

Chain of Lakes City  
*Centennial*



*Celebration*  
1911 - 2011

January 21, 2011

**Request for Proposal  
RFP-11-22**

**Sealed proposals MARKED "REQUEST FOR PROPOSAL – EMPLOYEE VOLUNTARY SUPPLEMENTAL INSURANCE"** will be received by the City of Winter Haven until 2 p.m., February 23, 2011, at the office of the Procurement Services Division, Central Stores Complex, 401 6<sup>th</sup> St SW, Winter Haven, Florida 33880, for the following:

**"The City of Winter Haven is requesting proposals from reputable, certified, State of Florida licensed and no less than A- rated supplemental insurance providers who will offer quality, diverse, non-discriminate and competitively priced supplemental insurance City of Winter Haven employees may voluntarily acquire and pay for through payroll deduction. Supplemental insurance may include accident, long-term disability, short-term disability, vision, cancer coverage, etc. The supplemental insurance product(s) and pricing should be better than that which City employees would normally be able to acquire in the marketplace on their own. Additionally, the supplemental insurance should be portable, to allow the employee to take the coverage with them at the same rates when they terminate employment."**

At that time, bids will then and there be publicly opened and read aloud in the Procurement Services Office.

Firms shall submit **one unbound original** and six (6) copies of their proposals that provide:

1. Confirmation of the current licensure and insurance service rating.
2. A statement of interest and any other specific information or statements.
3. Complete information about the firm and Account Executive(s) qualifications.
4. Evidence of expertise and experience in providing supplemental insurance and related support, to include a list of agencies served and previous and current client references.
5. A quotation of proposed supplemental insurance product(s); their description, to include coverage requirements and limitations; product costs, quoted in per month (or bi-weekly) increments to be payroll deducted biweekly, and other detailed cost proposal information for each type of supplemental insurance to be offered for employee self-purchase.

Questions concerning this bid must be submitted in writing on or before **3:00 p.m., February 16, 2011 to Michele Stayner at [mstayner@mywinterhaven.com](mailto:mstayner@mywinterhaven.com) or by fax at 863-291-5623.** Questions received after this time may not be answered.

The responses shall be furnished in accordance with the RFP, requirements, and any other documents prepared for this bid. **W-9** must be attached to the bid when returned by the responding vendor. Payment will be rendered to the name and ID appearing on the W-9.

The City of Winter Haven, Florida reserves the right to waive informalities; to reject any and all proposals, in whole or part, with or without cause; to re-advertise and to enter into a contract determined to be in its best interest. The City shall not compensate proposers for preparation of responses to this RFP. The proposer shall examine this RFP carefully, as ignorance of the requirements will not relieve the proposer from liability and obligations under this RFP.

Sincerely,  
CITY OF WINTER HAVEN

A handwritten signature in black ink, appearing to read "Bob Bishop". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

Bob Bishop  
Procurement Services Division Director

**CITY OF WINTER HAVEN  
EMPLOYEE VOLUNTARY SUPPLEMENTAL INSURANCE, RFP-11-22**

**SERVICE SPECIFICATIONS**

**Objective:**

To seek a fully credentialed and reputable firm that will offer and self-administer assorted, supplemental insurance, for example accident, long-term disability, short-term disability, vision, cancer, etc., that any of the City's 491 employees may voluntarily elect to purchase and pay for through payroll deduction.

**Background:**

Since the late 1980's the City has allowed one company to offer employees the opportunity to purchase supplemental insurance with premium payments made through payroll deduction. There has been no cost to the City for this optional benefit. Presently five incumbent employees utilize this service.

A number of other employees have expressed interest in acquiring supplemental insurance in this same fashion through an alternative provider. For this reason the City is issuing an RFP to assess respondent supplemental insurance provider capabilities, product lines and related premium costs to determine which, if any, should be permitted to offer and fulfill the supplemental insurance service requested by employees and at no cost to the City.

