

REQUEST FOR QUALIFICATIONS (RFQ)
FOR THE PROVISION OF
EMPLOYEE BENEFITS BROKERAGE SERVICES FOR
MEDICAL/PRESCRIPTION/DENTAL/VISION COVERAGE

ISSUE DATE: November 29, 2022

DUE DATE: December 20, 2022

Issued by – Township of Pennsville

SECTION 1

INTRODUCTION AND GENERAL INFORMATION

1.1 Introduction and Purpose

The Township of Pennsville is soliciting professional credentials from interested persons and/or firms for the provision of consulting services, as more particularly described herein. Through the Request for Qualifications process described herein, persons and/or firms interested in assisting the Township of Pennsville with the provision of such services must prepare and submit a completed response to this document in accordance with the procedure and schedule in this RFQ. The Township of Pennsville will review responses only from those firms that submit a completed set of responses which includes all the information required to be included as described herein (in the sole judgment of the Township of Pennsville)

The Township of Pennsville intends to accept proposals from person(s) and/or firm(s) that:

- a. Possesses the professional, financial and administrative capabilities to provide the proposed services, and
- b. Will agree to work under the compensation terms and conditions to be determined at a later date by the Township of Pennsville based on a negotiation after such time as the selected firm has been chosen

1.2 Procurement Process and Schedule

The selection of the chosen firm is subject to the “New Jersey Local Unit Pay-to-Play” Law, N.J.S.A. 19:44A-20.4 et seq. The Township of Pennsville has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Proposal Statement in response to the request and will be evaluated in accordance with the criteria set forth in Section 2 of this RFQ.

Submissions from participating firms will be reviewed and evaluated by the Township of Pennsville and its legal advisors. The submissions will be reviewed to determine if the respondents have met the minimum professional, and administrative areas described in this RFQ. Based upon the totality of the information contained in the submissions, including information about the reputation and experience of each respondent, the Township of Pennsville will (in its sole judgment) determine which respondents are qualified (from professional, administrative and financial standpoints).

Each respondent that meets the requirements of the RFQ (in the sole judgment of the Township of Pennsville) will be designated as a finalist and will be given the opportunity to participate in the selection process determined by the Township of

Pennsville. The Township of Pennsville may choose to name one or more firms as finalists.

During the finalist stage, the Township of Pennsville shall negotiate compensation terms. In the event that satisfactory compensation terms are not secured, the Township of Pennsville reserves the right to negotiate with another finalist or issue a new RFQ.

The RFQ process commences with the issuance of this RFQ. The steps involved in the process are found on the Procurement Schedule. The Township of Pennsville reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFQ or the RFQ process shall be directed to the designated contact person, in writing.

Designated Contact Person:

Angela Foote, Township Clerk
Township of Pennsville
90 North Broadway
Pennsville, NJ 08070

Proposal Statements must be submitted to, and be received by, the Township of Pennsville via mail or hand delivery, by (10:30 AM) Prevailing Time on (December 20, 2022).

Section 1.3 Conditions Applicable to RFQ

Upon submission of a completed response to this RFQ, the respondent acknowledges and consents to the following conditions relative to the submission, review and consideration of its submission:

- The Township of Pennsville reserves the right to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration for this procurement.
- The Township of Pennsville reserves the right to reject any Respondent that submits incomplete responses to this RFQ, or a Proposal Statement that is not responsive to the requirements of this RFQ.
- The Township of Pennsville reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFQ, or otherwise request additional information.
- All Proposal Statements shall become the property of the Township of Pennsville and will not be returned.
- All Proposal Statements will be made available to the public at the appropriate time, as determined by the Township of Pennsville (in the exercise of its sole discretion) in accordance with law.
- The Township of Pennsville may request Respondents to send representatives to the Township of Pennsville for interviews.
- Any and all Proposal Statements not received by the Township of Pennsville by 10:30 AM Prevailing Time on December 20, 2022 will be rejected.
- Neither the Township of Pennsville, nor the respective staffs, consultants or advisors shall be liable for any claims or damages resulting from the solicitation or preparation of the Proposal Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Proposal Statement or for participating in this procurement process.

