provided above is a true representation of its company's qualifications and agrees to comply with these assurances following award of the Contract and during the performance of the Contract.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NON-COLLUSION CERTIFICATE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, being duly sworn, deposes and says that the person, firm, association, co-partnership or corporation herein named, has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in the preparation and submission of a proposal to the City of Brenham for consideration in the award of a contract on the improvement described as follows:

**RFP NO. 21-003 – Group Basic Term Life, Accidental Death & Dismemberment, and Long-Term Disability Insurance.**

\_\_\_\_\_  
(Name of Firm)

By: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Notary Public

NOTARY SEAL:

# ATTACHMENTS AND EXHIBITS

If obtaining RFP electronically, attachments and exhibits may be found on the City's website,  
[www.cityofbrenham.org/purchasing](http://www.cityofbrenham.org/purchasing)

<b>Exhibit "A"</b>	<b>Current Plans Description Summary</b>
<b>Attachment No. 1</b>	<b>Carrier Questionnaire</b>
<b>Attachment No. 2</b>	<b>Group Basic Term-Life and AD&amp;D Questionnaire, Plan Design, Rate Proposal</b>
<b>Attachment No. 3.</b>	<b>Long-Term Disability Questionnaire, Plan Design, Rate Proposal</b>

**Note: City of Brenham employee census document available upon request by contacting:**

**Kyle Branham**  
[kbranham@cityofbrenham.org](mailto:kbranham@cityofbrenham.org)

# Dearborn National<sup>®</sup> Life Insurance Company

(A stock life insurance company herein called "We", "Us", "Our")

Chicago, Illinois

Administrative Office: 1020 31st Street • Downers Grove, IL 60515-5591

Policyholder: **CITY OF BRENHAM**

Policy Number: [REDACTED]

Policy Effective Date: January 1, 2018

Anniversary Date: January 1, 2021

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder*. We promise to pay benefits for loss covered by the *Policy* in accordance with its provisions.

The *Policyholder* should read this *Policy* carefully and contact Dearborn National Life Insurance Company promptly with any questions.

**Policyholder** means the *Employer* to whom the *Policy* is issued and who sponsored the coverage for its *Employees*.

**Employer** means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the *Policy*.


**Employee** means a person who is a citizen or legal resident of the United States and *Actively at Work* with the *Employer*.

## ***POLICY EFFECTIVE DATE AND TERM***

The *Policy* takes effect on the *Policy* Effective Date stated above subject to any participation requirement stated in the *Policy*. All insurance periods will be computed from that date. The *Policy* remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment as stated in the *Policy*.

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder's* address as stated in the *Policy*, and on the *Application*.

Signed for Dearborn National Life Insurance Company



Secretary



President

THIS IS NOT A *POLICY* OF WORKERS' COMPENSATION INSURANCE. THE *EMPLOYER* DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS *POLICY*, AND IF THE *EMPLOYER* IS A NON-SUBSCRIBER, THE *EMPLOYER* LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE *EMPLOYER* MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

## **Group Long Term Disability Policy**

Non-Participating

**THIS IS NOT A WORKERS' COMPENSATION *POLICY***

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**ATTACHMENTS:**

- Master Application
- Certificate of Insurance

## ***PREMIUM***

### ***How is the initial premium calculated?***

#### **Class 01**

Initial Premium is calculated by multiplying the total *Insured* volume, divided by 100, by \$0.209. Do not include *Monthly Earnings* for any individual in excess of \$10,000.00 per month in the premium calculation.

### ***When is premium paid?***

The *Policy* is issued in consideration of the payment in advance of premium on the premium due date indicated on the *Application*. The initial premium is calculated at the premium rate stated above. Payment must be made by the premium due date as shown on the *Application*.

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

### ***Is premium payable while an Insured receives benefits?***

We will waive premium for an *Insured Employee* during the period of *Disability* for which the *LTD Monthly Benefit* is payable under the *Policy*. Premium payment is required during the *Insured Employee's Elimination Period*. During this period, the *Insured Employee's* insurance will remain in force.

### ***Is there a grace period for premium payment?***

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given *Us* advance written notice of cancellation in accordance with the terms of this *Policy*. If premium is not received by the end of the grace period, this *Policy* will terminate as of the last date for which premium was paid.

The *Policyholder* is liable for premium due on coverage provided during the grace period.

If *We* receive written notice during the grace period that the *Policy* is to be canceled, *We* will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date *We* receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

## ***PREMIUM RATE GUARANTEE***

### ***What is the initial premium rate guarantee?***

A change in premium rates will not take effect before January 1, 2021. However, *We* may change premium rates if the risk assumed changes. Premium rates may change if the following occurs:

1. a change in the *Policy* design;
2. a change in the terms of the *Policy*;
3. addition or deletion of a division, subsidiary or affiliated company;
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial Effective Date;
5. a change in the laws or regulations or other government action which applies to the *Policy*;
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as described above. If the *Policyholder* fails to provide such timely notice, *We* will apply new rates retroactively to the date of the event.

