

KENT COUNTY LEVY COURT

REQUEST FOR PROPOSALS:

EMPLOYEE INSURANCES

RFP ISSUE DATE: MARCH 13, 2017

RESPONSE DUE DATE: **THURSDAY, APRIL 13, 2017**

Prepared By:

KENT COUNTY LEVY COURT

Personnel Office

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SECTION I: INTRODUCTION

A. Purpose

The purpose of this Request for Proposals (the "RFP") is to procure high quality insurance benefits for the employees of Kent County Levy Court (the "KCLC") through a fully insured format (except optional coverage). The current plan year for the requested employee insurance products will expire on June 30, 2017 and the proposed plans/programs must become effective July 1, 2017

B. Background

Kent County Levy Court (KCLC) is the governing body for one of the three counties comprising the State of Delaware. Kent County is centrally located and is home to the State capital - Dover, which is also the county seat. The current population is estimated to be 174,000.

The County currently has 302 full time employee positions authorized to work at the Kent County Administrative Complex located at 555 Bay Road, Dover, Delaware; the Kent County Regional Resource Recovery Facility near Frederica, Delaware; the Emergency Services Building at 911 Public Safety Blvd., Dover, Delaware; Emergency Medical Services Station #6 located at 5100 Wheatley's Pond Road, Smyrna, Delaware; Emergency Medical Services Station #8 located at the Harrington Fire hall at 20 Clark Street, Harrington, Delaware; Delaware; Emergency Medical Services Station #10 located at the Frederica Fire hall at 6 Front Street, Frederica, Delaware; the Kent County Public Library located at 497 South Red Haven Drive, Dover, Delaware, and the Kent County Recreation Center located at 1683 New Burton Road, Dover, Delaware. The seven (7) elected Levy Court Commissioners, the current four (4) elected row office officials and their eight (8) appointed deputies are considered full-time employees for insurance purposes.

1) Employee/Retiree Health/Medical Insurance (*not requested*)

The County's employee health/medical insurance program is being bid under a separate Request for Proposals.

2) Employee/Retiree Dental Insurance (*not requested*)

The County's self-insured employee/retire dental insurance program was renewed last year with Delta Dental of Delaware for two years with a fixed \$3.24 per unit per month administrative fee. Therefore no responses are requested for dental insurance coverage in this RFP.

3) Employee/Retiree Term Life and Employee AD&D Insurance

KCLC currently provides at no charge to the employee term life and accidental death and dismemberment insurance equal to the annual salary of the individual employee rounded up to the next highest \$1,000. After active employees reach age 70, the coverage is reduced to 50% of benefits in effect the day before the employee turned age 65. Employees retiring from active service receive \$5,000 of coverage, but AD&D coverage terminates. Of the current February 28, 2017 employee unit contracts, 290 are active employees including two (2) over age 70 with a total rounded

up salary value of \$14,458,000, and 116 are retirees including 67 over age 70 with a value of \$580,000 (\$5,000 benefit each). The current insurer’s monthly premium rates are \$0.216 per \$1,000 for life plus \$0.02 per \$1,000 for AD&D.

4) Optional Employee & Dependent(s) Term Life Insurance

KCLC offers employees the opportunity to purchase age rated optional term life insurance coverage up to three times their annual salary not to exceed \$300,000 through payroll deduction. Currently, 113 active employees purchase optional term life insurance coverage. Of that number, nine (9) purchase ½ salary coverage, 36 purchase one times salary, 28 purchase two times salary, and 40 purchase three times salary. The current insurer’s monthly premium rates per \$1,000 of coverage based on ½, one, two or three times salary are as follows:

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	.07	.09	.11	.17	.26	.42	.67	.87	\$1.47	\$2.21
# Employees	10	7	8	16	16	26	15	11	4	0
Value * \$1K	862	634	912	1,807	2,064	2,553	1,208	853	453	0
# Spouses	2	1	2	6	3	9	9	4	0	0
Value * \$1K	60	20	70	170	60	170	140	100	0	0

Employees are also eligible to purchase optional life insurance for dependents at a rate of \$2.00 per month for a flat \$10,000 of coverage for a child(ren) and/or coverage for spouses in \$10,000 increments up to \$50,000 at the age rate of the employee. Currently, 23 employees purchase coverage for children. Another 35 employees purchase coverage for spouses.

