

# **PROPOSAL SUMMARY FORMS**

## **EMERALD COAST UTILITIES AUTHORITY**

### **REQUEST FOR PROPOSALS FOR FLEXIBLE BENEFITS PLAN ADMINISTRATION SERVICES**

**RFP #2012-16**

**PROPOSALS DUE  
2:00 P.M., CENTRAL STANDARD TIME  
TUESDAY, OCTOBER 30, 2012**

**HUMAN RESOURCES & ADMINISTRATIVE SERVICES DEPARTMENT, ECUA  
SIVER INSURANCE CONSULTANTS  
OCTOBER 2012**

**EMERALD COAST UTILITIES AUTHORITY**  
**2012 PROPOSAL SUMMARY FORMS**  
**FLEXIBLE BENEFITS PLAN ADMINISTRATION SERVICES**

This proposal summary is prepared to facilitate the Emerald Coast Utilities Authority's review of proposals received. Four (4) proposals (one (1) paper original and three (3) paper copies, including original) and one (1) CD-ROM are to be submitted.

However, because the ECUA recognizes that it is not possible to predict how much space will be needed for each answer to each question, proposers may need to provide an attachment for responses which are lengthier than the space provided. Where possible, write your response on these forms, but where not practical, preface or index each response to state to which page and which question number your response applies.

These forms in MS Word format are available electronically from ECUA, upon request to [amy.williamson@ecua.fl.gov](mailto:amy.williamson@ecua.fl.gov). However, no one is authorized to use the forms for any purpose other than to respond to this specific RFP. Spacing may be changed to permit answers to questions that may be lengthier than originally allotted. No one is authorized to alter the proposal summary content; such alteration could result in disqualification of the proposal. Responses are to be submitted in hard copy and one CD-ROM, and the hard copy shall be the governing document.

Thank you for your cooperation. It will greatly facilitate Emerald Coast Utilities Authority's review of your proposal.

**Avoid Vague Terms**

The use of N/A should be avoided. N/A can mean several things: Not Available, Not Applicable because there is no charge for the item, or Not Applicable because the item is not proposed. Instead, please use "Included," "Not Included," or "Not Proposed."

Avoid using "See Proposal." The summary pages are your proposal! When referring to an appendix or schedule, please note where in your proposal the information can be found.

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To be responsive, complete proposal summary forms for your proposal, as the information applies. Handwrite them in ink or type them; corrections should be in ink or typed and initialed. If you cannot offer what ECUA requested, please offer an alternative solution.

## EMERALD COAST UTILITIES AUTHORITY

### 2012 FLEXIBLE BENEFITS PLAN ADMINISTRATION PROPOSAL SUMMARY

#### GENERAL INFORMATION

1. Administrator \_\_\_\_\_ Contact Name \_\_\_\_\_  
Toll Free Phone (800) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_
2. Is the Administrator authorized to do business in Florida? \_\_\_\_\_
3. Has the Administrator, as of the RFP return date, been successfully operating as an administrator for a minimum of five consecutive years?
4. Has the Administrator submitted, with your proposal, the last audited financial statement issued by a certified public accountant, dated no earlier than 18 months prior to the proposal date specified in this RFP?
5. Has the Administrator undergone a SAS-70 or SAE-16 audit review within the last three (3) years?
6. Proposer (If Different) \_\_\_\_\_ Contact Name \_\_\_\_\_  
Toll Free Phone (800) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_
7. Do you agree to provide a rate guarantee for the two (2) year term from January 1, 2013 to December 31, 2014? \_\_\_\_\_
8. Will you provide any rate/cost guarantees beyond the first two (2) years? Provide details. \_\_\_\_\_  
\_\_\_\_\_
9. Do you agree that the proposals submitted shall include **four (4) copies and one (1) CD-ROM** and be valid until 2/1/2013? \_\_\_\_\_
10. Is a sample contract provided for analysis? \_\_\_\_\_
11. Is a 120 day notice of termination, rate/cost increase included? \_\_\_\_\_
12. Is a 30 day notice of termination by ECUA acceptable? \_\_\_\_\_
13. Can the contract be canceled mid-year for any reason other than nonpayment? \_\_\_\_\_  
If so, for what reason(s)? \_\_\_\_\_
14. Have you indicated the basis for payment of all fees and costs, and the extent to which payment will be spread out over the time period of service? \_\_\_\_\_  
\_\_\_\_\_