Section 1.4 Rights of Township of Pennsville

The Township of Pennsville reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

- To determine that any submission received complies or fails to comply with the terms of this RFQ.
- To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.
- To waive any technical non-conformance with the terms of this RFQ.
- To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.
- To conduct investigations of any or all of the Respondents, as the Township of Pennsville deems necessary or convenient, to clarify the information provided as part of the Proposal Statement and to request additional information to support the information included in any Proposal Statement.
- To suspend or terminate the procurement process described in this RFQ at any time (in its sole discretion.) If terminated, the Township of Pennsville may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

The Township of Pennsville shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

1.5 Addenda or Amendments to RFQ

During the period provided for the preparation of responses to the RFQ, the Township of Pennsville may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the Township of Pennsville and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the proposal submission date.

1.6 Cost of Proposal Preparation

Each proposal and all information required to be submitted pursuant to the RFQ shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against the Township of Pennsville, its staff or consultants for reimbursement for the payment of costs or expenses incurred in the preparation of the Proposal Statement or other information required by the RFQ.

1.7 Proposal Format

Responses should cover all information requested in the Questions to be answered by this RFQ.

Responses which in the judgment of the Township of Pennsville fail to meet the requirements of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

1.8 Term

The Broker for Health Benefits (Medical/Prescription/Dental/Vision) may be subject for a 3-year agreement. The Township of Pennsville reserves the right to exercise an initial 3-year engagement or for shorter 1-year periods.

1.9 Compliance

A proposal will not be a valid proposal and will not be read unless the following items are included in the proposal documents:

- 1.9.1 Statement of Ownership
- 1.9.2 Non-Collusion Affidavit
- 1.9.3 Affirmative Action Supplement to Contract
- 1.9.4 Business Registration Certificate
- 1.9.5 Political Contributions Disclosure Form Chapter 271

1.10 Selection Process

Township of Pennsville shall collect and review all completed submissions. It shall then reserve the right to conduct interviews with selected firms and negotiate compensation levels. Not all firms submitting responses may be selected to be interviewed. Township of Pennsville reserves the right to negotiate with selected firms and ultimately select a firm based on their responses herein and supplementary information that may be received or negotiated as a part of this process.

SECTION 2

SCOPE OF SERVICES

It is the intent of the Township of Pennsville to solicit submissions from respondents that have expertise in the provision of consulting services regarding the evaluation and obtaining of insurance coverage for the position of Insurance Consultant. Firms and/or persons responding to this RFQ shall be able to demonstrate that they will have the continuing capabilities to perform the services outlined below:

Consulting and Brokerage Services

Included (Yes / No)	Description of Service
	<p>Perform an annual consultative review and detailed analysis over all benefit and insurance programs. This includes performing the following detailed tasks and services:</p> <ul style="list-style-type: none">▪ Performing a base line analysis of all programs and coverages in place and determining what updates, amendments and changes shall need to be implemented on an immediate and thereafter routine basis▪ Offering recommendations and immediate action plans for compliance and other coverage issues▪ Providing annual updates for benchmarking reviews over all areas of coverage▪ Provide options, alternatives and alternate strategies and approaches for benefits delivery and administration
	<p>Lead the design of a client specific benefit planning process that includes:</p> <ul style="list-style-type: none">▪ Plan Design▪ Carrier selection and reviews▪ Health and Wellness Plan strategies▪ Funding types▪ Industry comparisons and benchmarking▪ Other strategic areas of consideration

Included (Yes / No)	Description of Service
	Provide access to a dedicated day to day consulting team that shall be responsible for managing and overseeing all aspects of the client's employee benefit plans. In addition, the Consulting team shall leverage other internal expert resources that will be available to support day to day client activities.
	<p>Prepare and conduct request for proposals (RFPs) and marketing services for all lines of coverage; including;</p> <ul style="list-style-type: none"> ▪ The development of customized RFP materials, bid specifications and analytical tools used in managing and evaluating the data analysis process ▪ Evaluating carrier provider networks, provider discounts, service levels, data capabilities and other client specific metrics ▪ Conducting vendor negotiations and conducting and overseeing finalists presentations ▪ Providing global implementation support for carrier or plan design changes
	<p>Project manage and oversee all benefit related initiatives including:</p> <ul style="list-style-type: none"> ▪ The routine review of plan design materials, internal benefit related polices and procedures ▪ Assisting with day to day carrier interaction and general tasks affiliated with the management of the benefit plans
	<p>Provide standard client reporting, specific carrier results and other client specific performance results and metrics that will include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Loss Ratio reports for applicable lines of coverage ▪ Claim Utilization reports ▪ Carrier Service results ▪ Large Claimant services

