



**WHITE COUNTY GOVERNMENT
REQUEST FOR QUALIFICATIONS
FOR
BROKER SERVICES**

SUBMISSIONS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN

FRIDAY, AUGUST 4, 2017, AT 2:00 PM, LOCAL TIME

**WHITE COUNTY BOARD OF COMMISSIONERS
ATTENTION: HUMAN RESOURCES
1235 HELEN HWY
CLEVELAND, GA 30528**

2017-01HR RFQ

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFQ ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE OFFEROR.

ISSUE DATE: MONDAY, JUNE 26, 2017

**WHITE COUNTY, GEORGIA
REQUEST FOR QUALIFICATIONS
FOR BROKER SERVICES**

SECTION I – GENERAL OVERVIEW

A. PURPOSE

White County Board of Commissioners is issuing this Request for Qualifications (RFQ) to seek qualified brokers to assist with strategically planning, designing and negotiating the best coverage and cost for our comprehensive employee benefit program. The County has approximately 210 benefit eligible employees. Our leadership is looking to ensure we have financially competitive, effectual and affordable benefit programs to offer our employees.

The County does not guarantee a minimum value for this contract.

This RFQ is not an authorization to approach insurers or other underwriting sources on behalf of the County. We specifically request that no insurance market contact or solicitation be made on behalf of White County at this time and that no insurance market reservations or commitments be made for any purpose as respects any insurance or reinsurance to be provided for the County.

B. INFORMATION TO VENDORS

1. RFQ TIMETABLE

The anticipated schedule for the RFQ is as follows:

RFQ Released	June 26, 2017
Pre-Bid Conference Meeting	None
Deadline for questions to White County to smurphy@whitecounty.net	July 17, 2017 at 2:00 PM
Deadline for Addenda posted on www.whitecounty.net under Bids & RFQs	July 21, 2017 at 2:00 PM
Submittal deadline	Friday, August 4, 2017 at 2:00 PM
Tentative Award Date	TO BE DETERMINED

2. BID SUBMISSION

One (1) original and four (4) copies of the complete signed submittal must be received **FRIDAY, AUGUST 4, 2017 AT 2:00 PM, LOCAL TIME**. Proposals must be submitted in a sealed envelope stating on the outside, the vendor's name, address, title of **Bid #2017-01HR RFQ BROKER SERVICES** to:

White County Board of Commissioners
Attention: Human Resources
1235 Helen Hwy
Cleveland, GA 30528

Hand delivered copies may be delivered to the above address ONLY between the hours of 8:00 AM and 5:00 PM, Monday through Friday.

Vendors are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service. NOTE: *Many express mail and delivery services do not guarantee overnight by noon to White County.*

Submission by US Mail must be sent to the below address:

White County Board of Commissioners
Attention: Human Resources
1235 Helen Hwy
Cleveland, GA 30528

The Submittal must be signed by a company officer who is legally authorized to enter into a contractual relationship in the name of the vendor.

3. CONTACT PERSON

Vendors are encouraged to contact **Shanda Murphy, Human Resources Director by email at smurphy@whitecounty.net** to clarify any part of the RFQ requirements. **ALL QUESTIONS THAT ARISE (PRIOR TO THE DEADLINE FOR QUESTIONS DUE DATE) MUST BE DIRECTED TO THE CONTACT PERSON IN WRITING VIA FACSIMILE OR EMAIL.** Any unauthorized contact shall not be used as a basis for responding to this RFQ and also may result in the disqualification of the vendor's submittal.

Vendors may not contact any elected official or other county employee to discuss the bid process or bid opportunities except: 1.) through the contact person designated herein, or 2.) as provided by existing work agreement(s). This policy shall be strictly enforced and the County reserves the right to reject the submittal of any vendor violating this provision.

4. ADDITIONAL INFORMATION/ADDENDA

White County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date posted on the county's website under the bid information. Vendors should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. Vendors are advised to check the website for addenda before submitting their bids.

Vendors must acknowledge any issued addenda by including Attachment B-Addenda Acknowledgement with the submittal. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contains information which substantively changes the Owner's requirements

5. LATE SUBMITTAL AND LATE MODIFICATIONS

Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. White County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

6. REJECTION OF PROPOSALS/CANCELLATION

White County Government reserves the right to reject any and all submittals and reserves the right to waive irregularities or informalities in any submittal or in the submittal procedure, when to do so would be to the advantage of White County. White County reserves the right to cancel this RFQ at any time.