5) Employee Long Term Disability Insurance

KCLC provides at no charge to the employee long term disability insurance to employees equal to the 60% of the weekly salary of the employee. The employee becomes eligible after missing 120 working days. The coverage is currently integrated with social security and pension benefits. Retired employees are excluded. The current insurer’s premium rate is \$0.002 per \$100 of monthly salary up to a maximum monthly salary of \$3,000. As of February 28, 2017, there are 290 active employees covered including two (2) over age 70 with a total monthly salary value of \$1,124,952.92. Of those 290 active employees, salaries for 56 exceed the \$60,000 (\$3,000/month) annual limit. The current plan year will expire on June 30, 2017 and proposed plans/programs must be effective July 1, 2017.

6) Employee Travel Accident Insurance

KCLC provides at no charge to the employee travel accident insurance for those killed or seriously injured while traveling on County business equal to \$100,000 in addition to any other County provided life and AD&D insurance. The current insurer’s annual premium is \$1,000. The

current plan year will expire on June 30, 2017 and proposed plans/programs must be effective July 1, 2017.

No known claims have been filed under the employee travel accident insurance program since its inception on July 1, 2002.

Section II. SCOPE OF SERVICES

A. The life insurance (including accidental death and dismemberment) coverage provider/bidder will be expected at a minimum to provide the following:

1. Any coverage proposed must at a minimum be equal to or better than the current coverage offered to employees by KCLC with full details included in the attached Exhibit;
2. With input and final approval of form by KCLC staff, develop, prepare and present in a concise and understandable manner those monthly reports desired by KCLC to assist in cost management;
3. Respond to inquiries as directed by the KCLC or KCLC staff;
4. Advise KCLC concerning Federal, State or other regulatory compliance issues;
5. Keep KCLC abreast of Plan Benefit design trends and options;
6. Maintain an active role in assuring the KCLC's Plan (s) is running efficiently;
7. Participate, as requested, in informational meetings with KCLC employees to answer questions, discuss or promote the plan(s);
8. With input and final approval by KCLC staff, develop, print and distribute adequate (350) number of copies of informational booklets for current and new employees outlining specific benefit plans, benefits explanation, typical questions, etc.(Initial informational books must be published within 90 days of award); and
9. Provide at no additional cost complete electronic copies in an approved electronic format of the Summary Plan Document, approved contract for services, and other related documents.

B. The optional term life insurance coverage provider/bidder will be expected at a minimum to provide the following:

1. Any coverage proposed must at a minimum be equal to or better than the current coverage offered to employees by KCLC with full details included in the attached Exhibit;
2. With input and final approval of form by KCLC staff, develop, prepare and present in a concise and understandable manner those monthly reports desired by KCLC to assist in cost management;
3. Respond to inquiries as directed by the KCLC or KCLC staff;
4. Advise KCLC concerning Federal, State or other regulatory compliance issues;
5. Keep KCLC abreast of Plan Benefit design trends and options;
6. Maintain an active role in assuring the KCLC's Plan (s) is running efficiently;
7. Participate, as requested, in informational meetings with KCLC employees to answer questions, discuss or promote the plan(s);
8. With input and final approval by KCLC staff, develop, print and distribute adequate (350) number of copies of informational booklets for current and new employees outlining specific benefit plans, benefits explanation, typical questions, etc.(Initial informational books must be published within 90 days of award); and
9. Provide at no additional cost complete electronic copies in an approved electronic format of the Summary Plan Document, approved contract for services, and other related documents.

C. The long term disability insurance coverage provider/bidder will be expected at a minimum to provide the following:

1. Any coverage proposed (within the parameters given) must at a minimum be equal to or better than the current coverage offered to employees by KCLC with full details included in the attached Exhibit;
2. With input and final approval of form by KCLC staff, develop, prepare and present in a concise and understandable manner those monthly reports desired by KCLC to assist in cost management;
3. Respond to inquiries as directed by the KCLC or KCLC staff;

4. Advise KCLC concerning Federal, State or other regulatory compliance issues;
5. Keep KCLC abreast of Plan Benefit design trends and options;
6. Maintain an active role in assuring the KCLC's Plan (s) is running efficiently;
7. Participate, as requested, in informational meetings with KCLC employees to answer questions, discuss or promote the plan(s);
8. With input and final approval by KCLC staff, develop, print and distribute adequate (350) number of copies of informational booklets for current and new employees outlining specific benefit plans, benefits explanation, typical questions, etc. (Initial informational books must be published within 90 days of award); and
9. Provide at no additional cost complete electronic copies in an approved electronic format of the Summary Plan Document, approved contract for services, and other related documents.