15. Do you agree that receipt of a future request for proposals from ECUA does not automatically mean ECUA wishes to terminate the services provided, but that any notification required will be considered satisfied by dissemination of the request for proposals? \_\_\_\_\_

**Proposals are due to be delivered in four copies and one CD-RPM no later than 2:00 p.m. Central Standard time, Tuesday, October 30, 2012, and should be mailed or delivered to the Purchasing and Stores Manager, Emerald Coast Utilities Authority, P. O. Box 15311, Pensacola, Florida 32514, or delivered to ECUA's Purchasing and Stores Manager at 9255 Sturdevant Street, Room 2202, (Ellyson Industrial Park), Pensacola, Florida 32514.. Proposals should be sealed and marked "Proposal for Flexible Benefits Plan Administration Services - RFP #2012-16." EMAILED AND FAXED PROPOSALS WILL NOT BE ACCEPTED!**

# EMERALD COAST UTILITIES AUTHORITY

## 2012 FLEXIBLE BENEFITS PLAN ADMINISTRATION PROPOSAL SUMMARY

### SPECIFIC INFORMATION QUESTIONNAIRE

16. Can you enroll the ECUA's group in accordance with the timeline listed below?

Education and Enrollment	November 26 – December 7, 2012
Debit Cards issued	December 21, 2012

17. In subsequent years, what is your most realistic estimate of the least number of calendar days required to conduct employee orientation meetings to enroll ECUA's group? \_\_\_\_\_

18. Describe how you will support ECUA's enrollment. \_\_\_\_\_  
\_\_\_\_\_

19. State here if there are any required minimums for enrollment for the services you are proposing. \_\_\_\_\_

20. Are there any intended subcontractor(s)? \_\_\_ Did you name them and provide their qualifications and the role they will provide? \_\_\_\_\_

21. Do you agree that any subcontracted services are subject to ECUA's approval, and ECUA must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner? \_\_\_\_\_

22. If you are the successful proposer will you agree to hold harmless and pay on behalf of ECUA for any liability and/or legal costs arising out of any claims and litigation related to the services provided, including any actions that may arise from errors or omissions related to the service provided by your employees, agents and subcontractors? \_\_\_\_\_

23. Have you attached current financial information about your company? \_\_\_\_\_

24. Do you agree to the insurance requirements listed in the RFP? \_\_\_\_\_

25. Have you completed and submitted the proposer references form? \_\_\_\_\_

26. Do you agree to ECUA retaining property rights, for ECUA's own use, to all materials, reports, produced by the administrator specifically for ECUA? \_\_\_\_\_

27. Will you maintain books, records, documents, and evidence on costs and expenses for services provided for at least three (3) full years after the contract ends? \_\_\_\_\_

28. Will such records be presented at no cost to ECUA for audit, if desired by the State Auditor General or ECUA? \_\_\_\_\_

29. Have you submitted a statement, on your letterhead, whether or not your firm has ever been convicted of a public entity crime? \_\_\_\_\_

30. List here the name(s) of any officer, director or agent of your company who is also an employee of ECUA. (If none, state "None.") \_\_\_\_\_

31. List here the name(s) of any ECUA employee(s) who own, directly or indirectly, an interest of five percent or more in the proposer’s firm or any of its branches. (If none, state "None.")

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**FEES/SUGGESTED FORMAT**

ECUA may track its own dependent medical, dental, life, vision, and cancer/intensive care plan premium conversions. However, the flexible benefits administrator will be expected to include the pre-tax payroll deduction data in year end statements.

Here is a suggested format for illustrating your fees. If you think another format more appropriate, submit it, but disclose all charges for the services desired and be specific as to which charges are fixed and which are variable. Be specific if some charges are flat fees, if some are per eligible employee, and if some are per enrolled employee.

