



City of Greenville and Greenville Utilities Commission
Greenville, North Carolina

Request for Proposal
For
Employee Health Benefits Consultant

Release Date: February 19, 2013

Submittal Deadline: March 14, 2013

NOTICE OF REQUEST FOR PROPOSALS

Proposal Due Date: March 14, 2013 – 5:00 p.m.

Location: Greenville Utilities Commission
Human Resources Department
401 South Greene Street
P.O. Box 1847
Greenville, NC 27835-1847

Phone: 252/551-1510

Material and/or Service: Employee Health Benefits Consultant

This document constitutes a Request for Proposals (RFP), via sealed proposals, from qualified individuals or organizations to perform the Scope of Work set forth herein.

1. INSTRUCTIONS AND GENERAL CONDITIONS

- 1.1 **Delivery of Proposals**: Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, must be in the actual possession of the Human Resources Department, Greenville Utilities Commission, on or before the proposal closing date and time indicated herein for furnishing the City of Greenville and Greenville Utilities Commission with services as detailed in the following request for proposal.
- a. Proposal Closing: All proposals shall be delivered before **5:00 p.m. on March 14, 2013**.
 - b. Proposals received after the above listed time and date will be disqualified.
 - c. The minimum font size allowable for the proposal is twelve (12) and the proposal is limited to thirty (30) pages. A single page printed front and back is counted as two (2) pages.
 - d. Proposals must include two (2) originals, and four (4) copies of the proposal (total of six).
 - e. Proposals must be submitted in a sealed envelope properly addressed to the City of Greenville and Greenville Utilities, Human Resources Departments, and clearly marked with 1) Request for Proposal for Employee Health Benefits Consultant and 2) Consultant's name and address on the envelope. All proposals must be typewritten.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction

This document constitutes a request for sealed proposals for an Employee Health Benefits Consultant as set forth herein.

Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Description of Organizations
- 4) Scope of Services
- 5) Scope of Work
- 6) Proposal Submission Information
- 7) Evaluation and Award Process
- 8) Attachment 1 - Premium Rates
- 9) Attachment 2 – Information Required in the Proposal
- 10) Attachment 3 – Consultant Registration Form and Disclosure Statement
- 11) Attachment 4 – CIGNA Benefit Summary
- 12) Attachment 5 – Timeline for Project

2.2 Guideline for Written Questions

Any questions relating to the Request for Proposals shall be faxed or e-mailed to both of the contact persons whose names appear below no later than March 4, 2013 at 5:00 p.m. All such questions will be answered in writing and such answers will be provided to all parties having obtained a Request for Proposal packet by the City of Greenville and Greenville Utilities Commission.

Contact Persons: Leah Futrell, Interim Director of Human Resources
City of Greenville
P. O. Box 7207
Greenville, North Carolina 27835
lfutrell@greenvillenc.gov
252/329-4747 (fax)

Patrice Alexander, Director of Human Resources
Greenville Utilities Commission
P. O. Box 1847
Greenville, NC 27835-1847
patrice.alexander@guc.com
252/551-1490 (fax)

2.3 General Information

All proposals and related materials become the property of the City of Greenville and Greenville Utilities Commission and may be returned only at their option.

The City of Greenville and Greenville Utilities Commission are not obligated to accept any proposal or to negotiate with any respondent. All transactions are subject to the final approval of the City of Greenville and Greenville Utilities Commission who reserve the right to reject any and all proposals without cause or liability.

All costs directly or indirectly related to responding to this RFP (including all costs incurred in supplementary documentation, information or presentation) will be borne by the proposer.

2.4 Contract Period

The contract period will be for twelve (12) months for the successful consultant. Anticipated contract start date is July 1, 2013. Annual contract renewals between consultant and City of Greenville/Greenville Utilities Commission may be negotiated or terminated.