*We* will notify the *Policyholder* in writing at least 31 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.



## ***POLICY TERMINATION***

### ***Who may cancel the Policy or a plan under the Policy?***

The *Policy* or a plan under the *Policy* can be canceled by the *Policyholder* with 31 days written notice delivered to *Us*. This *Policy* will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 31-day grace period, this *Policy* will terminate in accordance with the terms set forth in the grace period provision.
2. *We* may terminate this *Policy* on any premium due date if:
  - a. coverage is *Noncontributory* and less than 100% of the eligible *Employees* participate; or
  - b. the *Policyholder* fails to perform any of its obligations that relate to the *Policy*; or
  - c. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
  - d. fewer than 10 *Employees* are *Insured* under the *Policy*.

If *We* cancel the *Policy*, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 31 days prior to the cancellation date.

Termination of this *Policy* under any conditions will not prejudice any claim for a loss which is incurred while this *Policy* is in force.

## **ADDITIONAL PROVISIONS**

### ***What happens if an inadvertent error occurs?***

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent *You* from receiving coverage, if *You* are entitled to coverage under the terms of the *Policy*; or
2. Cause coverage to begin or coverage to continue for *You* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about *You* that is incorrect, *We* will:

1. Use the facts to decide whether *You* have coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

### ***Will certificates be issued?***

*We* will deliver certificates of insurance to the *Policyholder* for issuance to each *Insured Employee*. The certificates will describe the benefits, to whom they are payable, the *Policy* limitations and where the *Policy* may be inspected.

### ***What is considered to be the entire contract?***

This entire *Policy* consists of:

1. all *Policy* provisions and any amendments and/or attachments issued;
2. the Certificate of Coverage; and
3. the *Policyholder's* signed *Application*.

## STATE SUPPLEMENT

The following policies apply only to those individuals in your group insurance program who reside in the referenced states.

### **Arizona and Maine**

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without giving the individual an opportunity to tell us that he or she does not want us to share his or her personal information.

### **Minnesota and Montana**

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without obtaining the individual's written authorization.

### **Montana**

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of Dearborn National's disclosures of any of his medical record information made within the preceding 3 years.

### **Oregon**

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn National Life Insurance Company

Administrative Office:

1020 31st Street • Downers Grove, IL 60515

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE  
TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION**  
*(For insurers declared insolvent or impaired on or after September 1, 2011)*

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (“the Association”) administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder’s state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder’s state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health Insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, Texas 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**FACTS** **WHAT DOES DEARBORN NATIONAL® DO WITH YOUR PERSONAL INFORMATION?**

**Why?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- Transaction history and employment information
- Medical information and insurance claim history

When you are *no longer* our customer, we continue to share your information as described in this notice.

**How?** All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Dearborn National chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Dearborn National share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates’ everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes</b> — information about your creditworthiness	No	We don’t share
<b>For our affiliates to market to you</b>	No	We don’t share
<b>For nonaffiliates to market to you</b>	No	We don’t share

**Questions** Go to [www.dearbornnational.com](http://www.dearbornnational.com)

**Other important information**

**Who is providing this notice?**

Dearborn National brand companies:

- Dental Network of America®, LLC
- Dearborn National® Life Insurance Company
- Dearborn National® Life Insurance Company of New York

*Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, Illinois) which is not licensed in and does not solicit business in New York; in New York, the company is Dearborn National® Life Insurance Company of New York (Pittsford, New York). Dental Network of America®, LLC is an administrator for group dental claims. DenteMax®, LLC is a dental provider network. Products and services and availability vary by state and company, and are solely the responsibility of each affiliate.*

**Who we are****Who is providing this notice?**

The Dearborn National brand companies. (See “Other important information” below for the list of companies.)

**What we do****How does Dearborn National protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Access to your information is limited to employees who need it in their jobs. If a company working for us has access, it is required to protect it.

**How does Dearborn National collect my personal information?**

We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or provide employment information
- give us your contact information
- We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?**

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

**Definitions****Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Health Care Service Corporation, a Mutual Legal Reserve Company
- DenteMax<sup>®</sup>, LLC

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Dearborn National does not share with nonaffiliates so they can market to you

**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- Our joint marketing partners include categories of companies such as insurance companies and brokers.

**Other important information**

For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NC, NJ, NV, OH, OR and VA only: The term “information” as used in this part means personal information that is obtained in an insurance transaction. We may give your information to government officials, including insurance officials, law enforcement, and to group policy holders about claim experience, or to auditors, or as you may authorize, or as the law allows or requires. We may give your information to insurance support entities that may keep it or give it to others. We may share medical information and other information so we can learn if you qualify for coverage, to process claims, or to prevent fraud, or if you authorize us to do so.