D. The travel accident insurance coverage provider/bidder will be expected at a minimum to provide the following:

1. Any coverage proposed (within the parameters given) must at a minimum be equal to or better than the current coverage offered to employees by KCLC with full details included in the attached Exhibit;
2. With input and final approval of form by KCLC staff, develop, prepare and present in a concise and understandable manner those monthly reports desired by KCLC to assist in cost management;
3. Respond to inquiries as directed by the KCLC or KCLC staff;
4. Advise KCLC concerning Federal, State or other regulatory compliance issues;
5. Keep KCLC abreast of Plan Benefit design trends and options;
6. Maintain an active role in assuring the KCLC's Plan (s) is running efficiently;
7. Participate, as requested, in informational meetings with KCLC employees to answer questions, discuss or promote the plan(s);

8. With input and final approval by KCLC staff, develop, print and distribute adequate number of copies of informational booklets for current and new employees outlining specific benefit plans, benefits explanation, typical questions, etc. (Initial informational books must be published within 90 days of award); and

9. Provide at no additional cost complete electronic copies in an approved electronic format of the Summary Plan Document, approved contract for services, and other related documents.

SECTION III. TECHNICAL PROPOSAL AND FORMAT

All proposals shall respond to all questions and requirements listed in this RFP.

A. Basic Information

1. State the name of your firm, address, telephone and telefax numbers and the name and title of the person who will serve as the KCLC's key contact with your firm with respect to your proposal.

2. Provide a general description of the firm, including size, number of employees, primary business (consulting, pension planning, insurance, etc.), other business or services, type of organization (franchise, corporation, partnership, etc.), and other descriptive material.

3. Provide an explanation of your claims processing and the claims appeals processes and normal time required to process payments. Indicate type and number of forms expected to be regularly completed by plan participants.

4. Describe processes used to insure timely responses to inquiries and processing of claims.

B. Financial Condition

1. Has your firm experienced any significant financial difficulties or other problems which could negatively affect its ability to carry out its duties and responsibilities to KCLC? If yes, please specifically identify the problem(s) and discuss why such problems should be disregarded.

2. Provide a copy of your firm's most recent annual report including the audited financial statements.

3. Provide a specific authorization in a form acceptable to the Delaware Insurance Department to authorize disclosure of information relating to your firm's financial status and market conduct practices.

4. Does your firm possess a certificate of authority issued by the Delaware Insurance Department to conduct, transact insurance business in this jurisdiction?

C. Personnel Assigned

1. Identify the account manager(s) of your firm who will be involved with this engagement, i.e.- the person(s) who will have the direct reporting and administrative responsibility to the KCLC. Please indicate the status of the individual(s) within your organization and his/her professional background and experience. Provide other relevant information regarding this individual(s). Furnish current references including names, titles, affiliations and telephone numbers of clients with whom this individual has had responsibility.

2. Provide professional backgrounds (resumes) for all associates and other personnel who will be involved with the engagement.

3. Describe your organizational approach to this engagement; utilize, if appropriate, an organizational table. Explain how the various professionals and staff will be organized and managed.

D. Experience

1. Describe your firm's experience in providing the requested services. Highlight those engagements which involved Delaware and nearby entities. If representing an insurer, please provide that firm's experience and engagements. **Furnish five (5) current references including names, titles, affiliations and telephone numbers of clients the firm provides such insurances.**

2. Attach samples of informational or similar publications, if any, provided to clients and interested parties on a routine basis.

3. Attach samples of billing statement and similar type reports.

4. Provide information about any national accreditations received for operations, programs, plans, etc.,(i.e.,NCQA).

SECTION IV: COST PROPOSAL AND FORMAT

Any Life, Accidental Death & Dismemberment, Optional Life, LTD, or Travel Accident Insurance Base Proposal must at a minimum provide equal or better than current coverage (benefits)

offered to employees/retirees through the existing KCLC plan with the same requirements.

The Base Proposal cost information shall be provided in the tabular format as provided in Exhibit A. Failure to provide all cost information and in the order specified may result in the rejection of the Base Proposal.

Bidders may not make changes to Base Proposal forms or Base Proposal Plans.

SECTION V: GENERAL INFORMATION AND INSTRUCTIONS FOR BIDDING

A. Issuing Office

This request for proposals is being issued by the Personnel Office in conjunction with the Finance Department of Kent County Levy Court.