3. DESCRIPTION OF ORGANIZATIONS

Description of Organizations

- 3.1 The City of Greenville is located 85 miles east of Raleigh, North Carolina and provides Public Works, Fire/Rescue, Police, Recreation, Community Development, and Financial services to the citizens of the City of Greenville. The City of Greenville employs 752 full-time employees and 394 part-time employees.

- 3.2 Greenville Utilities Commission manages the public utilities of the City of Greenville by providing public electric, water, wastewater and gas services for the citizens of the City of Greenville and seventy-five (75%) of Pitt County. Greenville Utilities Commission employs 427 full-time employees and 11 part-time employees.

4.0 SCOPE OF SERVICES

4.1 Project Description

The City of Greenville and Greenville Utilities Commission seek a qualified consulting firm to provide consulting services for the continuation and strategic enhancement of a cost effective self-funded employee and retiree health benefits program. The City of Greenville and Greenville Utilities Commission are interested in a qualified firm capable of taking a creative, innovative approach to the rising costs of health care while maintaining fiscal responsibility.

It is the goal of the City of Greenville and Greenville Utilities Commission to continue to offer health benefit choices to fit employee and retired employee needs or preferences, to work to provide a level of coverage that enables us to maintain a position as a competitive employer and to maintain employee satisfaction with these services.

This invitation to submit a proposal is not an authorization to approach any insurance market or health benefits program. The City of Greenville and Greenville Utilities Commission specifically direct that no solicitation of insurance markets or benefits program be made on behalf of the City of Greenville or Greenville Utilities Commission unless and until the consultant selected in this process is specifically advised in writing to do so.

4.2 Background Information

The Human Resources Offices of the City of Greenville and Greenville Utilities Commission oversee the plan design and operations of the health benefits plans for employees and retirees of the City of Greenville and Greenville Utilities Commission, as authorized by the City Council of the City of Greenville and the Board of Commissioners of Greenville Utilities Commission. Currently, the City of Greenville and Greenville Utilities Commission offer a self-funded, dual option Preferred Provider Network/ open access health insurance plan to active employees, pre-65 retirees, and dependents with clearly defined in-network and out-of-network benefits:

- \$500/\$1,000 core plan and \$250/\$500 enhanced plan in-network deductibles
- \$2,500/\$5,000 core plan and \$1,500/\$3,000 enhanced plan out-of-pocket maximum

These plans include unlimited lifetime maximum benefits to 1,429 employees and pre-65 retirees through Cigna Health Care and a Medicare supplement plan to 146 post-65 retirees through Blue Cross and Blue Shield of North Carolina.

Only full-time employees, designated part-time employees, officials, qualified retirees, and eligible dependents are eligible for health insurance.

Currently, the medical enrollment for the City of Greenville is:

Coverage Type	Members	Retirees	Dependents (M&R)
EE Individual	295	116	0
EE & Spouse	81	15	96
EE & Children	199	1	342
Family	223	4	649
Total	798	136	1,087

There are 68 over 65 Medicare Supplement enrollments and 55 over 65 Part D enrollments.

Currently, the dental enrollment for the City of Greenville is:

Coverage Type	Members	Dependents
EE Individual	282	0
EE & Spouse	93	93
EE & Children	132	220
Family	261	797
Total	768	1,110

Currently, the medical enrollment for Greenville Utilities Commission is:

Coverage Type	Members	Retirees	Dependents (M&R)
EE Individual	156	66	0
EE & Spouse	53	9	53
EE & Children	103	0	163
Family	107	1	345
Total	419	76	561

There are 78 over 65 Medicare Supplement enrollments and 67 over 65 Part D enrollments.

Currently, the dental enrollment for Greenville Utilities Commission is;

Coverage Type	Members	Dependents
EE Individual	137	0
EE & Spouse	72	72
EE & Children	48	83
Family	149	444
Total	406	599

The City of Greenville and Greenville Utilities Commission’s fiscal year begins July 1. Budget preparation begins each December with the proposed budget delivered to the City Council of the City of Greenville by mid-May.