To see your information, write to Dearborn National, Administrative Office, 1020 31st Street, Downers Grove, IL 60515. You must state your full name, address, the name of the insurance company, policy number (if applicable) and the information you want. If you think any information we have is wrong, you may ask us to correct it. We then will let you know what actions we will take. If you do not agree with the actions we take, you may send us a concise statement explaining the basis for your concern or dispute about the information, and we will place that statement in our file with the information.

For California Insurance Customers only: We will share information about you only as permitted by California law. We will not share personal information we collect about you with affiliated or nonaffiliated third parties except if permitted by law, or with your consent, or to the extent necessary to administer your insurance coverage.

For MA Insurance Customers only: You may ask in writing for the specific reasons we made an adverse underwriting decision.

For VT Insurance Customers only: We will share information about you only as permitted by Vermont law. We will not share personal information we collect about you with affiliated or nonaffiliated third parties except if permitted by law, or with your consent, or to the extent necessary to administer your insurance coverage.

**Dearborn National<sup>®</sup> Life Insurance Company**

Administrative Office:  
1020 31st Street  
Downers Grove IL 60515-5591

(A stock life insurance company, herein called the "We" "Us" or "Our")

**Policyholder:** CITY OF BRENHAM  
**Policy Number:** [REDACTED]  
**Policy Effective Date:** January 1, 2018  
**Anniversary Date:** January 1

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder*. We promise to pay benefits for loss covered by the *Policy* in accordance with its provisions. The *Policyholder* should read this *Policy* carefully and contact Dearborn National<sup>®</sup> Life Insurance Company promptly with any questions.

*Policyholder* means the *Employer* to whom the *Policy* is issued and who sponsored the coverage for its *Employees*.  
*Employer* means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the *Policy*.

***POLICY EFFECTIVE DATE AND TERM***

The *Policy* takes effect on the *Policy Effective Date* stated above subject to any participation requirement stated in the *Policy*. All insurance periods will be computed from that date. The *Policy* remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in the *Policy*.

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder's* address as stated in the *Policy*, and on the *Application*.

Signed for Dearborn National Life Insurance Company



Secretary



President

**Basic Group Term Life Insurance Policy**  
with  
Accidental Death & Dismemberment Benefits  
**Non-Participating**

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<i>Additional Provisions</i> .....	4
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<i>Application</i> .....	<i>Attached</i>

ATTACHMENTS:

- Master Application
- Certificate of Insurance



## ***PREMIUM***

### ***How is the initial premium calculated?***

Initial life, AD&D insurance premium is calculated in accordance with the rates set forth on the attached Rate Addendum.

### ***When is premium paid?***

The *Policy* is issued in consideration of the payment in advance of premium on the premium due date indicated on the *Application*. Payment must be made by the premium due date as shown on the *Application*.

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

### ***Is premium payable while an Insured receives benefits?***

We will waive premium for an *Insured Employee* in accordance with the *Waiver of Premium* provision of the *Policy*.

### ***Is there a grace period for premium payment?***

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given *Us* advance written notice of cancellation in accordance with the terms of this *Policy*. If premium is not received by the end of the grace period, this *Policy* will terminate as of the last date for which premium was paid.

The *Policyholder* is liable for premium due on coverage provided during the grace period.

If *We* receive written notice during the grace period that the *Policy* is to be canceled, *We* will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date *We* receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

## ***PREMIUM RATE GUARANTEE***

### ***What is the initial premium rate guarantee?***

A change in premium rates will not take effect before January 1, 2021. However, *We* may change premium rates if the risk assumed changes. Premium rates may change if the following occurs:

1. a change in the *Policy* design;
2. a change in the terms of the *Policy*;
3. addition or deletion of a division, subsidiary or affiliated company;
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial Effective Date;
5. a change in the laws or regulations or other government action which applies to the *Policy*;
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as described above. If the *Policyholder* fails to provide such timely notice, *We* will apply new rates retroactively to the date of the event.

*We* will notify the *Policyholder* in writing at least 31 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.

## ***POLICY TERMINATION***

### ***Who may cancel the Policy or a plan under the Policy?***

The *Policy* or a plan under the *Policy* can be canceled by the *Policyholder* with 31 days written notice delivered to *Us*. This *Policy* will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 31-day Grace Period, this *Policy* will terminate in accordance with the terms set forth in the Grace Period provision.
2. We may terminate this *Policy* on any premium due date if:
  - a. coverage is *Noncontributory* and less than 100% of the eligible *Employees* participate; or
  - b. the *Policyholder* fails to perform any of its obligations that relate to the *Policy*; or
  - c. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
  - d. fewer than 2 *Employees* are *Insured* under the *Policy*.

If *We* cancel the *Policy*, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 31 days prior to the cancellation date.