B. Scope of Engagement

1. KCLC is requesting proposals to provide employee life insurance (including accidental death and dismemberment) for a one (1) year period with possible extension for an additional one (1), two (2), or three (3) years at the option of KCLC. It is the desire of KCLC to award a two (2) or three (3) year contract if cost effective and in the best interest of employees and the public.

2. KCLC is requesting proposals to provide optional employee term life insurance for a one (1) year period with possible extension for an additional one (1), two (2), or three (3) years at the option of KCLC. It is the desire of KCLC to award a two (2) or three (3) year contract if cost effective and in the best interest of employees and the public.

3. KCLC is requesting proposals to provide employee long term disability insurance for a one (1) year period with possible extension for an additional one (1), two (2), or three (3) years at the option of KCLC. It is the desire of KCLC to award a two (2) or three (3) year contract if cost effective and in the best interest of employees and the public.

4. KCLC is requesting proposals to provide employee travel accident insurance for a one (1) year period with possible extension for an additional one (1), two (2), or three (3) years at the option of KCLC. It is the desire of KCLC to award a two (2) or three (3) year contract if cost effective and in the best interest of employees and the public.

C. Addendum to RFP

The KCLC reserves the right to amend the RFP prior to the due date of responses. If it becomes necessary to revise any part of the RFP, an addendum shall be provided to all known bidders. All bidders shall include acknowledgment of all addenda as part of this proposal. Failure to

acknowledge addenda may be grounds for disqualification of the proposal. Any addendum will also be available on the County's web site www.co.kent.de.us

D. Cost of Preparing Proposal

The cost of developing and submitting the proposal is entirely the responsibility of the bidder. This includes costs to determine the nature of this engagement, preparation of proposal, submission of proposal, negotiation for the contract, and all other costs associated with this RFP and responses thereto. All responses and any future publications, if contract awarded, will become the property of the KCLC. The responses of successful bidder(s) may be a matter of public record subsequent to award of the contract.

E. Submissions of proposals

Five (5) paper copies of each vendor's proposal(s) shall be submitted in a sealed package marked "EMPLOYEE INSURANCES PROPOSAL" to **Allan Kujala, Personnel Director, Room 213, Kent County Administrative Complex, Kent County Levy Court, 555 Bay Road, Dover, DE 19901** no later than 4:00 p.m., E.D.T., on Thursday, April 13, 2017.

and

One (1) electronic copy of each vendor's proposal(s) shall be submitted via e-mail and referenced as "EMPLOYEE INSURANCES PROPOSAL" to allan.kujala@co.kent.de.us no later than 4:00 p.m., E.D.T., on Thursday, April 13, 2017.

1. Minimum Submission Requirements:

- a. Cover Letter
- b. Written Proposal (addressing required elements set forth in Sections I through IV above)
- c. Completed Exhibit A1, A2, A3 and A4 Forms

All submitted proposals become the property of KCLC as public documents and are available for review by the public as provided by Law.

F. Independent Price Determination

Upon request of interested brokers or insurers, KCLC will provide a letter of authorization to the current insurer to release pertinent information regarding plans/policies, premium rates, fees, copies of renewals, commissions payable, paid premium, paid claims, claim information, and related information necessary to properly respond to this RFP. Notwithstanding agreements to the contrary, KCLC does not encourage or sanction the sharing of negotiated premiums or rates by a prospective insurer with multiple brokers.

A proposal will not be considered for award if it becomes apparent to KCLC that the fees were not arrived at independently and without collusion, communication or agreement as to any matter related to such prices with any other vendor, competitor or public officer.

The vendor is requested to include a signed statement in the proposal transmittal letter certifying that the price was arrived at without any conflict of interest or collusion.

G. Preparation

Responses should provide a straightforward, concise description of bidder's capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content. Repetition of the terms and conditions of the RFP, without additional explanation, will not be considered sufficiently responsive.

H. Errors in Proposal Preparation

The KCLC has the right to rely on any price quotes provided by bidders. The bidders may be responsible for any mathematical error or incorrect extension of any calculations leading to the bidder's price quotes. The KCLC reserves the right to reject proposals which contain errors.

I. Evaluation of Proposals

All proposals submitted in response to the RFP will be evaluated by the KCLC, with consideration focused toward, but not limited to, the following:

1. Firm's qualifications and experience to provide the required service as defined in the RFP.
2. Adequate number of personnel with the qualifications required to provide the services as defined in the RFP.
3. Cost of services.
4. Firm's understanding of the KCLC's current and requested plan design(s).
5. Compliance with the terms, conditions and other provisions of the RFP.
6. Adequacy and completeness of the proposal with regard to the information specified in the RFP.