4.3 Scope of Current Employee Benefits and Provider Information:

The City of Greenville and Greenville Utilities Commission provide employee health insurance to full-time employees, employees in designated part-time positions, retired employees who have retired with at least five (5) or more years of service with the City of Greenville and/or Greenville Utilities Commission and persons electing COBRA coverage which includes the following health benefit programs:

- Medical including vision
- Prescription, including optional mail-order
- Dental

Currently the medical program includes a Preferred Provider Organization (PPO) See Attachment 4

Premiums are charged on a progressive four-tier plan based on the employee’s annual salary. See Attachment 1

For retirees with twenty (20) or more years of service, health insurance is provided at:

95% of cost of Individual Core Plan rate

For retirees with five (5) or more, but less than twenty (20), years of service, health insurance is provided at:

100% of premium cost is paid by the retiree

Health Plan Administrator:

CIGNA HealthCare
701 Corporate Center Drive
Raleigh, North Carolina 27607

Health Plan Administrator for Over 65 Medicare Supplement and Plan D:

Blue Cross and Blue Shield of North Carolina
P. O. Box 3048
Durham, North Carolina 27702-3048

5.0 SCOPE OF WORK

The City of Greenville and Greenville Utilities Commission will expect the Consultant to perform the services noted below. Each proposal must respond to each item listed below:

- 5.1 General assistance in administering the group health insurance plan, contracts with third-party claims administrators and other health and wellness vendors, respond to questions from and provide information to staff, and provide other consulting services as listed in the contract for services or later authorized by the City of Greenville and Greenville Utilities Commission during the course of the plan year.
- 5.2 Assist in complying with laws and regulations related to employee and retiree benefits.
- 5.3 Review claims experience, claims service, and claims administration to ensure accurate administration by vendors and maximum benefit to the City of Greenville and Greenville Utilities Commission. Identify emerging trends that could lead to significant increases in claims and cost.
- 5.4 Determine and recommend the most economical funding methods for the self-funded health insurance plan.
- 5.5 Represent the City of Greenville and Greenville Utilities Commission in all negotiations with providers/carriers on all issues including those relating to premiums, benefit levels, plan design, and special terms and conditions.
- 5.6 Attend quarterly meetings and provide reports to track performance.
- 5.7 Assist with the implementation and communication of new programs or changes to existing programs, which will include attending and presenting information at Open Enrollment and other meetings. Coordinate with third-party administrator (TPA) in the development and design of employee benefits communications, including but not limited to, enrollment forms, booklets describing the plan, claim forms, announcement letters, posters, and videos.
- 5.8 Prepare bid specifications and solicit bid proposals from insurance companies and/or third-party administrators. Evaluate bids and bidders on criteria including administration, claim payment procedures, customer service, network, reserve establishment policies, and financial soundness. Identify the most cost-beneficial package from among the various bidders.

- 5.9 Interface with insurance carriers, third-party claims administrators, and other health and wellness vendors as needed to assist the City of Greenville and Greenville Utilities Commission in the resolution of problems associated with the benefit programs.
- 5.10 Perform actuarial services, including but not limited to the following:
 - a. Annual cost projections
 - b. Cost projections for plan modifications
 - c. Determination of budget requirements
 - d. Annual health care study of claims incurred but not reported (IBNR)
 - e. Annual Medicare Part D Attestation
- 5.11 Assist with obtaining alternative markets for stop-loss coverage and advise on the cost benefits of such coverage as required by the plan and in compliance with federal and state laws.
- 5.12 Provide consulting and technical support, as available, to implement Online Benefits Open Enrollment services to employees.
- 5.13 Assist in the claims audit process and assist in creating an audit schedule and selection of a contracted vendor to perform such audits, if necessary.
- 5.14 Provide expert advice concerning the Medicare Part D Retiree Drug Subsidy process.
- 5.15 Provide technical medical and pharmacy expertise and insight during evaluation of proposals, as requested and/or determined to be necessary.
- 5.16 Recommend appropriate premium rates and reserves to maintain the viability of the plan and to ensure that quality and cost-effective benefits are provided by the plan.
- 5.17 Provide an annual certification of contract reserves for the self-funded health insurance program.
- 5.18 Analyze contract(s) presented to the benefit providers to ensure that the contract is in compliance with the specifications, industry standards and/or requirements.
- 5.19 Prepare and maintain required plan documents. Maintain full and accurate records with respect to all matters and services provided on behalf of the City of Greenville and Greenville Utilities Commission's health benefit plans and programs.
- 5.20 Develop and/or assist in developing and evaluating employee needs and satisfaction surveys.