## ***ADDITIONAL PROVISIONS***

### ***What happens if an inadvertent error occurs?***

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent an *Employee* from receiving coverage, if he is entitled to coverage under the terms of the *Policy*; or
2. Cause coverage to begin or coverage to continue for an *Employee* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about an *Employee* that is incorrect, *We* will:

1. Use the facts to decide whether the *Employee* has coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

### ***Will certificates be issued?***

*We* will deliver certificates of insurance to the *Policyholder* for issuance to each *Insured Employee*. The *Certificates* will describe the benefits, to whom they are payable, the *Policy* limitations and where the *Policy* may be inspected.

### ***What is considered to be the entire contract?***

This entire *Policy* consists of:

1. all *Policy* provisions and any amendments and/or attachments issued;
2. the *Certificate* of Coverage; and
3. the *Policyholder's* signed Application.

## ***RATE ADDENDUM***

*(All Rates Per \$1,000 Per Month unless otherwise stated)*

**Class 01** Term Life: **\$0.136**

**Class 01** Accidental Death & Dismemberment: **\$0.02**

## ***STATE SUPPLEMENT***

The following policies apply only to those individuals in your group insurance program who reside in the referenced states.

### ***Arizona and Maine***

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without giving the individual an opportunity to tell us that he or she does not want us to share his or her personal information.

### ***Minnesota and Montana***

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without obtaining the individual's written authorization.

### ***Montana***

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of Dearborn National's disclosures of any of his medical record information made within the preceding 3 years.

### ***Oregon***

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn National® Life Insurance Company  
1020 31<sup>st</sup> Street, Downers Grove, IL 60515

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE  
TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION**  
(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (“the Association”) administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder’s state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder’s state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health Insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, Texas 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**FACTS** **WHAT DOES DEARBORN NATIONAL® DO WITH YOUR PERSONAL INFORMATION?**

**Why?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- Transaction history and employment information
- Medical information and insurance claim history

When you are *no longer* our customer, we continue to share your information as described in this notice.

**How?** All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Dearborn National chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Dearborn National share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates’ everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes</b> — information about your creditworthiness	No	We don’t share
<b>For our affiliates to market to you</b>	No	We don’t share
<b>For nonaffiliates to market to you</b>	No	We don’t share

**Questions** Go to [www.dearbornnational.com](http://www.dearbornnational.com)

**Other important information**

**Who is providing this notice?**

Dearborn National brand companies:

- Dental Network of America®, LLC
- Dearborn National® Life Insurance Company
- Dearborn National® Life Insurance Company of New York

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- apply for insurance or pay insurance premiums
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Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
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- DenteMax<sup>®</sup>, LLC

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To see your information, write to Dearborn National, Administrative Office, 1020 31st Street, Downers Grove, IL 60515. You must state your full name, address, the name of the insurance company, policy number (if applicable) and the information you want. If you think any information we have is wrong, you may ask us to correct it. We then will let you know what actions we will take. If you do not agree with the actions we take, you may send us a concise statement explaining the basis for your concern or dispute about the information, and we will place that statement in our file with the information.

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For MA Insurance Customers only: You may ask in writing for the specific reasons we made an adverse underwriting decision.

For VT Insurance Customers only: We will share information about you only as permitted by Vermont law. We will not share personal information we collect about you with affiliated or nonaffiliated third parties except if permitted by law, or with your consent, or to the extent necessary to administer your insurance coverage.

**Carrier Questionnaire for  
City of Brenham RFP No. 21-003, ATTACHMENT No. 1**

**Group Basic Term Life, Accidental Death & Dismemberment,  
and Long-Term Disability Insurance**

**General Information**

1. Name of Company:
  - A. Address:
  - B. Phone Numbers including toll free:
  - C. Web Site/email Address:
  - D. Fax Number:
  - E. Contact Person:
2. Who owns the company?
3. Provide a brief ten-year history of your company's business philosophy, growth and benefit services.
4. If applicable, describe the organizational relationship between your organization and the parent company. Is your company independently owned or affiliated as either a subsidiary or division of some other organization?
5. Is your company currently involved in any discussions that would change the ownership or basic structure of the organization? If so, please provide details. Is there any purchase, sale, change in ownership or other change anticipated in the next three (3) years that may prevent your firm from being able to honor the proposed three (3) year engagement?
6. How long have the proposed medical benefits been available in the State of Texas?
7. Is your company outsourcing any of the services included in this proposal?
8. When did your company begin administering the benefits included in the proposal?
9. Is your company licensed to do business in the State of Texas?
10. Provide a brief biography of the senior official responsible for the overall service of the account and for the day-to-day operations.
11. What are the standard hours of customer service?
12. Enclose a copy of your E&O Insurance Certificate.
13. Enclose a copy of your General Liability Certificate.
14. Enclose a copy of your most recent Financial Statement.



15. Enclose a copy of your most recent claim audit.
16. Enclose a copy of your most recent security audit.
17. Enclose a copy of your Business Continuity Plan.
18. Enclose a copy of the most recent test results of your Business Continuity Plan.
19. How many complaints are on file against your company with the Texas Department of Insurance in Texas for calendar year 2019?
20. Is your company currently involved in any litigation as a defendant over any benefits?
21. Please identify if any association endorses your benefits or services.