Included (Yes / No)	Description of Service
	<p>Provide recommendations for plan design alterations, health & wellness programs, and new coverage/benefit opportunities. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Providing routine plan design alternatives and options ▪ Developing underwriting and actuarial implications and modeling to outline cost impact and changes ▪ Assist in designing health and wellness plan services and features to integrate with the benefit plans ▪ Providing side-by-side program comparisons for current and alternate coverages
	<p>Provide regular benchmarking and industry information relative to employee benefits. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Providing annual plan information that profiles and compares the current plans against regional normative data in the area of design, cost, contributions and other variables ▪ Offer commentary and benchmarking about emerging trends and techniques being adopted that deal with issue of health and welfare benefit strategy design and financing
	<p>Participate and facilitate executive level strategy sessions affiliated with employee benefits, including:</p> <ul style="list-style-type: none"> ▪ Coordinating planning session with key decision makers ▪ Assisting in developing strategic plans from senior leaders with the client's organization ▪ Manage benefit planning sessions to determine strategic changes and direction as it relates to health and welfare ▪ Present annual benefit plan plans, budgets, renewals, plan changes and other key updates to key executive / leadership groups

Included (Yes / No)	Description of Service
	<p>Provide a annual benefit stewardship report to outline and summarize the annual activities, goals, objectives and results for employee benefits. This report shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Overview of all activities for the year related to employee benefit plans ▪ Renewal and financial summaries ▪ Review of key legislative or regulatory changes ▪ Outline of program changes ▪ Review of carrier issues or modifications ▪ Status of key deliverables and projects

Financial Services

Included (Yes / No)	Description of Service
	<p>Track and monitor the financial performance of each contracted benefit plan against budget estimates and financial forecasts. This includes but is not limited to providing the following key consultative services:</p> <ul style="list-style-type: none"> ▪ Underwriting analysis over current and proposed plans ▪ Routine data reporting to illustrate year to date or policy period results ▪ Developing and providing standard summary performance reports

Included (Yes / No)	Description of Service
	<p>Direct all renewals, settlement and financial related activities for all lines of contracted coverages including but not limited to the following activities:</p> <ul style="list-style-type: none"> ▪ Examining preliminary claim data used to calculate renewals and financial projections ▪ Reviewing month over month claim and enrollment results ▪ Evaluating the impact of benefit or plan changes ▪ Examining the legitimacy and appropriateness of underwriting protocols including areas like trend, completion factors, reserve adjustments, large claim charges, administrative expenses and other technical areas; ▪ Oversee the carrier and vendor negotiations in areas related to funding, finance and underwriting ▪ Validate carrier and vendor cost projections ▪ Assist in the establishment of COBRA and budgetary rates ▪ Test and validate funding approaches including the review of insured, minimum premium and self funded approaches ▪ Calculate and review employee and employer contributions methodologies
	<p>Review and evaluate benefits budgetary information, including assisting in the annual development of the employee benefits budget for all lines of coverage. Key services include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Validate carrier and vendor cost projections ▪ Assist in the establishment of COBRA and budgetary rates ▪ Test and validate funding approaches including the review of insured, minimum premium and self funded approaches ▪ Calculate and review employee and employer contributions methodologies

Included (Yes / No)	Description of Service
	<p>Evaluate financial implications of plan changes, program alterations and provide benefit cost modeling, including using underwriting and actuarial software to determine:</p> <ul style="list-style-type: none"> ▪ Benefit values ▪ Decremental and incremental changes in cost ▪ Behavioral impacts / changes ▪ Model and examine the appropriateness of stop loss / re-insurance levels
	<p>Provide Claim Reserve (IBNR) Analysis and forecasting (as applicable). This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ If applicable, evaluate the appropriate level of terminal liability reserves by plan; ▪ Determine the relative changes necessary to the liabilities, including securing actuarial attestations ▪ Review the appropriateness of impress balances for claim handling and payment processes

Vendor Management

Included (Yes / No)	Description of Service
	<p>Oversee all carrier/administrator issues for all lines of coverage, including insurers, administrators, PBMs, TPAs, etc. ("carriers"). Key services shall include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Monitoring carrier performance results against agreed upon service standards ▪ Handle and resolve day to day carrier related issues and items ▪ Review contractual materials and other carrier issued documentations ▪ Interface with carriers on account management and other day to day issues and matters ▪ Monitor carrier financial ratings and performance ▪ Review on going provide network issues and report impact and changes