- 5.21 Develop long-range strategies for the City of Greenville and Greenville Utilities Commission health insurance and benefits programs.
- 5.22 Attend meetings with Human Resources and Finance Department staff and make presentations on items of interest to the City of Greenville Council and Greenville Utilities Commission Board of Commissioners and Joint City of Greenville and Greenville Utilities Commission -Committees as requested and/or determined to be necessary.
- 5.23 Benefit Calendar – January 1 through December 31
- 5.24 Contract Calendar – July 1 through June 30

6.0 PROPOSAL SUBMISSION INFORMATION

6.1 RESPONSE TO PROPOSAL

Submission of Proposals:

Two (2) originals and four (4) copies of the proposal should be submitted.

a. Proposal shall be submitted to:

Patrice Alexander, Director of Human Resources
Greenville Utilities Commission
P. O. Box 1847
Greenville, NC 27835-1847

b. The proposals must be delivered no later than 5:00 p.m.
on March 14, 2013. Proposals will not be accepted after
this date and time.

6.2 To facilitate the evaluation process, proposals shall be organized
into distinctive sections.

6.3 Proposals shall include information related to the evaluation categories.
The City of Greenville and Greenville Utilities Commission are under no
obligation to solicit such information if it is not included with the proposal.

6.4 Required Documents:

- a.
1. The complete proposal
 2. All mandatory exhibits and detail explanation
 3. Completed Proposal Requirements (Attachment 2)
 4. Completed and signed Consultant Registration
Form and Disclosure Statement (Attachment 3)

b. Failure to provide required documents will result in disqualification
of the proposal.

6.5 The proposal shall specifically identify such information considered
to be proprietary or confidential.

7.0 EVALUATION AND AWARD PROCESS

- 7.1 The capability and the requisite experience and expertise of the Consultant to provide services for the City of Greenville and Greenville Utilities Commission in accordance with the provisions and requirements set forth herein will be evaluated.
- 7.2 The following criteria will be used to evaluate all proposals:
- a. Responsiveness
 - 1. Responsiveness shall be determined by the Consultant's demonstration of a method of approach that fully meets all terms and conditions of the RFP and Scope of Work.
 - b. Expertise and reliability
 - 1. Determined by the submission of references and positive reference checks demonstrating the Consultant's success with similar projects for group sizes greater than 1,000 participants.
 - 2. Perceived ability to negotiate a benefits program that meets the needs of the City of Greenville and Greenville Utilities Commission.
 - 3. Demonstrated expertise in negotiating benefit plans on behalf of clients similar to the City of Greenville and Greenville Utilities Commission.
 - 4. Consideration of all accreditation and ratings of service or products by nationally accepted rating or accrediting agencies.
 - 5. Years of experience.
 - 6. Professional memberships and certifications.
 - c. Service Factors
 - 1. Determined by the provision of personnel with requisite skill and expertise to deliver proposed services.
 - 2. The depth of services the Consultant proposes to deliver.