22. Provide three Texas political subdivisions that you provide employee benefits for.

Name of Company	Location	# of Employees

23. Please provide three Texas political subdivisions that have terminated business with your company.

Name of Company	Location	# of Employees

24. Are there any other services that you or your agency would be willing to provide that are not shown in these specifications?

**Benefit Customer Service**

1. Does your company provide a 1-800 customer service line at no additional charge?
2. Identify the multi-lingual services your customer service department can provide to the employee/dependent population.
3. What are the hours of operation for your customer service department?
4. Do you have a tracking system to log-in customer service calls and content of customer service calls?
5. Do you record any calls? If so, what percentage?

6. Identify the specific services and information an employee, dependent and provider could expect during a customer service call:
  - A. Notification
  - B. Eligibility
  - C. Benefit Information
  - D. Claim Status
  - E. Network Information
  - F. Out of Pocket Expenses
7. What is the ratio of customer service representative to 1,000 members?
8. Is the same number used for customer service, billing and eligibility, medical management, network information, patient advocacy and complaints?
9. Does your company have a service for handling calls after standard business hours? Please define.
10. Will there be a dedicated customer service unit?
11. Does your company outsource Customer Service? If so, please define.
  - A. Name of Vendor:
  - B. Address:
  - C. Phone Numbers including toll free:
  - D. Is there additional charge for toll free access?
  - E. Web Site/email Address
  - F. Fax Number
  - G. Contact Person
  - H. Ownership of Vendor
  - I. Is this company currently involved in any discussions that would change the ownership or basic structure of the organization? If so, please provide details. Is there any purchase, sale, change in ownership or other change anticipated in the next three (3) years that may prevent your firm from being able to honor the proposed three (3) year engagement?
  - J. How long has the service been licensed in the State of Texas?
  - K. When did your company begin administering the benefits included in the proposal?
  - L. Is your company licensed to do business in the State of Texas?
  - M. Provide a brief biography of the senior official responsible for the overall service of the account and for the day-to-day operations.
  - N. What are the standard hours of service?
  - O. Enclose a copy of the E&O Insurance Certificate.
  - P. Enclose a copy of the General Liability Certificate.
  - Q. Enclose a copy of the most recent Financial Statement.
  - R. Enclose a copy of the Business Continuity Plan.
  - S. Enclose a copy of the test for the Business Continuity Plan.
  - T. Is the company currently involved in any litigation as a defendant over any benefits?

U. Provide three Texas political subdivisions that they provide employee benefits for.

Name of Company	Location	# of Employees

V. Provide three Texas political subdivisions that have terminated business with the company.

Name of Company	Location	# of Employees

W. Are there any other services that you or your agency would be willing to provide that are not shown in these specifications?

**Technology**

1. Does your company provide an on-line enrollment service? Please describe and identify if there is an additional fee for this service.
2. Does your company provide for on-line eligibility look up?
3. Does your company provide e-mail customer service? If so, what is the guarantee of turnaround time on e-mail customer service correspondence?

**Life/LTD Claim Payment Services**

1. What is the claims turnaround time for the last twelve months?
2. What is the quality of claim payment for the last twelve months?
3. Enclose a sample of the claim form(s) that will be used by members attached?
4. Where will claims be paid?
5. What is normal claim processing time?
6. Describe documentation needed for payment of a claim?
7. Describe your procedure for claim declination.
8. Describe your procedures for handling appeals of denied or disputed claims.
9. Will you or your agency complete claim forms over the telephone?
10. Are the plans available at voluntary, contributory and/or mandatory employer subsidy options?

**Life and AD&D Questionnaire for  
City of Brenham RFP No. 21-003, ATTACHMENT No. 2  
Group Basic Term Life, Accidental Death & Dismemberment,  
and Long-Term Disability Insurance**

Carrier Name \_\_\_\_\_

LIFE AND AD&D QUESTIONNAIRE  
The following questionnaire must be completed.

Life Carriers are required to respond to all requests for information contained in this questionnaire. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated exhibits as part of your proposal.

Answers should be summarized in short format. DO NOT add extra rows/columns--work within the allotted space. Additional information may be submitted as additional pages along with the questionnaire if a carrier would like to include more detailed information.

General		Response
1	Provide the total number of insured participants in your group life programs.	
2	What differentiates your organization and your product/services from your competitors?	
3	Have you worked with customers who have outsourced their benefits administration and/or payroll functions to an outside vendor?	
4	Are you willing to provide a multiple year rate guarantee?	
Financial		Response
5	Describe your organization's retrospective experience-rating arrangement.	
6	Are there particular factors associated with this group that have either positively or negatively impacted your <b>organization's rate setting</b> ?	
7	How does your organization determine credibility?	