**Medical & Limited Spending Accounts and Dependent Care Accounts**

	<b>Cost Basis Participant Range or Flat Charge <u>adjust as necessary.</u></b>	<b>X</b>	<b>Monthly Rate PPPM, if applicable. Leave Blank if Flat Charge.</b>	<b>Cost (if flat charge) or State “Included” if no charge.</b>
Start-Up/Orientations/Education Seminars	1,300	X	\$ .	\$
Plan Documents	Flat Charge			\$
Monthly Administration				
Flexible Benefits Plan Compliance Servicing	0 - 150	X	\$ .	\$
Debit/Credit Card Fees	0 - 150	X	\$ .	\$
Medical/Limited/Dependent Care FSA	0 - 150	X	\$ .	\$
Tracking Dependent & Voluntary Premium Conversion	0-1,500	X	\$ .	\$
Requested Reports	Flat Charge			\$
Generic Communication Materials	Flat Charge			\$
Custom Communication Materials	Flat Charge			\$
Discrimination Testing	Flat Charge			\$
Other Charges (list/describe below)				

32. Please explain how your fees will be billed and how the claims payment process is completed.

33. Please explain any banking arrangements that are requested/required of your company.

**Questions – Attach necessary explanations and/or deviations.**

**Yes No**

34. Do you agree to abide by and assist ECUA in compliance with Federal and state laws and regulations including HIPAA? \_\_\_\_\_
35. Do you agree to assist ECUA in the development and distribution of a privacy notice to participants? \_\_\_\_\_
36. Do you agree to refrain from marketing insurance or other products to ECUA’s employees other than promoting those benefits which are already authorized by ECUA to be a part of the Section 125 plan? \_\_\_\_\_
37. Do you understand and agree that the contract will be terminated and all fees payable by ECUA will be forfeited if you embark on the marketing of insurance or other products to employees other than those benefits which are already authorized by ECUA to be a part of the Section 125 plan? \_\_\_\_\_
38. Have you attached an explanation of the full range of your available services and your experience, expertise and data processing capability? \_\_\_\_\_
39. How many years have you been administering flexible benefits plans? \_\_\_\_\_
40. How many flexible benefits accounts do you currently administer? \_\_\_\_\_  
How many with debit/credit cards? \_\_\_\_\_ What is your smallest group, based on eligible population? \_\_\_\_\_ What is your largest group, based on eligible population? \_\_\_\_\_
41. Have you provided background information on specific personnel assigned to service ECUA, including the type and extent of training received and the number of years of experience in flexible benefits administration? \_\_\_\_\_
42. What is your minimum lead time to set up the administration for ECUA? \_\_\_\_\_  
\_\_\_\_\_
43. What information do you need from ECUA initially and on an ongoing basis?  
How often? \_\_\_\_\_  
In what format and media? \_\_\_\_\_
44. Will you prior to solicitation of enrollment, provide communications materials to participants regarding options they may choose, and the effect on their taxable income, especially for dependent care deductions? \_\_\_\_\_
45. Will you with regard to dependent care, individually prepare and explain to employees their options, to allow them to knowledgeably choose between flexible spending accounts and itemizing the expense for federal income tax purposes? \_\_\_\_\_
46. State the type of education seminar/enrollment system to be used for each benefit option, e.g. personal interviews, interactive voice, interactive video or personal computer. \_\_\_\_\_
47. Did you enclose samples of documents, communications materials, etc? \_\_\_\_\_

**Questions – Attach necessary explanations and/or deviations.**

**Yes No**

Please provide a sample of all forms, communications materials, and reports you recommend for ECUA use.