3. Access to the Consultant defined in terms of hours and days available, ease of contact and availability, guaranteed response times.
 4. A demonstrated plan of action for the Consultant to acquire the services of subject matter experts in the areas that are identified as necessary to this proposal; but, where the Consultant lacks the capacity in their organization.
- d. Completeness of Proposal
1. Consultant submits proposal which includes all required documents and a work plan that thoroughly meets the Scope of Work and all terms and conditions.
- e. Access and Ease of Use
1. The Consultant demonstrates the requisite availability and ability to complete projects within required time dates.
- f. Flexibility
1. The proposal demonstrates the flexibility to facilitate anticipated and unanticipated future process changes that are based on Best Practices.
- g. Availability of Staff
1. Staff members are made available at the City of Greenville and Greenville Utilities Commission convenience to explain, and present its Best and Final Offer.
 2. The available staff members have the requisite knowledge of the proposal to provide the information required by the City of Greenville and Greenville Utilities Commission.
 3. The staff members have the requisite authority to agree and act upon the City of Greenville and Greenville Utilities Commission instructions.
 4. If required, Finalist Interviews/Presentations to the Managers and Human Resources Staff will take place March 25-29, 2013 in Greenville

h. Cost

1. Neither the consulting firm nor employees of the firm shall receive compensation, inducements, or rewards from insurers or brokers relative to the placement of their program/product.
2. Cost will be evaluated for budget constraints, method of costing, method of pricing, comparisons of cost in relation to other competitive proposals.

i. Time

1. Program Calendar (see Attachment 2)

Attachment 1
Medical Premium Rates

**CITY OF GREENVILLE/GREENVILLE UTILITIES GROUP HEALTH INSURANCE RATES
ACTIVE EMPLOYEES 01-01-2013**

**CORE PLAN
ENHANCED PLAN**

Coverage Type	Salary Class	City/GUC % of Total	Employee Monthly Fee	Employer Monthly Fee	Total Monthly Fee
Individual Plan					
		97.012%	15.21	493.91	509.12
		90.926%	49.26	493.58	542.84
Employee + Spouse Plan					
Class 1	<\$32,278	88.189%	126.27	942.89	1,069.16
	<\$32,278	81.642%	209.28	930.69	1,139.97
Class 2	\$32,278 - \$46,950	87.036%	138.60	930.56	1,069.16
	\$32,278 - \$46,950	80.427%	223.12	916.85	1,139.97
Class 3	\$46,951 - \$61,623	84.659%	164.02	905.14	1,069.16
	\$46,951 - \$61,623	77.924%	251.66	888.31	1,139.97
Class 4	>\$61,623	82.284%	189.41	879.75	1,069.16
	>\$61,623	75.425%	280.15	859.82	1,139.97
Employee + Child(ren) Plan					
Class 1	<\$32,278	88.188%	123.28	920.42	1,043.70
	<\$32,278	81.642%	204.30	908.51	1,112.81
Class 2	\$32,278 - \$46,950	87.036%	135.31	908.39	1,043.70
	\$32,278 - \$46,950	80.430%	217.77	895.04	1,112.81
Class 3	\$46,951 - \$61,623	84.659%	160.12	883.58	1,043.70
	\$46,951 - \$61,623	77.925%	245.66	867.15	1,112.81
Class 4	>\$61,623	82.284%	184.90	858.80	1,043.70
	>\$61,623	75.423%	273.50	839.31	1,112.81
Employee + Family Plan					
Class 1	<\$32,278	88.189%	180.29	1,346.16	1,526.45
	<\$32,278	81.639%	298.83	1,328.70	1,627.53
Class 2	\$32,278 - \$46,950	87.036%	197.88	1,328.57	1,526.45
	\$32,278 - \$46,950	80.426%	318.57	1,308.96	1,627.53
Class 3	\$46,951 - \$61,623	84.659%	234.17	1,292.28	1,526.45
	\$46,951 - \$61,623	77.925%	359.28	1,268.25	1,627.53
Class 4	>\$61,623	82.284%	270.42	1,256.03	1,526.45
	>\$61,623	75.422%	400.01	1,227.52	1,627.53