Plan Provisions	Response
8 What provisions/restrictions do you have for continued coverage during a leave of absence? Seasonal layoff? Will you be willing to waive the Actively-at-Work provision for employees not at work due to disability on the effective date?	
9 Describe in detail your portability provision. Are employees who are disabled permitted to port their coverage?	
10 <b>As employees' monthly pay changes, please indicate if you can administer a) premiums based on frozen pay as of a particular date and/or b) premiums based on monthly pay changes.</b>	
11 Explain your organization's Accelerated Benefits feature. Are there any restrictions on how the accelerated life benefits are spent? Are paralysis, brain damage, coma and third degree burn covered losses?	
12 How are accelerated life benefits paid? Lump sum, special bank account, etc.?	
13 Is owned and/or leased aircraft an exclusion within your AD&D policy? If so, can this be removed? Please explain.	
14 Please describe in detail any provision or value added benefits that may be added to this policy. a. b. c. d. e.	
15 Describe your organization's travel assistance services. Is there a cost associated with this program? Are dependents covered by your travel assistance program?	
Account Management	Response
16 Provide the names and brief biographical information of the key members of the account that will provide service on the Client's account.	
17 What training does your organization provide for claim processors?	
18 Describe your organization's death claim review.	
19 Describe your organization's appeal procedures for denied death claims.	
20 Does your organization offer survivor assistance program? If so, please describe your program. Is there a fee associated with the program?	

21	Please provide claim turnaround statistics for the past three years.	
Statement of Health		Response
22	Describe the staffing levels and length of experience of employees in your organization's Statement of Health department.	
23	Describe your organization's Statement of Health process.	
24	Does your organization have auto-adjudication capabilities? If yes, what is the average turnaround time? What percentage of claims are auto-adjudicated?	
25	Describe your organization's appeal procedures for denied Statements of Health.	
Customer Service and Reports		Response
26	Outline your claim processing procedures for life claims.	
27	Do you have the ability to collect beneficiary designation through the web? Is your website e-signature enabled?	
28	Once you have received acceptable proof of loss, how quickly is payment made to the beneficiary?	
29	Do you provide an immediate sum for burial expenses? If so, how much and is that sum deducted from the death benefit?	
30	Will you interact directly with the beneficiary? With the employer?	
31	What are your weekday and weekend hours of telephone customer service availability?	
32	What is your website address for employee use?	

## Life and AD&D Plan Design

Carrier Name: \_\_\_\_\_

Please note that you must complete plan design information in the following requested format for your quote to be considered. Enter only those plan design elements that are included in your quoted rates. *Please confirm that you can duplicate and administer the current plan design. If not, please indicate differences.*

### Proposed Basic Life/AD&D Plan Design

Class Description	
Definition of Earnings	
Eligibility	
Basic Life Amount for Employees	
Maximum Benefit	
Minimum Benefit	
Guarantee Issue	
Basic AD&D Amount for Employees	
Maximum Benefit	
Minimum Benefit	
Guarantee Issue	
Waiver of Premium Provision	
Please explain.	
Age Reduction Schedule	
Accelerated Benefit Description	
Amount	
Option Type	
Other - Please explain.	
Termination	
Conversion	
Do you support a dual application approach?	
Portability	
Definition of Earnings	
Actively at Work Provision	

AD&D Benefits	
Travel Assistance	
Seat Belt Benefit	
Air Bag Benefit	
Tuition Reimbursement	
Day Care Expense Benefit	
Increase in Coverage WITHOUT Medical Evidence of Insurability allowed during Annual Enrollment	
Annual Increase in Coverage and Amount WITHOUT Medical of Evidence Maximum	
What are your standard life insurance exclusions?	
Please list any provision or value-added benefits that may be added without cost or additional charge. If so, please list and detail any additional costs.	
1	
2	
3	
4	
5	
Child Care Benefit	
Elder Care Benefit	
Family Care Benefit	
Activities of Daily Living (ADL) Benefit	
What is your formula for calculating COLA? How long does COLA adjust?	
Please list and describe additional benefits included at no additional charge.	
1	
2	
3	
4	
5	



## Life and AD&D Rate Proposal

Carrier Name: \_\_\_\_\_

Please note that you must complete rate information in the following requested format for your quote to be considered.

### Proposed Fully Insured Life Rates

	EE Counts	Proposed Life /AD&D Rates
Life Monthly Rate	xx	
AD&D Monthly Rate	xx	
Monthly Premiums		
Annual Premiums		

### Assumptions

Employer Contribution (i.e., 75% , 50%)	
Participation Requirements	
Rate Guarantee	
Commissions	Net
Other	

## Long Term Disability Coverage Questionnaire

### City of Brenham RFP No. 21-003, ATTACHMENT No. 3

#### Group Basic Term Life, Accidental Death & Dismemberment, and Long Term Disability Insurance

The following questionnaire must be completed.

Long Term Disability (LTD) carriers are required to respond to all requests for information contained in this questionnaire. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities.