J. Appearance Before KCLC Committee

Any or all bidders may be required to appear before one or more KCLC Committee(s) to explain the bidder's understanding and approach to the insurances requested and/or respond to any questions in regard to the proposal submitted. The project manager shall, if possible, make any requested oral presentations before the KCLC Committee(s).

K. Awards

Awards will be made by the Kent County Levy Court consistent with 29 Del. C. §6924 and based upon the best potential interest of Kent County. The KCLC reserves the right to reject any or all responses to the RFP, for whatever reason deemed by it to be appropriate, and shall not be obligated to return any material in connection with this request. A satisfactory contract of agreement must be fully negotiated and executed by the insurer and presented for execution by KCLC within 60 days of award. If a satisfactory agreement cannot be reached in a timely manner, KCLC reserves the right to negotiate an agreement with another insurer. The KCLC reserves the right to place its employee insurance coverage(s) with a municipal government or similar type insurance pool or cooperative without the requirement to submit a proposal or meet any of the conditions listed. The KCLC further reserves the right to seek “a best and final” offer from any or all of the bidders before making an award.

L. Payments

Payments to successful bidder(s) shall be on monthly basis, unless otherwise agreed, and will be made in accordance with mutually agreeable terms by the KCLC.

M. Political Involvement

As this RFP has established specific criteria for evaluation of all proposals, bidders and their representatives may not contact elected officials directly or indirectly to lobby or otherwise secure undue support for a specific or general proposal(s) submitted. If such activity occurs, the proposal will be disqualified from further consideration.

N. Compliance with Laws

Insurance plans/options submitted shall at a minimum comply with all federal and state laws, rules and regulations regarding employee insurances and employee/patient information protection and notification.

O. Availability for Questions

Personnel Director Allan Kujala is generally available to answer relevant RFP related questions during normal business hours via telephone or electronic mail.

NOTE: This RFP and some exhibits are available in electronic format upon request. Submit request by calling (302) 744-2310 during regular business hours or e-mail your request to personnel@co.kent.de.us. Please provide correct e-mail address to insure proper delivery.

EXHIBIT A1

**LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
PROPOSAL QUOTE FORM 2017/2018**

PLAN NAME _____ **Broker** _____

Please provide a quote for life and accidental death and dismemberment insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. KCLC will fund basic insurance equal to the annual salary, rounded to next \$1,000 of each County employee and the employee may purchase additional insurance up to three times his/her annual salary through payroll deduction. Coverage for active employees age 70 and over may be reduced to 50% of eligible benefits on day before age 65. Coverage for retirees may be limited to \$5,000. All administrative, claims, commissions, etc. costs must be included.

Please provide a flat per employee per month per \$1,000 of salary rate:

-BASIC (Employer provided)

List maximum level of coverage (if any) \$ _____ Active

List maximum level of coverage (if any) \$ _____ Retired

Employee Type	Rate per month per \$1,000 of Coverage	
	LIFE	AD&D
Active employee	\$ _____	\$ _____
Retired employee (\$5,000)	\$ _____	

EXHIBIT A1a

**LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
GUARANTEED RATE FOR 2ND AND/OR 3RD YEAR
PROPOSAL QUOTE FORM**

PLAN NAME _____ **Broker** _____

Please submit a guaranteed rate for a second and third year of coverage. The maximum annual increase may not exceed 20%.

-BASIC (Employer provided)

List maximum level of coverage (if any) \$ _____ Active

List maximum level of coverage (if any) \$ _____ Retired

Employee Type	Rate increase (if any) per \$1,000 of Coverage	
	LIFE	AD&D
Active employee	_____ % 2018/2019	_____ % 2019/2020
Retired employee (\$5,000)	_____ % 2018/2019	
Active employee 70+	_____ % 2018/2019	_____ % 2019/2020
Retired employee (70+)	_____ % 2018/2019	

**EXHIBIT A2
OPTIONAL LIFE INSURANCE
PROPOSAL QUOTE FORM 2017/2018**

PLAN NAME _____ **Broker** _____

Please provide a quote for optional employee and employee & dependent life insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. KCLC will not fund the optional coverage, but the employee may purchase additional insurance up to three times his/her annual salary through payroll deduction. Coverage for active employees age 70 and over may be reduced to 50% of eligible benefits on day before age 65. Coverage for retirees may not be less than \$5,000, or less than \$2,500 after age 70. All administrative, claims, commissions, etc. costs must be included.

