



REQUEST FOR PROPOSAL (RFP)  
EMPLOYEE BENEFITS BROKER / CONSULTING SERVICES

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TITLE: Employee Benefits Broker Services

ISSUE DATE: February 16, 2022

DUE DATE: March 1, 2022

DELIVER TO: Lorrie Andrews, Human Resources Director  
City of Graham  
PO Drawer 357  
201 South Main Street  
Graham, NC 27253

Sealed proposals must be received by 5:00pm on 03/01/2022. Indicate the firm and/or company name and the primary contact person on the front of each sealed proposal envelope or package. Any proposals received after 5:00pm on 03/01/2022 will not be considered.

Each vendor will need to furnish two copies of the proposal.

**I. PURPOSE**

City of Graham is soliciting a Request for Proposal (RFP) for employee benefits broker/consulting services. Currently, we are not requesting specific rates for our benefits. We are in search of a broker/consultant with evidence that they are able to

provide the needed benefit administration for City of Graham and its employees. It is our intention not to release census data or claims history until after the benefit administrator has been chosen. The broker/consultant must have a proven track record of successfully providing the outlined “Scope of Services” for employers of comparable size and complexity.

This Request for Proposal does not indicate in any way that we are dissatisfied with the services, plans, and/or products of our current provider; instead, we are ensuring that our employees are continually offered the best benefit services and products available.

**II. TYPE OF PLAN**

The unit desires to have one vendor provide and service the proposed plan. Proposals should include the following benefits. Verify that your firm has the experience and expertise to “shop the market” for and administer each of the following benefits:

<b><u>Benefits</u></b>	<b><u>Yes / No</u></b>
Health Coverage	_____
Dental Coverage	_____
Vision Care	_____
Section 125 Flexible Benefits Plan Administration <i>(Including Medical and Dependent Care Flexible Spending Accounts)</i>	_____
Group Term Life	_____
Permanent Whole / Universal Life	_____
Short-Term Disability	_____
Cancer/Intensive Care	_____
Critical Illness	_____

Accident Plan \_\_\_\_\_

Hospital Indemnity – Sickness Plan \_\_\_\_\_

How many NC Public Sector clients do you currently provide with benefit administration services?

Total Number \_\_\_\_\_

**III. OTHER REQUIREMENTS**

City of Graham requires interested brokers/consultants to submit a “Qualification Statement”. This statement must be responsive to your firm’s value-added approaches and services you feel distinguish you from other brokers/consultants and should include supplemental material that further supports the brokers/consultant’s ability to provide the administration of the services outlined in Section II.

City of Graham requires a North Carolina licensed agent with the expertise and capacity to provide the products and services requested for an employer of at least 150 employees. Such expertise and capacity must be fully evident within the proposal and verifiable through a minimum of four (4) references. These references should be from NC Public Sector clients of at least 150 employees, in which you currently provide Benefit Administration Services. The references should not only be able to verify the company’s ability, but also the agents and/or their agency.

**IV. QUESTIONNAIRE**

Please complete and return this Bid Form with your proposal. If needed to answer a question or questions, you may attach a page or pages to this form. Please indicate on the Bid Form that the question is answered on an attached page. Also, please designate any answer on an attached page with the same number as the question on the Bid Form.

1. Name of Firm Submitting Proposal:

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2. Names and Titles of Person(s) Submitting Proposal:

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3. Address of Firm Submitting Proposal:

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4. Phone Number(s) of Firm Submitting Proposal:

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5. Contact Person(s) for Firm:

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Telephone Number(s) for Contact Person:

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6. Please provide four references, from the North Carolina public sector, with approximately 150 full-time employees that your firm has worked with.

Client

Contact

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

7. Please feel free to provide other references if you either do not have references that meet the requirements specified in question number 6 or as an opportunity to provide additional references for your firm.

Client

Contact

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

8. Identify the account team structure your firm would use to service our account. List the names of the proposed account service team and describe each member's service role. Include at least two qualified individuals from your firm having a minimum of five years' experience with public agency accounts, who would be assigned to work directly with the City account.

9. Describe the customer service and support your firm can provide to the City of Graham administration and our employees.

10. Describe in detail the communication and enrollment process.
  - a. Who will be doing the enrollments?
  - b. What is their experience in benefit communication and enrollment with the NC Public Sector?
  - c. Include brochures or information you will be using during the enrollment process.
  - d. Do you offer online or web enrollment and if so, please describe?

11. Please provide a list of all fees that your firm will charge to administer the Employee Benefits and/or other insurance products you will offer.

Flexible Benefit Administration	_____
Market Research	_____
Customer Service	_____
Customer Education Services	_____
Benefit Communication Services	_____
Section 125 Plan Documents	_____
COBRA	_____
Wellness Newsletter	_____
Review of Analytical Reports	_____
Open Enrollment Processing	_____
Health Reform Updates	_____

12. Please provide a copy of a benefit election form you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.

13. Do you provide a toll-free phone number for our employees for service questions?
  - a. Do you provide a personalized interactive website?

14. Describe the billing process from your firm to **(System Name)**.

15. Describe your post-enrollment data return processes to **(System Name)**.

**V. CERTIFICATION**

I certify that I have read this Request for Proposal and have answered all questions.

I certify that our firm will honor all commitments made on this form.

I certify that our firm and all representatives are licensed and will be licensed in North Carolina to provide all services offered during the life of this contract.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Date of Signature