Additional information may be submitted along with the Attachment if a carrier would like to include more detailed information.

Implementation Process	Response
1 What initial information is required from the employer for implementation? Is a checklist available to provide to the client? Explain in detail the steps you anticipate will be needed to ensure a smooth implementation. Include a timetable of events from the effective date and including the Open Enrollment process.	
2 Who will be assisting in the implementation process? What will occur during the implementation process?	
3 Will you have field representatives available for group meetings? What is standard timeframe for meeting notifications for travel purposes?	
4 Standard turnaround time for new group processing? New enrollees?	
5 How will terminations be handled?	

6	Is any function of the claims process outsourced? If yes, please describe.	
7	What is your standard turnaround time for claims payment?	
8	In the event of contract termination, discuss the transition process. Include penalties, number of days' notice, etc.	
9	How will billing be set-up? Does your company offer self-bill or electronic billing? Is any function of the billing process outsourced?	
<b>Financial Review</b>		<b>Response</b>
10	Describe your initial and renewal rating methodology for a group of this size. Be sure to address the impact of a deficit at the time of renewal.	
11	Please describe any services (vocational, medical, telephone calls, SSDI assistance, special reports) that have not been included in your basic rate structure and could be provided at an additional cost. Please specify the cost associated with each service.	
12	Describe your LTD reserve methodology, including specific factors used to establish disabled life reserves (e.g., claimant age, diagnosis, etc.), interest rate, and time value.	
13	Describe your basis or formula for determining reserves on open claims as well as Incurred But Not Reported (IBNR) claims. Please include the interest rate and continuance table used.	
14	What impact does diagnosis/prognosis have on reserve determination?	
15	What is your partial disability any/gainful occupation target income?	
16	Please provide your partial disability earnings test methodology.	
17	Please provide your partial disability offset formula.	

<b>Claim Submission and Payment Process</b>		<b>Response</b>
18	Discuss your ability and experience to receive claim notification telephonically. To what extent do you require paper claim submission as part of the process? What approach do you use to obtain a release of medical information from the claimant?	
19	Can you utilize any other method for claim intake (i.e., on-line?)	
20	Do you offer the following services as part of your contract? Is there any additional charge for these services? Managed care? Vocational rehabilitation? On-site rehabilitation? Worksite modification?	
21	For which services and to whom do you outsource the following: Managed care? Vocational rehabilitation? On-site rehabilitation? Worksite modification?	
22	What are the claim notification and filing requirements?	
23	Do you have electronic notification and claims inquiry follow up capabilities for the claimant and/or the employer?	
24	How do you obtain on-going objective medical information to substantiate continued disability?	
25	Describe your method of distributing payments to claimants, including timing.	
26	What additional involvement will be required of the employer and how frequently?	
<b>Disability Management: Role of Physician Advisors and Nurses</b>		<b>Response</b>
27	Describe your claims management process and philosophy.	

28	Who makes the determination of disability? Detail the factors that are considered in determining whether the claimant is disabled.	
29	Are job descriptions used to determine benefit eligibility and length of absence? How does the claims examiner identify the functional requirements of the claimant's job?	
30	Describe the tests used to determine if the employee meets the "own occupation" and "any occupation" definition of disability.	
31	Describe the procedures for transitioning the claimant from an "own occupation" to "any occupation" definition of disability.	
32	How do your claim examiners determine which cases require case management?	
33	What percentage of disability cases fall under active clinical case management?	
34	What disease-specific or injury-specific flags or programs are utilized?	
35	What are the responsibilities of the disability specialist?	
36	What are disability resources available to the disability specialist?	
37	Does the same person who deals with the provider also serve as the primary contact with the employee? With the employer?	
38	Does the claimant deal with multiple or a single case manager for the life of the claim?	
39	What is the minimum frequency of contact with the employee? With the provider? With the employer?	
40	What are your guidelines for case management of psychiatric and mental health disabilities?	
41	How do you handle employee disability confidentiality issues?	

42	How are claim denials communicated to the claimant?	
43	Outline your typical appeal process.	
<b>Rehabilitation Programs</b>		<b>Response</b>
44	Describe your vocational rehabilitation program, including staffing, case selection and referral criteria, and results (cost savings and success ratios). Please describe the use of and selection of outside contractors.	
45	How do you encourage employees to participate in voluntary rehabilitation programs?	
46	How long is your return to work incentive period?	
47	What is your work site modification benefit? Please describe the assistance that is provided.	
48	If the employer does not accommodate an employee with work restrictions, what steps do you take?	
49	What specific types of rehabilitation programs are available?	
50	Are there additional charges accompanying rehabilitation services? Do you assume any of the cost of such modification?	
51	Do you provide aptitude testing, job search assistance, or resume preparation?	
<b>Social Security Assistance/Integration</b>		<b>Response</b>
52	At what point do you initiate proactive assistance to the employee to file for Social Security disability benefits?	
53	What services do you offer to assist employees in filing for and obtaining Social Security Disability Income (SSDI) benefits? After what length of disability do you recommend claimants file for SSDI benefits?	
54	Provide your success rate in obtaining Social Security benefits on your entire book of LTD business for all LTD claims open two years or longer.	