7. MINIMUM RFQ ACCEPTANCE PERIOD

Submittals shall be valid and may not be withdrawn for a period of 180 days from the date specified for receipt of submittals.

8. NON-COLLUSION AFFIDAVIT

By submitting a response to this RFQ, the vendor represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the vendor has not directly or indirectly induced or solicited any other vendor to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the vendor has not in any manner sought by collusion to secure to that vendor any advantage over any other vendor.

By submitting a proposal, the vendor represents and warrants that no official or employee of White County Government has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to arise there from.

9. COST INCURRED BY VENDORS

All expenses involved with the preparation and submission of the RFQ to the White County Board of Commissioners, or any work performed in connection therewith is the responsibility of the vendor(s).

10. RFQ OPENING

Only the names of the firms responding to this RFQ will be read aloud publicly due to the fact that the proposals will be subject to an evaluation review for accurate qualifications. A list of names of firms responding to the RFQ may be obtained from the county's website www.whitecounty.net, after the RFQ due date and time stated herein.

11. OPEN RECORDS

All materials submitted in connection with this RFQ will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, the

United States of America and the open records policies of White County Board of Commissioners. All such materials shall remain the property of White County and will not be returned to the respondent.

12. TAXES

White County Government is tax exempt. No sales tax will be charged on any products or services. White County cannot exempt any other person/vendor from applicable sales taxes that may be required of them in relations to this project. Selected vendor will be provided with White County's Sales and Use Tax Certificate of Exemption number upon request.

13. VENDOR INFORMATION

All submissions shall include a completed vendor information form and current copy of business license. Failure to provide this information could result in the disqualification of the vendor from submitting a proposal.

14. INSURANCE

Selected vendor will be required to provide White County with a Certificate of Insurance for liability and workman's compensation insurance before work can begin on this County project and be effective for the duration of the work as described in the contract documents, including authorized change orders, plus any period of guarantee as required in the general warranty.

General liability insurance should be at least one million dollars (\$1,000,000) combined single limit per occurrence. Automobile insurance should be at least five hundred thousand dollars (\$500,000) combined single limit per accident for bodily injury or property damage; and Workman's Compensation insurance should be as required by the State of Georgia.

15. ANTI-DISCRIMINATION

White County, in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, disadvantaged business enterprises as defined at 49 CFR Part 23 will be afforded full opportunity to submit bids in response to this Request for Qualifications and will not be discriminated against on the grounds of race, color, national origin, sex, handicap/disability in consideration of an award.

By submitting their bids, all bidders certify to White County that they will conform to the provisions of the Federal Civil Rights Act of 1964.

In every contract of over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:
 - a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or

national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

- b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
2. The contractor will include the provisions of 1. above in every subcontract or purchase order of over \$10,000 so that the provisions will be binding upon each subcontractor or vendor.

16. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

Vendors submitting a Qualification package in response to this RFQ must provide the following information in the package to indicate compliance with the Georgia Security and Immigration Compliance Act. The form is provided for completion.

- A. A statement that indicates the contractor will conduct itself in compliance with O.C.G.A. §13-10-91 and Rule 300-10-.02 in the execution of the contract.
- B. By completing the affidavit that is provided with this solicitation, the vendor is attesting to the following:
 - a. The affiant has registered with and is authorized to use the federal work authorization program;
 - b. The user identification number and date of authorization for the affiant;
 - c. The affiant is using and will continue to use the federal work authorization program throughout the contract period;
 - d. Any employee, contractor, or subcontractor of such contractor or subcontractor shall also be required to satisfy the requirements set forth in this paragraph; and
 - e. Upon contracting with a new subcontractor, a contractor or subcontractor shall notify White County and shall deliver a completed Subcontractor Affidavit to White County within five (5) working days of entering into a contract or agreement of hire with the subcontractor before the new subcontractor begins any work.
- C. Failure to provide the completed and notarized affidavit with the contractor's proposal will result in immediate disqualification as required by the Georgia Security and Immigration Compliance Act.