- 48. What are the hours that your service will be available to employees online and via telephone? \_\_\_\_\_
- 49. Will you notify participants in writing to confirm the options they selected prior to coordinating with ECUA’s payroll functions? \_\_\_\_\_
- 50. Will you provide ECUA with at least all of the services requested in this RFP? Explain any variation here or by attachment. \_\_\_\_\_

**Will You Provide:**

- 51. Assistance with modifying and updating plan documents, to assure compliance with applicable law, regulations, etc.? \_\_\_\_\_
- 52. Employee group seminars and individual enrollments? \_\_\_\_\_
- 53. Preparation of enrollment communications materials, including a letter explaining the program, FSA questions and answers, examples of the benefits of FSAs, a worksheet for employees to determine amounts they may want to have placed in their FSAs, and an enrollment form? \_\_\_\_\_
- 54. A local area telephone number or “800” number that employees may call throughout the year for counseling, information or service regarding the flexible benefits plans? \_\_\_\_\_
- 55. Establishment of all records necessary for maintaining account balances? \_\_\_\_\_
- 56. Forms for reimbursement of claims, change of status, direct deposit, disbursement statements, etc? \_\_\_\_\_
- 57. Payment of claims? The expected frequency will be daily. \_\_\_\_\_
- 58. Quarterly individual account status reports to participants? \_\_\_\_\_
- 59. Bi-weekly participation and account status reports to ECUA? \_\_\_\_\_
- 60. A summary Annual Report for employees? \_\_\_\_\_
- 61. An annual forfeiture report to ECUA? \_\_\_\_\_
- 62. Federal report filing requirements, including issuing 1099s to providers? \_\_\_\_\_
- 63. Discrimination tests as required by applicable laws and regulations? \_\_\_\_\_
- 64. Debit/credit card services for claim reimbursements as permitted by IRS regulations? Attach an explanation of your experience with debit cards and your recommendations for their use. \_\_\_\_\_
- 65. The name of your debit/credit card vendor (i.e. MasterCard or Visa) with a description of the company’s history and its relationship with your organization? As well as define if it is a debit card or credit card and how \_\_\_\_\_

**Questions – Attach necessary explanations and/or deviations.**

**Yes No**

- ECUA will be invoiced (i.e. as the FSA card is used or in advance)? ECUA prefers to fund the FSA card for medical and limited spending accounts.
66. Explanation of fees or special funding arrangements required in the event that ECUA chooses to implement debit/credit card services for the plan participants? \_\_\_\_\_
67. Explanation of any retainers or special fees required in order to implement ECUA’s FSA program? \_\_\_\_\_
68. Recommendations to increase participation in ECUA’s flexible spending program? \_\_\_\_\_
69. Assistance to ECUA in implementing such recommendations? \_\_\_\_\_
70. Do you have the ability to provide performance guarantees such as those listed on page 6 of the RFP? Explain. If you have a performance guarantee agreement, provide a sample with your proposal for review. \_\_\_\_\_

Where space does not permit complete answers in these Proposal Summary forms, please provide explanations and deviations by separate attachments clearly marked with question numbers to indicate where specific responses to these questions can be found.

**COMMENTS/DEVIATIONS:**

I read the Emerald Coast Utilities Authority Request for Proposals, I understand the scope of services requested and requirements stated and I am either complying with the scope of services and requirements or indicating which specific items I cannot comply with. In cases of noncompliance I attempted to offer an alternate solution.

The Request for Proposals by ECUA is understood to be a solicitation of offers from flexible benefits administrators which may be accepted by ECUA for formation of a valid and binding contract. I represent that I am authorized to make such an offer on behalf of the administrator proposed.

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Date	Firm	Telephone	Authorized Representative
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**EMERALD COAST UTILITIES AUTHORITY  
2012 FLEXIBLE BENEFITS PLAN ADMINISTRATION  
PROPOSAL SUMMARY**

**ADMINISTRATOR REFERENCES**

To be responsive, proposers are required to provide five (5) references. All references should be organizations of similar size to ECUA, for similar programs, preferably in ECUA's general area for whom you have provided FSA TPA services for at least three (3) full years and preferably at least three (3) references with a debit/credit card.