55	Upon the decline of disability benefits by the Social Security Administration, what assistance do you provide the claimant in appealing the claim? Is this service an additional cost?	
56	Do you assume all of the administrative costs related to the review and preparation of subsequent appeals?	
57	How do you handle the return of paid benefits when Social Security is approved retroactively?	
<b>Customer Service and Reports</b>		<b>Response</b>
58	Is W-2 preparation included in your service model?	
59	How frequently are claim reports produced?	
60	Include a sample of each of your standard reports and identify the timing of the reports.	
61	In addition to utilization reports, do you provide reports to substantiate the cost savings of your case management efforts? Are there any administrative charges for any of these reports?	
62	Are your standard reports available online?	
63	Do you have any online capabilities to allow the employer to monitor claim and return-to-work status? Is there an additional fee for such online services?	
<b>Communications</b>		<b>Response</b>
64	What communication material support will be provided? Enrollment? Education? Claimant?	
65	What drafting and document preparation expenses are included in your proposal?	
66	What printing/distribution expenses are included in your proposal?	

## Long Term Disability Plan Design

Carrier Name

Please note that you must complete plan design information in the following requested format in order for your quote to be considered. Enter only those plan design elements that are included in your quoted rates. *Please confirm that you can duplicate and administer the current plan design. If not, please indicate differences.*

### Proposed LTD Plan Design

Please describe each line item in detail.

	Benefit
Class Description	
Definition of Eligibility	
Definition of Earnings	
Actively at Work Provision	
Definition of Disability - What must happen for an employee to be disabled?	
Benefit Duration	
Monthly Benefit Percentage	
Maximum Monthly Benefit	
Minimum Monthly Benefit	
What are your benefit offsets?	
What is your Social Security offset, i.e., Family, Primary only, etc.	



Elimination Period	
Number of interruption days during elimination period. How does this affect the elimination period? When do the interruption days start?	
Regular (Own) Occupation Period	
Does the definition of the "Own Occupation Period" include the elimination period?	
Please describe your Occupation Earnings Test for "Own" Occupation and "Any" Occupation period.	
Residual Disability	
How does Recurrent Disability work on your plan?	
Return to Work Incentive	
When does the Return to Work Incentive start and end?	
What formula is used to determine the offset with "Return to Work" earnings?	
Partial Disability Benefit	
Pre-Existing Condition Limitation	
Mental & Nervous	
Drug & Alcohol	
Self Reported Symptoms	
Is Waiver of Premium included? If so, how does integration work with the same life carrier or with a different life carrier?	
How are W2's processed for active/former employees?	

Do you pay the Employer's portion of FICA? Do you expect reimbursement of FICA payments from the Employer?	
Survivor Benefit	
Rehabilitation Requirement (mandatory or voluntary)	
What does your vocational rehabilitation program services include?	
Is an Accommodation Expense benefit included? If so, what is the maximum?	
What is the maximum amount for your worksite modification benefit?	
Conversion Privilege	
Portability	
Benefit Taxation	
Spousal Rehabilitation Benefit	
Child Care Benefit	
Elder Care Benefit	
Family Care Benefit	
Activities of Daily Living (ADL) Benefit	
What is your formula for calculating COLA? How long does COLA adjust?	

Please list and describe additional benefits included at no additional charge.	
1	
2	
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### Long Term Disability Coverage Rate Proposal

Carrier Name

Please note that you must complete rate information in the following requested format in order

Proposed Group LTD Rates

	EE Counts	Proposed LTD Rates Per \$100 of Covered Payroll
Volume		
Monthly Rate	xx	
Additional Cost for COLA		
Monthly Premiums		
Annual Premiums		

Assumptions

Employer Contribution (i.e., 75%, 50%)	
Participation Requirements	
Rate Guarantee	
Commissions	Net
Other	



### **RFP RESPONSE FORM**

RFP No.: 21-003  
RFP Opening: 2:00 PM (CST), Friday, November 20, 2020  
RFP Title: Group Basic Term Life, Accidental Death & Dismemberment, and Long-Term Disability Insurance

Submit to: City Secretary's Office, Suite 203  
City of Brenham  
200 W. Vulcan St.  
Brenham, TX 77833

PO Box 1059  
Brenham, TX 77834-1059

Submittal Requirements: Hard Copies: One (1) Original and Two (2) Copies

To include:

RFP Response Form (two pages)  
Carrier Questionnaire – Attachment No. 1  
Basic Life and AD&D Questionnaire – Attachment No. 2  
LTD Questionnaire- Attachment No. 3  
Additional information, certificates, documents as required by questionnaires.

**RFP Response Form MUST** be signed by an authorized representative of proposing firm. Original signature required.