**Eligibility/Qualifications:**

The firm of choice must be currently licensed with the State of Florida Department of Insurance; have a minimum of five years experience providing the proposed services with similar organizations, and be underwritten by companies with a current minimum AM Best rating of A- or above.

The firm of choice must be capable of performing all the supplemental insurance services and shall not sub-contract any aspect of the service to be provided for the benefit of City employees. The firm of choice shall be deemed an independent contractor for the purpose of the employee voluntary, self-pay supplemental insurance program. The firm of choice shall, however, comply with all established, new or changed City ordinances, rules and policies, in particular those pertaining to City workplace entry and employee interaction.

The firm of choice shall also at its sole expense acquire and provide the City proof of insurance of the types and amounts specified below.

Type	Amount
Workers' Compensation	\$500, 000 each accident employer's
Comprehensive General Liability	\$1,000,000 each occurrence
Professional Liability	\$2,000,000 annual aggregate

Such insurance shall be written by a company or companies licensed to do business in the State of Florida. Certificates evidencing the maintenance of said insurance must be furnished to the City for approval prior to commencing services. The insurance certificate shall provide too that no material alteration or cancellation, including expiration and non-renewal, shall be effective until 30 days after receipt of written notice by the City.

### **Products and Pricing:**

All supplemental insurance products available for employee self-pay purchase must be clearly identified and include a description of the coverage requirements, benefits, limitations, and any other applicable provisions. A detailed price list of biweekly premiums for each supplemental insurance product offered must be presented too. The premium prices quoted for each supplemental insurance product offered shall be firm and fixed for a period of no less than two years from the date of RFP award.

### **Conditions:**

The firm of choice shall be solely responsible for the sale and administration of supplemental insurance products offered City employees, to include filing and processing employee claims and grievances, recovering premiums, etc. The supplemental insurance product relationship shall be between the firm of choice and the employee purchaser.

The City shall not at any time in whole or in part be liable for the administration, maintenance, claims processing or costs associated with the employee self-pay supplemental insurance coverage program. The supplemental insurance coverage will be solely funded by employees through biweekly payroll deduction, or other employee self-pay method agreed upon by the provider and which is not affiliated with the City of Winter Haven.

The City's involvement with the program shall be confined to periodically issuing payroll stuffers; providing notice of the supplemental insurance package(s) to new hires; allowing the firm of choice to make no more than two on-site visits per calendar year as scheduled by the City of Winter Haven; accepting and enacting employee signature authorized payroll deduction requests, in paper form; and remitting biweekly payments and employee lists of amounts payroll deducted.

The City will activate employee signature authorized new, amended, or cancelled supplemental insurance premium payroll deduction orders presented by the firm of choice. The firm of choice shall be solely responsible for providing the City with notice to begin, change or end amounts to be payroll deducted from employee checks. Such notice shall be in writing, on a payroll deduction standard form acceptable to the City, and include the amount to be deducted biweekly, the description of the product purchased and the effective date the deduction transaction of the applicable type is to be effected by way of employee signature.

### **Payroll Deduction Payments:**

Payments of amounts the City payroll deducts for supplemental insurance products purchased by employees shall be remitted to the firm of choice biweekly, but in any event no later than the 30<sup>th</sup> day of each month following the rendering of employee signature authorized payroll deduction orders.

The City shall submit along with its payment a report(s) of amounts payroll deducted for supplemental insurance coverage. It shall be the responsibility of the firm of choice to distinguish the proper account coding of the amount remitted by the City.

### **Non-Exclusiveness:**

The firm of choice will understand and agree that any award resulting from this RFP shall not be construed as an exclusive arrangement and the City may, at any time, secure similar or identical services at its sole option.

**Duration of Award and Engagement:**

The firm of choice will be issued a letter detailing the start date and confirming the requirements of the RFP will be binding through September 30, 2013. Thereafter, the City and firm of choice may mutually agree to sustain the service relationship in annual increments until such time as either the City or service provider elects to discontinue the service with or without cause and providing a minimum 30 day written notice this will occur.