Included (Yes / No)	Description of Service
	<p>Conduct regular vendor meetings to discuss and review strategic issues, client issues and overall results/expectations. This includes but is not limited to:</p> <ul style="list-style-type: none"> ▪ Conducting pre-renewal discussions and meetings to review client objectives ▪ Conduct regular performance meetings with carriers/administrators or other vendors ▪ Coordinate routine service and results oriented meeting with carriers to review performance and outcomes ▪ Meet regularly to discuss client objectives and discuss key goals and business metrics
	<p>Review the at-large capabilities, service features and overall performance for each carrier/administrator or other vendors. This includes but is not limited to:</p> <ul style="list-style-type: none"> ▪ Collecting and monitoring overall carrier results, capabilities and services in key service disciplines ▪ Monitor or catalogue key carrier characteristics and results in areas including network discounts, network size and geography, disease management and chronic illness capabilities, web features, service features and other distinguishing features ▪ Report at-large carrier capabilities with clients to assist in simple and complex market solicitations

Compliance

Included (Yes / No)	Description of Service
	<p>Provide routine regulatory & industry updates and bulletins that deal with benefit related issue. This includes and is not limited to:</p> <ul style="list-style-type: none"> ▪ Providing state level regulatory and legal updates that impact benefits business on an insured funding basis. This includes offering impact statements, commentary and suggestions for next steps ▪ Issue federal updated and bulletins dealing with legislation, proposed legislation, ERISA implications and general benefit implications. This includes offering impact statements, commentary and suggestions for next steps ▪ Distribute regular email alerts on important legislative or regulatory matters that require immediate client notification

Included (Yes / No)	Description of Service
	<p>Review and validate carrier/administrator contracts and agreements for compliance purposes. This includes but is not limited to a review for ensuring compliance with:</p> <ul style="list-style-type: none"> ▪ Agreed upon coverage and plan design issues ▪ Applicable state and federal laws ▪ Language addressing Coordination of Benefits, Medicare, PIP and other related coverage areas ▪ Industry standards for billing terms and conditions ▪ Industry standards for rate change provisions ▪ Industry standards for claim dispute resolution ▪ Appeal rights and obligations
	<p>As applicable, assist in the preparation of signature ready Form 5500 (as applicable) for the benefit plans under management. This includes but is not limited to:</p> <ul style="list-style-type: none"> ▪ Collecting information and data from the various carriers and insurers for completion ▪ Developing and formatting the necessary regulatory materials and explanatory documentation for annual filing ▪ Preparing the necessary forms and materials needed for submission
	<p>Evaluate employee benefit booklets / benefit certificates for plan and program accuracy. This shall include but not be limited to examining the materials for the following:</p> <ul style="list-style-type: none"> ▪ Adherence to the schedule of agreed upon benefits ▪ Compliance with applicable state and federal laws ▪ Appeal provisions
	<p>Assist in the review of the Summary Plan Descriptions and Plan Documents for accuracy and compliance purposes. Areas to be considered include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Adherence to the schedule of agreed upon benefits ▪ Compliance with applicable federal laws and department of labor specific language and criteria ▪ Appeal provisions ▪ Fiduciary language

Included (Yes / No)	Description of Service
	Maintain and oversee modifications and updates to all plan materials base don on going benefit alterations, changes in program management, fiduciary liability, vendor changes, legal and statutory updates and other alterations that may be necessary
	<p>Produce legally compliant Plan Document and accompanying Summary Plan Descriptions (“documents”) for select lines of coverage specific to the employee benefit health and welfare programs. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Collecting the necessary data and materials for all applicable lines of coverage to develop the documents ▪ Prepare properly formatted and compliant template documents for all applicable lines of coverage ▪ Collect comments and updates for the plan sponsor over all draft documents ▪ Provide print ready documents for publication and distribution ▪ Provide regular updates and maintenance as warranted, with legal oversight and compliance check
	<p>Manage and oversee all contract negotiations with benefit related vendors, carriers, administrators and insurers. This includes but is not limited to:</p> <ul style="list-style-type: none"> ▪ Validating the proposed terms and conditions ▪ Reviewing materials for compliance and concurrence with proposed arrangements agreed upon between the plan sponsor and the vendor
	<p>Assist and support all Collective Bargaining processes related to issues dealing with employee benefits plans. This shall include but not be limited to the following:</p> <ul style="list-style-type: none"> ▪ Assist in designing desired benefits strategy and offer recommendations and strategies for benefits ▪ Model and develop pricing for possible bargaining implications ▪ Work with the various carriers and vendors to ensure potential plan changes may be administered ▪ Interface with labor counsel Participate in all bargaining sessions and present / outline proposed benefit modifications ▪ Attend all negotiating and planning sessions affiliated with the bargaining process ▪ Provide grievance and arbitration testimony as may be necessary in on going labor related matters dealing with employee benefits