**ADMINISTRATOR:**

1. Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact, phone number \_\_\_\_\_  
Group size, type of program \_\_\_\_\_  
Length of Client Relationship \_\_\_\_\_  
Use of a debit/credit card? \_\_\_\_\_  
Current or Past Client? \_\_\_\_\_
  
2. Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact, phone number \_\_\_\_\_  
Group size, type of program \_\_\_\_\_  
Length of Client Relationship \_\_\_\_\_  
Use of a debit/credit card? \_\_\_\_\_  
Current or Past Client? \_\_\_\_\_
  
3. Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact, phone number \_\_\_\_\_  
Group size, type of program \_\_\_\_\_  
Length of Client Relationship \_\_\_\_\_  
Use of a debit/credit card? \_\_\_\_\_  
Current or Past Client? \_\_\_\_\_
  
4. Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact, phone number \_\_\_\_\_  
Group size, type of program \_\_\_\_\_  
Length of Client Relationship \_\_\_\_\_  
Use of a debit/credit card? \_\_\_\_\_  
Current or Past Client? \_\_\_\_\_

5. Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact, phone number \_\_\_\_\_  
Group size, type of program \_\_\_\_\_  
Length of Client Relationship \_\_\_\_\_  
Use of a debit/credit card? \_\_\_\_\_  
Current or Past Client? \_\_\_\_\_

## **CONVICTION OF PUBLIC ENTITY CRIME**

A PERSON OR AFFILIATE WHO HAS BEEN PLACED ON THE CONVICTED VENDOR LIST FOLLOWING A CONVICTION FOR A PUBLIC ENTITY CRIME MAY NOT SUBMIT A PROPOSAL ON A CONTRACT TO PROVIDE ANY GOODS OR SERVICES TO A PUBLIC ENTITY, MAY NOT SUBMIT A PROPOSAL ON A CONTRACT WITH A PUBLIC ENTITY FOR THE CONSTRUCTION OR REPAIR OF A PUBLIC BUILDING OR PUBLIC WORK, MAY NOT SUBMIT PROPOSAL ON LEASES OF REAL PROPERTY TO A PUBLIC ENTITY, MAY NOT BE AWARDED OR PERFORM WORK AS A CONTRACTOR, SUPPLIER, SUBCONTRACTOR, OR CONSULTANT UNDER A CONTRACT WITH ANY PUBLIC ENTITY, AND MAY NOT TRANSACT BUSINESS WITH ANY PUBLIC ENTITY IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FOR CATEGORY ONE (\$15,000) FOR A PERIOD OF 36 MONTHS FROM THE DATE OF BEING PLACED ON THE CONVICTED VENDOR LIST.

**CERTIFICATION OF NON-SEGREGATED FACILITIES**

By the submission of this proposal, the proposer, offeror, applicant, or subcontractor certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location under his control, where segregated facilities are maintained. He certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments, and that he will not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The proposer, offeror, applicant, or subcontractor agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion or national origin, because of habit, local custom, or otherwise. He further agrees that (except where he has obtained identical certifications from proposed subcontractors for specific time periods) he will obtain identical certifications from proposed subcontractors prior to the award of subcontracts or purchase orders exceeding \$10,000; that he will retain such certifications in his files and make them available to the Emerald Coast Utilities Authority upon request.

Provided, however, that such certifications shall not be required in the case of purchase orders or contracts which, in case of a Federal Government contract or subcontract, would be exempt from compliance with the Equal Opportunity Clause by 41 CFR S60-1.5. This section provides for the exemption of transactions not exceeding \$10,000, contracts and subcontracts for indefinite quantities established not to exceed \$10,000 in any contract year, contracts with certain educational institutions, work on or near Indian reservations, facilities (including, but not limited to, agencies, instrumentalities or subdivision of state or local government) which are separate and distinct from activities of the prime contractor or subcontractor related to the performance of the contract or subcontract, and emergencies involving national security.

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Signature	Date
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Name & Title of Signer

**DRUG-FREE WORKPLACE FORM**

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_ does:

(Name of Business)

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
Proposer’s Signature

\_\_\_\_\_  
Date

Company: \_\_\_\_\_ Proposal/RFP/PO: \_\_\_\_\_