SECTION II – GENERAL CONDITIONS

A. PURPOSE

White County Board of Commissioners is issuing this Request for Qualifications (RFQ) to seek qualified brokers to assist with strategically planning, designing and negotiating the best coverage and cost for our comprehensive employee benefit programs. The County has approximately 210 benefit eligible employees. Our leadership is looking to ensure we have financially competitive, effectual and affordable benefit programs to offer our employees.

The County does not guarantee a minimum value for this contract.

This RFQ is not an authorization to approach insurers or other underwriting sources on behalf of the County. We specifically request that no insurance market contact or solicitation be made on behalf of White County at this time and that no insurance market reservations or commitments be made for any purpose as respects any insurance or reinsurance to be provided for the County.

B. CONTRACT PERIOD

The initial term of a contract awarded as a result of this RFQ shall be from July 1, 2018 through June 30, 2019. The contract may be renewed according to the terms stated herein.

The contract shall terminate absolutely and without further obligation at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the County under this contract. The County does not guarantee a minimum value for this contract.

If, at any time, the County determines it is in its best interest to discontinue use of these services the County reserves the right to cancel this Agreement by giving thirty (30) days advance written notice.

C. SCOPE OF WORK

White County views broker services as a direct extension of our Human Resources Department. Provisions of brokerage services to White County under any agreement ensuing from this proposal will entail the following, at a minimum:

1. Auditing resulting contracts and monthly invoices for accuracy of coverage, terms and conditions;
2. Coordinating annual benefits renewals, including negotiation of changes in contracts;
3. Assisting the County in determining specification for future insurance coverage;
4. Marketing the County's desired insurance package through identification of appropriate markets, analysis of proposals, provisions of recommendations, and assistance in contract negotiation;
5. Preparing, disseminating, and analyzing bid packages in accordance with County specifications, should formal bidding package for quality of benefits be deemed necessary;

6. Reviewing the employee benefit package for quality of benefits provided, cost effectiveness, competitiveness and plan administration on an annual basis;
7. Monitor all associated, ongoing contracts, to ensure contract compliance;
8. Analyzing claims history and insurance utilization at least quarterly;
9. Providing information on employee benefit issues, trends and proposed or new legislation;
10. Meeting with the County administrative staff on a regular basis;
11. Conducting new-hire enrollments on a monthly basis through coordination with County Human Resources;
12. Design and supply of employee benefit communication materials including an annual high quality Employee Benefits Handbook;
13. Participating in the annual employee wellness fair;
14. Providing a key contact person to be available to answer questions and resolve issues that arise during the year regarding employee benefits, contract administration and service provisions;
15. Providing a key contact person that specializes in Benefits Services assisting employees and families with claims and questions. This stipulation is required in order to stay in compliance with HIPPA regulations.
16. Providing weekly reporting of necessary benefit deduction changes in order to assist with processing accurate deductions for employees;
17. Coordinating and processing COBRA Benefits;
18. Providing ongoing support and resources in order to submit mandated annual reporting;
19. Providing an electronic, web-based platform for annual open-enrollment, new hire benefit selections and routine benefit / information changes throughout the year;
20. Evaluating various insurance products submitted by carriers, agents and brokers; and;
21. Perform other related consultation services as needed or requested.

** A brief summary of services provided by our current broker is attached – this summary will be considered a minimum level of service for the purpose of this RFQ**

D. STATEMENT OF QUALIFICATIONS

Broker Proposal Questionnaire:

The Broker Proposal Response Questionnaire must clearly demonstrate the required qualifications, expertise, competence, and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the **Scope of Work** of this document. Additionally, please include the answers to the following questions (Address each by number):

1. Describe your organizational structure (i.e. publicly held corporation, partnership, etc.). Review each area of your organization and describe their function. Describe the process for handling concerns/questions/calls from client staff and employees.

2. Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not employed by any insurance company, third party administrative agency or provider network.
3. Briefly describe your company's organization, philosophy and management. Also, please provide a brief company history.
4. Describe your contractual relationship, if any, with organizations or entities necessary to your proposal's implementation (i.e. actuarial services, data information services, third party providers for Open Enrollment, etc).
5. How long has your organization been providing brokerage services? Has your organization ever operated under a different name? Why was the name changed?
6. Provide a list of known complaints filed with the Insurance Commissioner's Office, against your firm, over the past ten (10) years. Include the nature of the complaint and disposition.
7. How many public sector clients does your firm currently provide brokerage services to?
8. Indicate the method of service provision your organization would utilize in implementing your proposal (i.e. individual broker, individual broker with supporting back up, team of brokers). Please provide resumes of individual brokerage staff that would provide services to the County. Include a brief professional history for each individual and how they are qualified to provide services to White County.
9. Briefly describe the level of service and support provided to White County by your broker(s) on a day-to-day basis. Describe the level of service and support by your staff on a day-to-day basis. Are your customer service employees licensed insurance agents and are they certified under COBRA and HIPAA?
10. How does your firm provide continuing education to ensure that each broker is educated on current market trends and legislative developments? How is this information communicated to your clients?
11. Describe how you build an understanding of the direction and priorities of the County employee benefit program and how you would utilize this information to recommend changes and project future trends.
12. Detail how your organization assists clients in developing a strategic benefit plan.
13. Describe your organization's anticipated involvement in the annual renewal process. Include information regarding process timeframes, negotiation of rates and vendor selection. NOTE: White County's current benefits plan year

is July 1 to June 30.

14. Discuss any innovative mechanisms you have used to minimize insurance and service costs to your clients.
15. How do you keep your clients aware of trends and new developments in employee benefits i.e. flex spending?
16. How would your firm assist White County in developing plan specifications? Explain your process for providing plan recommendation to your clients.
17. Explain the process your organization would utilize to assist White County in selecting an insurance vendor. How would your company's experience and expertise benefit the County in this process?
18. Please provide a list of the vendors you have relationships with in regard to health, disability, life, supplemental health and dental insurance plans. Describe your preferred carrier relationships and the benefits of these relationships to your clients. Describe any blocks or pools of business that your firm has access to and what benefits are to your clients. Please include notice any contractual agreements you have with carriers to meet a quota for business with that carrier.
19. Describe how your organization strives to streamline benefit administration for your clients. Include any services you provide for automation of the benefit process (i.e. electronic capabilities, outsourcing options). How many of your clients are enrolled online? How many employees does this represent? Does your staff build these enrollment websites? Attach any associated cost for these services on a separate fee schedule.
20. Describe process for Open Enrollment for client staff and its employees.
21. Detail how you develop a benefit communication strategy with your clients. Include what tools or resources you have available to assist your clients in effectively communication not only the specific plan details but also the value of the benefits offered? Please provide a sample of an Employee Benefits Handbook you have produced and provided for client employees.
22. What training resources does your organization provide to assist you clients in education and training their employees?
23. Describe your compliance services. What resources does your organization utilize to answer compliance questions from your clients? List three recent compliance questions and show the format and content of your response.
24. Please provide a case study on a recent client that has begun working with your firm in the past three years and show the financial impact on claims that your firm has made through benefit consulting. Describe your recommendation and how

these related to the financial impact on their plan.

25. What makes your organization unique from the other organizations that may submit proposals for the County's consideration?
26. Provide any additional information regarding your organization or services that you feel would be beneficial in helping the County to select a benefits broker.
27. Please provide a list of four verifiable public sector references, all of whom are able to comment of your organization's relevant experience. Please furnish:
Group Name; Contact name and telephone number;
Services you provided; Time period covered;
Benefit programs addressed; and number of covered employees.
28. List any and all accounts held by local governments (city, county, authority) in Georgia within the last five (5) years. If any, do you still hold that account? If no, why not? If no Georgia local governments, indicate so.
29. Will any of the representatives which you will assign to work with White County and meet with county employees on an individual basis – be compensated on a commission basis determined by the elections made by the county employees? If yes, please explain.
30. List any limitations your firm would have in providing the Scope of Services outlined in Section II (c).

Pricing:

It is White County’s expectation that brokerage fees and commissions will be borne by the selected insurance provider. If additional brokerage fees are expected of White County, or if your firm offers additional fee-supported services which are supplemental to your proposal, please clearly outline such costs and services on a separate fee addendum at the end of the proposal in a separate, sealed envelope clearly identified as “Financial Proposal.”

Oral Presentations:

During the evaluation process, White County may at its discretion, request oral presentations from any or all respondents for the purpose of clarification or amplifying the materials presented. However, respondents are cautioned that the County is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker.