Included (Yes / No)	Description of Service
	<p>Assist with Dependent Eligibility Audits to validate enrollment and eligibility under the various group benefit plans. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Examine all current enrollment and eligibility contract requirements and offer recommendations for eligibility management ▪ Performing a review of the current enrollment and documentation management practices and policies in place for new employees and dependents ▪ Providing recommendations for changes and modifications to the benefit enrollment and documentation process ▪ Review policies and procedures to validate student eligibility practices ▪ Provide suggested template materials to be used annually for dependent eligibility attestation ▪ Determine the appropriate methodology and process for audit individual employee reviews (Note certain audit approaches may require separate contracting and project costs that are outside the compensation contemplated herein)

Communications

Included (Yes / No)	Description of Service
	<p>Oversee and assist with the coordination of the annual enrollment process. This shall include but not be limited to supporting the following activities:</p> <ul style="list-style-type: none"> ▪ Arrange for pre enrollment strategy sessions to discuss employee meetings, schedules, communication campaigns and other related functions ▪ Inventory the necessary materials and resources needed to coincide with the forthcoming plan changes, vendor changes and other program modifications ▪ Assist with developing schedule for on site benefit meetings, as necessary, including coordinating vendor participation ▪ Support the coordination, if applicable, for on site health fairs to complement the open enrollment process

Included (Yes / No)	Description of Service
	<p>Assist in the design of open enrollment employee communication materials including but not limited to the following assisting with the development of the following type materials:</p> <ul style="list-style-type: none"> ▪ An Annual Benefits guide to overview all current benefits, changes and modifications ▪ Explanatory materials to be used in illustrating employee contributions and scheduled ▪ Enrollment Instructions ▪ Internal HR requirements related to dependent verification ▪ Benefit waiver forms
	<p>Produce suggested communication materials related to the employee benefit programs, including but not limited to preparing</p> <ul style="list-style-type: none"> ▪ New hire benefit communication materials that outline the provisions of the employee benefit programs ▪ Develop simplified benefit outlines that can be used to illustrate levels of coverage for all benefit plans ▪ Assist in the development of overall benefit communication materials that are used in the global explanation of employee benefits ▪ Produce print-ready employee benefit newsletter content that can be regularly distributed to employees ▪ Distribute regular content and material that can be shared with employees in the area of health and wellness ▪ Coordinate and consolidate vendor communication materials used in the administration of the benefit plans

Included (Yes / No)	Description of Service
	<p>Conduct employee focus groups of the enrolled population to assist in goal and objective setting. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Designing the focus group format to be used to solicit objective information and feedback from the eligible work force ▪ Coordinating employee focus group sessions at multiple work locations ▪ Facilitate employee focus group sessions ▪ Collect and coordinate focus group response data ▪ Prepare survey result data for group benefit decision makers and provide corresponding recommendation based on the focus group results
	<p>Create and manage employee satisfaction surveys related to group employee benefit plans. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Creating the desired employee benefits survey tool; both print and web based ▪ Work with benefits and human resources staff to design a survey too that incorporates group specific areas for review ▪ Create the corresponding communication materials used in announcing the survey process ▪ Assist in the data collection process and populate survey results
	<p>Provide standard Employee Benefit Statements that may be distributed to eligible employees. Such statements may include the following data elements, pending the availability of the data from the group sponsor's internal systems:</p> <ul style="list-style-type: none"> ▪ Employee salary and bonus income ▪ Vacation, Sick or pool time ▪ Employer contributions to 401k or retirement plans ▪ Value of employer contributions towards benefit plans Value of employer contribution to taxes and other statutory expenses ▪ Social Security contributions ▪ Other <p>(Note certain levels of customization may require separate contracting and project costs that are outside the compensation contemplated herein. Printing and postage shall be separately billable)</p>

