



REQUEST FOR PROPOSAL

3500 Kyoto Gardens Drive
Palm Beach Gardens, FL 33410
Tel: (561) 626-6797
Fax: (561) 626-6970

DATE: May 23, 2023
TO: Life Insurance Carriers
FROM: Christine Turnquest, Senior Employee Benefits Analyst, Gehring Group
RE: City of Delray Beach – Request for Proposal



Requested Coverage: Group Life/AD&D Insurance

Address: 100 NW 1st Avenue, Delray Beach, FL 33444

Due Date: Submit electronic copies to the Gehring Group on or before **Friday, June 9th** at 5:00 PM to christine.turnquest@gehringgroup.com

Questions: Address all inquiries regarding this request for quote to Christine Turnquest *via email* at christine.turnquest@gehringgroup.com

GENERAL INFORMATION:

- **Programs Requested:** The City of Delray Beach is interested in pursuing options comparable to the current benefit offering for its employees and retirees.
- **Employee Classifications:** The Benefits Programs for City of Delray Beach are currently available to Full-Time Employees working a minimum of 30 hours per week. Coverage is effective the 1st of the month following 60 days of employment. The plan is offered to Retirees.
- **Rate Guarantee:** Proposers are strongly encouraged to include multi-year rate guarantees in their quotes (at least 24 or 48 months).
- **Basic Life Carrier History:** The group has had The Standard for Life Insurance from 2017.
- **Renewal Notification:** Successful bidder(s) will be required to provide renewal notification to The City of Delray Beach at least **120** days prior to the renewal date.
- **Commissions:** The City of Delray Beach is requesting that all rates be quoted net of commissions.
- **Consultant:** The City of Delray Beach has retained Gehring Group as its Consultant; therefore all inquiries regarding this request for proposal should be directed to Christine Turnquest of the Gehring Group via email at christine.turnquest@gehringgroup.com.
- **Negotiations:** The City of Delray Beach may award a contract on the basis of initial offers received, without discussions. Therefore, each submitted proposal should contain the proposer's best price and technical offer.
- **Due Care and Diligence:** Due care and diligence has been exercised in the preparation of this information and it is believed to be substantially correct. However, the responsibility for verification of all information presented herein shall rest solely upon the proposer. The City of Delray Beach and its representatives will not be responsible for any errors and/or omissions in these specifications, nor for the failure on the part of the proposer to determine the full extent of the exposures. In cases of disparity, benefit summary will prevail.

Rate History:

	<i>2017-2020</i>	<i>2020-2023</i>
Carrier	The Standard	Superior Vision
Active Employees	\$0.200	\$0.220
Retirees	\$0.200	\$0.220
AD&D	\$0.020	\$0.020

UNDERWRITING INFORMATION:

- **Effective Date:** October 1, 2023
- **Eligibility:** Full-time employees working a minimum of 30 hours per week.

We would like to request the following quote scenarios for Basic Life:

- **Option 1 – Blended (Combined Actives & Retirees)**
- **Option 2 – Active and Retiree Separated**

PROPOSER RESPONSE FORM

(Complete and Submit with your proposal along with Plan Proposal Forms)

1. Renewal notification is required 90 days prior to the renewal date. Can you comply with this requirement? If "No", outline your proposed alternative.

Yes _____ No _____ Proposed Alternative: _____

2. Confirm the commission rates for your coverage quoted:

Basic Life/AD&D _____

3. Are copies of the Summary of Benefits and list of exclusions for the plans proposed are included in your submission.

Yes: _____ No: _____

4. Will you create and provide printed copies of Summaries of benefits?

5. Is there an additional charge for creating a Summary of Benefits?

Yes: _____ No: _____

6. What is the name, title and office address of the individual who would have direct daily account responsibility for the program?

Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

ATTACHMENTS

ATTACHMENT 1.....PLAN SUMMARIES & COC's

ATTACHMENT 2.....EXPERIENCE

ATTACHMENT 3.....CENSUS

ATTACHMENT 4.....LIFE RESPONSE FORMS