Attachment 1

Dental Premium Rates

Dental Plan 2013 Rates

Coverage Type	City/GUC % of Total	Monthly Fees		
		Employee	City/GUC	Total
<u>Monthly Fee</u>				
Employee Only	76.64%	7.30	23.95	31.25
Employee & Spouse	57.58%	27.84	37.79	65.63
Employee & Child(ren)	57.58%	24.53	33.29	57.82
Employee & Family	57.57%	39.79	53.98	93.77

INFORMATION REQUIRED IN THE PROPOSAL

Prospective consultants must organize proposals in a manner that separately addresses each of the five components below. We request that organizations adhere to the RFP format as ordered below to facilitate efficient evaluation of proposals.

1. Plan design
 - a) Describe your organization's understanding of the design challenges of providing health and wellness benefits to employees.
 - b) Characterize your organization's view of major employee benefit-related issues facing municipalities and utilities.
 - c) Describe your organization's approach and capabilities in terms of designing new benefits programs and fine-tuning existing plans. Describe your experience in finding creative solutions in the marketplace.
 - d) Include an explanation of any specialized techniques your organization may use to gather employees' input and the kind of data your organization maintains for benchmarking benefit design, particularly as it relates to health and wellness plans.

2. Plan administration
 - a) Describe your experience in assisting clients in identifying appropriate selection of insurance carriers, third-party claim administrators, and other health and wellness vendors.
 - b) Describe your organization's experience in negotiating contracts on behalf of your clients.
 - c) Identify systems your organization has in place to ensure accuracy in system-wide administrative and reporting systems.
 - d) Summarize reports that will be provided by your organization. (Standard carrier reports can be used as the source for information). Provide examples of reports.
 - e) Describe your organization's ability to perform projections of medical claims and expenses, analysis of funding requirements, and changes in contribution rates for self insured medical plans.
 - f) Explain your organization's resources for monitoring and oversight of the performance of insurance carriers, third-party claims administrators, and other health and wellness vendors, including claims audits.
 - g) Describe your local and national market leverage within the employee benefits marketplace.
 - h) Describe how your organization evaluates the success or failure of programs.
 - i) Provide information on systems that will be used to record, save, and track data.
 - j) Describe your organization's role in plan documentation.

- k) Describe your organization's role in compliance with COBRA, Health Care Reform, Affordable Care Act, HIPAA, FMLA, Form 5500's, etc., including exemptions for public sector plans.
3. Your organization
- a) Identify your organization's experience with respect to similar benefits projects and what sets your organization apart from competitors.
- b) Provide details of your company's financial status and stability.
- c) Describe your current ownership structure, including affiliations, employee ownership, and investors. Is your firm affiliated with any insurance company, third party administrative agency, or provider network?
- d) Describe your firm's ethics and conflict of interest policy.
- e) Describe how your firm complies with Sarbanes-Oxley.
- f) Discuss any impending changes in your organization that could impact the delivery of services.
- g) Describe any recent action your organization has taken that demonstrates leadership in the employee benefits field.
- h) Describe the function, reporting relationships, and locations of each person responsible for this account.
- i) Provide a resume or Certificate Vitae (CV) of the individual who will have primary day-to-day responsibility for this account. Please provide two professional/client references for the account manager. Also, please provide a brief biography of others who will be involved on the account, with a description of the role each person will play in the project and any relevant experience each person has with similar projects.
- j) If your firm offers clients the services of a specialist in clinical/quality issues in wellness, disease management, and related areas, please explain those services.
- k) Specify your client-to-specialist ratio.
- l) If your firm offers actuarial services, please describe.
- m) Describe any recent client assignments that achieved significant cost reductions without major benefit reductions.
- n) Identify three clients with whom you have worked whom we may contact for reference purposes for whom you have provided comparable services are highly preferred. If possible, include at least one organization similar in size
- Organization name and address
 - Point of contact with name, title, telephone number, and email address
 - Types of services your organization provided
 - Dates of service provided
- o) What is your client retention rate?
- p) Provide one reference of a client who stopped utilizing your services within the past 24 months and contact information for that client.