Data Analysis

Included (Yes / No)	Description of Service
	<p>Perform claims, utilization and related analysis of a claims data by plan. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Applying internal underwriting review ▪ Engaging actuarial review and analysis ▪ Utilize underwriting software and algorithms to test and validate benefit cost assumptions ▪ Examine standard carrier and vendor reports and offer financial analysis and assessments
	<p>Review medical and pharmacy claims for disease management program analysis and recommendations. This shall include but not be limited to the following:</p> <ul style="list-style-type: none"> ▪ Evaluating standard and ad-hoc vendor reports to identify prominent illness and chronic condition cost areas ▪ Review medical and pharmacy data reports to identify immediate and long term areas for program intervention
	<p>Evaluate high claimant activity and carrier care management reports. This shall include but not be limited to:</p> <ul style="list-style-type: none"> ▪ Reviewing the appropriateness of the large claim protection limits ▪ Examining the legitimacy of large claims application against future cost projections based on emerging claim costs ▪ Recommend changes in large claim protection limits ▪ Evaluate effectiveness of large claims management of the contracted vendors
	<p>Develop and produce standard client reporting package leveraging carrier / vendor data management tools and other available applications. This shall include but not be limited to</p> <ul style="list-style-type: none"> ▪ Providing standard claims, utilization and enrollment data reporting ▪ Offering analysis and observations based on carrier / vendor reporting templates ▪ Issuing additional reports using available claims and enrollment data ▪ Developing recommendations for network, plan design and other program alterations based on data and cost results ▪ Providing regular data analysis and reports that may be used in conjunction with financial consulting services <p>(Note certain levels of customization in data reporting may require separate contracting and project costs that are outside the compensation contemplated herein)</p>

CSR Services

Included (Yes / No)	Description of Service
	<p>Provide access to customer services support to employees and dependents in the resolution of complex benefit related service issues. This shall include:</p> <ul style="list-style-type: none"> ▪ Access to a toll-free service line with access to the Member Advocacy services team staffed with properly trained customer service specialists (CSS) ▪ Providing access to CSS services to assist with: <ul style="list-style-type: none"> ○ Claim payment issues errors ○ Eligibility and enrollment issues ○ Plan design questions or inquiries ○ Billing disputes ○ Other benefit related inquiries ▪ Providing activity reports at the group level that shall illustrate call activity, service issues, call types, response and close rates and other tracking information ▪ Access to the AT&T Language Line to assist callers that may need foreign language assistance
	<p>Provide a customized web based benefits portal for each group that shall act as the central informational repository for benefit information.</p>

SECTION 3

SUBMISSION REQUIREMENTS

Section 3.1 General Requirements

The Proposal Statement submitted by the Respondent must meet or exceed the professional, administrative and financial Proposals set forth in this Section and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Proposal Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information. RFQ submissions must contain all attached forms and other required documentation listed herein.

Section 3.2 Administrative Information Requirements

The Respondent shall, as part of its Proposal Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Proposal Statement.
2. Name, address and telephone number of the firm or firms submitting the Proposal Statement pursuant to this RFQ, and the name of the key contact person.
3. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure:
 - a. Provide the names and business addresses of all Principals of the firm or firms submitting the Proposal Statement. For purposes of this RFQ, "Principals" mean persona possessing an ownership or interest in the company. If the Respondent is a corporation, "Principals" shall include each investor who would have any amount of operational control over the Respondent and every stockholder having an ownership interest of 10% or more in the firm.
 - b. If a firm is partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the firm submitting a Proposal Statement. Describe the approval process.

- c. If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
- d. A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.