Please provide a flat per employee per month per \$1,000 of salary rate:

SUPPLEMENTAL (At employee's option & cost)

List maximum level of coverage (if any) \$ _____

Is coverage portable ? _____

Age of Employee	Rate per month per \$1,000 of Coverage
under 30	\$ _____
30-34	\$ _____
35-39	\$ _____
40-44	\$ _____
45-49	\$ _____
50-54	\$ _____
55-59	\$ _____
60-64	\$ _____
65-69	\$ _____
70+	\$ _____

EXHIBIT A2a

**OPTIONAL LIFE INSURANCE
GUARANTEED RATE FOR 2ND AND/OR 3RD YEAR
PROPOSAL QUOTE FORM**

PLAN NAME _____ **Broker** _____

Please submit a guaranteed rate for a second and third year of coverage. The maximum annual increase may not exceed 20%.

-SUPPLEMENTAL (At employee's option & cost)

Age of Employee	Rate increase (if any) per \$1,000 of Coverage	
under 30	_____ % 2018/2019	_____ % 2019/2020
30-34	_____ % 2018/2019	_____ % 2019/2020
35-39	_____ % 2018/2019	_____ % 2019/2020
40-44	_____ % 2018/2019	_____ % 2019/2020
45-49	_____ % 2018/2019	_____ % 2019/2020
50-54	_____ % 2018/2019	_____ % 2019/2020
55-59	_____ % 2018/2019	_____ % 2019/2020
60-64	_____ % 2018/2019	_____ % 2019/2020
65-69	_____ % 2018/2019	_____ % 2019/2020
70+	_____ % 2018/2019	_____ % 2019/2020

EXHIBIT A3

**LONG TERM DISABILITY INSURANCE
PROPOSAL QUOTE FORM 2017/2018**

PLAN NAME _____ *Broker* _____

Please provide a quote for long term disability insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. All administrative, claims, commissions, etc. costs must be included.

Please provide a flat per month, per employee per \$100 of monthly salary rate for the following options:

Coverage meeting same requirements of current KCLC plan \$ _____

Coverage meeting same requirements of current KCLC plan with a 3 month eligibility period rather than 6 months \$ _____

Coverage meeting same requirements of current KCLC plan that is non-integrated \$ _____

Coverage meeting same requirements of current KCLC plan with a 3 month eligibility period and non-integrated. \$ _____

EXHIBIT A3a

**LONG TERM DISABILITY INSURANCE
GUARANTEED RATE FOR 2ND AND/OR 3RD YEAR
PROPOSAL QUOTE FORM**

PLAN NAME _____ **Broker** _____

Please submit a guaranteed rate percentage increase (if any) for a second and third year of coverage. The maximum annual increase may not exceed 20%.

	Year 2018/2019	Year 2019/2020
Coverage meeting same requirements of current KCLC plan	_____ %	_____ %
Coverage meeting same requirements of current KCLC plan with a 3 month eligibility period rather than 6 months	_____ %	_____ %
Coverage meeting same requirements of current KCLC plan that is non-integrated	_____ %	_____ %
Coverage meeting same requirements of current KCLC plan with a 3 month eligibility period and non-integrated.	_____ %	_____ %

**EXHIBIT A4
TRAVEL ACCIDENT INSURANCE
PROPOSAL QUOTE FORM 2017/2018**

PLAN NAME _____ **Broker** _____

Please provide a quote for employee travel accident insurance for death, dismemberment and paralysis insurance coverage for employees while traveling on County business. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. KCLC will fully fund the expense for \$100,000 of coverage. All administrative, claims, commissions, etc. costs must be included.

Please provide an annual rate for the requested coverage:

-\$100,000 (Employer paid)

Employee Type	Rate per year
Active employee	\$ _____
OR	
Annual Group Premium	\$ _____

EXHIBIT A4a

**TRAVEL ACCIDENT INSURANCE
GUARANTEED RATE FOR 2ND AND/OR 3RD YEAR
PROPOSAL QUOTE FORM**

PLAN NAME _____ **Broker** _____

Please submit a guaranteed rate for a second and third year of coverage. The maximum annual increase may not exceed 20%.

Employee Type	Rate increase (if any)	
Active employee	_____ %2018/2019	_____ %2019/2020

OR

Annual Group Premium	_____ %2018/2019	_____ %2019/2020
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