- q) Outline your organization's technical capabilities and what resources your organization uses to stay informed of benefit trends and best practices in benefits management.
 - r) Describe any steps your organization has taken to ensure that quality products and services are delivered.
 - s) Include proof of your organization's errors and omissions insurance coverage.
 - t) Describe how your organization would guarantee access to records in the event another organization succeeded you.
4. Implementation and timeline
- a) Develop a project timeline, summarizing the entire process beginning with this proposal
 - b) Explain the transition process, both in terms of communication and data, which you will employ if your bid is successful. Include a detailed description of the implementation plan, the role in the process, data requirements, and timeframes. Include a description of what your organization will be responsible for along with a description of the City of Greenville and Greenville Utilities Commission's responsibilities.
5. Costs
- a) Describe how you would prefer to be compensated and detail that compensation and the cost for your services. Please include information about any services for which there would be an additional expense. Also include full information about how your compensation would be disclosed to the City of Greenville and Greenville Utilities Commission. Please certify in writing that there would be no undisclosed compensation, either at a plan/vendor level or within your own firm's compensation programs.
 - b) State your organization's philosophy on accepting contingency/override compensation from insurers relative to the placement of our programs. Comment on both direct and indirect (i.e., trips/gifts) compensation and any other supplemental compensation programs.
 - c) Estimate monthly project hours required for this project by the City of Greenville and Greenville Utilities Commission and by your organization.
 - d) Provide a sample contract and invoice for consulting services.
6. Program Calendar
- Submit a program calendar from July 1 through June 30 illustrating the requirements and when they will occur as set forth in the Scope of Work.

CONSULTANT REGISTRATION FORM

Federal Employer's ID# _____

Name of Organization _____

Business Address _____

City, State, Zip _____ Fax () _____

Main Contact Person _____ Phone () _____

Main Contact Person's E-mail address _____

Organization Structure (Please circle one)

1. Individual 2. Partnership 3. Corporation

4. Government Agency 5. Non-Profit Agency 6. Public Utility

Small Business () Yes () No

Minority Owned Business () Yes () No

Please describe below the major product(s) or service(s) provided by your company: _____

DISCLOSURE STATEMENT

Vendor must disclose any possible conflict of interest with the City of Greenville and Greenville Utilities Commission, including, but not limited to, any relationship with any City of Greenville or Greenville Utilities Commission employee or official. Your response must disclose if a known relationship exists between any principal of your firm and any City of Greenville or Greenville Utilities Commission employee or official. If, to your knowledge, no relationship exists, this should also be stated in your response. Failure to disclose such a relationship may result in cancellation of the contract as a result of your response. This form must be completed and returned in order for your proposal to be eligible for consideration.

No Known Relationship Exists _____

Relationship Exists (Please explain) _____

I CERTIFY THAT:

1. I, as an officer of this organization, or per the attached letter of authorization, am duly authorized to certify the information provided herein is accurate and true as of the date of this proposal.
2. My organization shall comply with all State and Federal Equal Opportunity and Non-Discrimination requirements and conditions of employment.

Printed or Typed Name

Title

Signature

Attachment 4

Cigna Summary of Benefits and Coverage

See attached copies

Attachment 5

Timeline for Project

1. February 19, 2013 Send out RFP for Health Benefits Consultant to Vendors
2. March 14, 2013 Proposals from Health Benefits Consultants due
3. March 20, 2013 If needed, Finalist candidates contacted by HR staff for interviews
4. March 25-29, 2013 If needed, Finalist Interviews/Presentations by Consultants to Managers & HR Staff
5. May 17, 2013 Health Benefits Consultant to be notified regarding decision
6. July 1, 2013 Health Benefits Consultant annual contract begins