Section 3.3 Specific Services Required

- 4. Indicate the number of years the firm has been in business.
- 5. Provide written proof of possession of appropriate federal and state licenses to perform the state insurance brokerage activities.
- 6. The firm must confirm they have at least 10 years of experience in employee benefits brokerage specifically with public entity clients.
- 7. The firm must indicate the number of public entity client they handle.
- 8. The firm must provide at least 5 references for public entities of similar size. Please include the name, contact person and their contact information.
- 9. Please outline the experience and qualifications of the staff that shall be assigned to this account. Please provide their professional credentials and related experience in handling public entity clients.
- 10. Please outline your experience and capabilities in the area of underwriting oversight. Does the firm have employees that specialize in the handling of underwriting reviews?
- 11. The firm shall be required to manage and oversee the renewal and insurance marketing process. Please describe your experience in this area and how you go about handling renewals and coverage marketing.
- 12. The firm must have on staff benefits legal counsel that can provide legal, regulatory and compliance services. Please confirm that your firm has on staff benefits counsel (employee, not retainer counsel).
- 13. The firm must have access to actuarial service capabilities, including software services that can be used to help model plan changes. Please confirm that your firm has such in house capabilities.

14. The firm must provide at no additional cost a benefits web site for employees and dependents. The site must minimally provide access to on line benefits look up, links to carriers, benefit form and other information specific to the plan of benefits in place. Please confirm that your firm shall provide such services. Please provide examples of the web capabilities you shall provide.
15. The firm must provide as a standard service access to service professionals that can assist in the day to day elevated claim and service resolution issues for employees and dependents. The services must be available via a toll free number and must be provided by experienced and competent benefit professionals. Minimum hours of service must be 8:30am – 6pm, M-F. Please confirm that your firm can provide such services and provide a description of the service and the professional credentials of the staff assigned to the function.
16. The firm must be actively engaged in the collective bargaining process and shall be required to provide recommendations and financial analysis in this regard. Please describe in detail your firm's experience and capabilities in this area. Please provide examples of other public entities you have assisted in this process. Please provide examples of work product that you have provided to clients in this area.
17. The firm shall be expected to assist in the resolution of benefit grievances related to matters dealing with employee benefits. Please outline your experience in assisting clients in the grievance process and indicate whether members of the firm have been involved in arbitration proceedings related to benefits.
18. The firm must be familiar with and monitor P.E.R.C rulings related to employee benefits. Please indicate your familiarity with P.E.R.C and how you monitor rulings and decisions. How do you communicate decisions to clients?
19. The firm must assign a dedicated account management team to the account. Please describe the depth of the team that shall be assigned to this account. Please describe their set roles and responsibilities.
20. The firm shall be required to assist in developing benefit communication materials for employees. Please describe your in house, on staff communication capabilities and how you engage with clients in this regard.
21. Please indicate if there have been any judgments, claims or suits pending or outstanding against company. If yes, please explain.
22. Please indicate whether the business organization is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
23. The Insurance Consultant shall identify specialty areas of expertise in the field of employee benefits and why the firm is qualified for the position.

24. The Insurance Consultant agrees that compensation terms negotiable and discussed during the finalist selection process. Agreeing to favorable financial terms shall be a critical element of final selection. Please affirm that you shall be agreeable to negotiating financial terms.

SECTION 4

INSTRUCTIONS TO RESPONDENTS

4.1 Submission of Proposal Statements.

Respondents must submit an original and nine (9) copies of their Proposal Statement to the Designated Contact Person:

Angela Foote, Township Clerk
Township of Pennsville
90 North Broadway
Pennsville, NJ 08070

Proposal Statements must be received by the Township of Pennsville no later than **10:30 AM** prevailing time, on **December 20, 2022**, and must be mailed or hand-delivered. Proposal Statements forwarded by facsimile or e-mail will not be accepted. Proposal Statements received after this time will not be considered. The Township of Pennsville will not bear responsibility for delays in delivery for any reason.

To be responsive, Proposal Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Proposal Statements and all related information must be bound, and signed and acknowledged by the Respondent.

SECTION 5

EVALUATION

The Township of Pennsville's objective in soliciting Proposal Statements is to enable it to select a firm or organization that will provide high quality and cost effective services to the citizens of Pennsville. The Township of Pennsville will consider Proposal Statements only from firms or organization that, in the Township of Pennsville's judgment, have demonstrated the capability and willingness to provide high quality services to the employees of the Township of Pennsville in the manner described in this RFQ.

Proposals will be evaluated by the Township of Pennsville on the basis of the most advantageous submission, all relevant factors considered. The evaluation will consider:

1. Experience in the field of employee benefits brokerage and consultancy, specifically with public entities.
2. Ability to adequately demonstrate the capacity to deliver benefit services as described in the proposal
3. The information and commentary provided by the named references
4. The capacity to deliver the required services in the RFQ at the requested levels
5. Results from in-person meetings or interviews, as applicable

Required Forms

STATEMENT OF OWNERSHIP

TO: Township of Pennsville

In conformance with N.J.S.A 52:25-24.2, the following listing represents the names and addresses of all stockholders in the bidding corporation or partnership who own ten (10) percent or more of its stock of any class, or of all individual partners in the partnership who own a ten percent or greater interest therein:

NAME	POSITION	NO. OF SHARES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature and Title of Officer

Name of Corporation or Partnership

CERTIFICATION OF INAPPLICABILITY OF DISCLOSURE REQUIREMENTS

The undersigned certifies that he/she is familiar with N.J.S.A. 52:25-24.2 and that said requirements are inapplicable to:

Name of Corporation or Partnership

Signature and Title of Officer

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

Township of Pennsville

COUNTY OF _____

I, _____ of the Municipality of _____
in the County of _____ and the state of _____ of
full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm of _____;
the bidder making the proposal for the above named project and that I executed the
said proposal with full authority to do so; that said bidder has not, directly or indirectly,
entered into any agreement, participated in any collusion, or otherwise taken any action
in restraint of free competitive bidding in connection with the above named project; and
that all statements contained in said proposal and in this affidavit are true and correct
and made with full knowledge that the state of New Jersey and the owner relies upon
the truth of the statements contained in this affidavit in awarding the contract for the said
project.

I further warrant that no person or selling agency has been employed or retained to
solicit or secure such contract upon an agreement or understanding for a commission,
percentage, brokerage, or contingent fee, except bona fide employees or bona fide
established commercial or selling agencies maintained by:

(Name of Contractor)

**Township of Pennsville
AFFIRMATIVE ACTION SUPPLEMENT**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contactor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer advising the labor union or worker's representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established with N.J.A.C. 17:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable federal law and applicable federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award by prior to execution of a goods and services contract, one of the following documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA-302

The contractor and its subcontractors shall furnish such reports or other document to the Division of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code (NJAC 17:27)**.

Name of Firm _____

Date _____

Signature _____

Title _____

REQUEST FOR REFERENCE FORM
Insurance Brokerage Services for Health Benefits

1. Name _____
Address _____
Telephone _____ Email address _____
Contact Individual _____

2. Name _____
Address _____
Telephone _____ Email address _____
Contact Individual _____

3. Name _____
Address _____
Telephone _____ Email address _____
Contact Individual _____

4. Name _____
Address _____
Telephone _____ Email address _____
Contact Individual _____

5. Name _____
Address _____
Telephone _____ Email address _____
Contact Individual _____

STOCKHOLDER DISCLOSURE CERTIFICATION
This Statement Shall Be Included with Submission

Name of Business: _____

I certify that the list below contains the names and home addresses of all stockholders holding ten percent (10%) or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

If a corporation owns all or part of the stock of the corporation or partnership submitting the bid, then the statement shall include a list of the stockholders who own ten percent (10%) or more of the stock of any class of that owning corporation. If no one owns ten percent (10%) or more stock, attest to that.

Check the box that represents the type of business organization:

- Partnership Corporation Sole Proprietorship
 Limited Partnership Limited Liability Corporation Limited Liability Partnership
 Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Please attach additional sheets as may be required. Number of additional sheets ____.

Subscribed and sworn before me this ____ day of _____, 20____.

(Notary Public)

My Commission expires:

(Affiant)

(Print name & title of affiant)

(Corporate Seal)

NOTE: NO BID WILL BE AWARDED UNLESS THE ABOVE STATUTE IS COMPLIED WITH.

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

In accordance with Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK EITHER BOX:

- I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed below nor any of the entity's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed below, or I am an officer or representative of the entity listed below and am authorized to make this certification on its behalf. **I will skip Part 2 and sign and complete the Certification****

OR

- I am unable to certify as above because I or the bidding entity and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below.** Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name: _____ Relationship to Bidder/Vendor: _____

Description of Activities:

Description of Activities:

Duration of Engagement: _____ Anticipated Cessation Date _____

Bidder/Vendor _____

Contact Name: _____ Contact Phone Number: _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that the Cumberland County Improvement Authority (the "Authority") is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Authority to notify the Authority in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreements(s) with the Authority and that the Authority at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____ Signature: _____

Title: _____ Date: _____

Bidder/Vendor: _____