Criteria for Evaluation:

All proposals will be evaluated according to, but not necessarily limited to, the following:

- Your firm’s indicated ability to provide a level of service sufficient to meet the County’s needs, as stated in your response to *Scope of Work* and *Broker Proposal Questionnaire*.
- Extent and success of previous work your firm has provided to organizations similar in nature and size to White County, as determined by White County’s contact with references provided.
- The proposal itself as an example of your firm’s work product.
- Qualifications/experience of key personnel to be assigned to the project as stated in question 8 of Broker Proposal Questionnaire.
- Adherence to RFQ requirements, including: completion of all required forms;
- Provision of all requested information; adequacy of responses, and return of the RFQ by the stated deadline.

The following point system will be utilized to help evaluate the proposals:

Criteria	Points Allowed
Responsiveness of understanding scope	15 points
Technical Experience of firm	
A. Insurance work of the type under consideration	10 points
B. Work with similar public entities	20 points
Qualifications of Staff	20 points
Size and structure of the firm	15 points
References	10 points
Oral Presentation/Interview (if applicable)	10 points
TOTAL	100

E. ADMINISTRATION

The project will be administered by the White County Board of Commissioners with the White County Human Resources Director being the main point of contact for all questions during the term of the contract.

F. BIDDER'S CHECKLIST – REQUIRED FORMS

Each proposal should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the submittal is the sole responsibility of the respondent. The following documents are also required to be included in your proposal packet:

REQUIRED FORMS

Documentation that is **required** for a complete proposal includes:

1. Documentation listed under Section D: Statement of Qualifications
2. Vendor Information Form
3. Execution of Proposal Form
4. Addenda Acknowledgment Form (if applicable)
5. Proposer's Certification and Non-Collusion Affidavit
6. Georgia Security and Immigration Compliance Act Affidavit
 - i. Contractor Affidavit
 - ii. Subcontractor Affidavit (if applicable)
7. SAVE Affidavit
10. Copy of current business license
11. Copy of current Georgia Insurance Brokerage license
12. Proof of Insurance (Liability and Worker's Compensation) – Sample document may be given at time of RFQ submittal. Once the contract is awarded, vendor must provide a Certificate of Liability Insurance and a copy of the insurance policy naming White County as an additionally insured.

G. PROCEDURES AND MISCELLANEOUS ITEMS

1. All questions shall be submitted in writing (e-mail is acceptable) and shall be communicated in the form of an addenda if the scope specifications are to be affected and posted on the County's website under the bid information, all firms responding to this RFQ should check the website before responding to this RFQ.

2. All respondents to this RFQ shall indemnify and hold harmless the White County Board of Commissioners, and any of their officers and employees from all suits and claims alleged to be a result of this RFQ. The issuance of this RFQ constitutes only an invitation to present a proposal. It does not constitute an Invitation to Bid nor does it commit the County to issuing an Invitation to Bid. The White County Board of Commissioners reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this RFQ. The White County Board of Commissioners also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and

schedule. In the event that this RFQ is withdrawn or the project canceled for any reason, the White County Board of Commissioners shall have no liability to any respondent for any costs or expenses incurred in connection with this RFQ or otherwise.

3. The RFQ is subject to the provisions of the White County Purchasing Policy and any revisions thereto, which are hereby incorporated into this RFQ in their entirety except as amended or superseded herein.

4. Failure to submit all the mandatory forms from this RFQ package shall be just cause for the rejection of the qualification package. However, White County reserves the right to decide, on a case by case basis, in its sole discretion, whether or not to reject such a bid as non-responsive.

5. In case of failure to deliver goods in accordance with the contract terms and conditions, White County, after due oral or written notice, may procure substitute goods or services from other sources and hold the contractor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies which White County may have.

6. By submitting a qualification package, the vendor is certifying that they are not currently debarred from bidding on contracts by any agency of the State of Georgia, nor are they an agent of any person or entity that is currently debarred from submitting bids on contracts by any agency of the State of Georgia.

7. Any contract resulting from this RFQ shall be governed in all respects by the laws of the State of Georgia and any litigation with respect thereto shall be brought in the courts of the State of Georgia. Then contractor shall comply with applicable federal, state, and local laws and regulations.

8. It is understood and agreed between the parties herein that White County shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

H. BONDS

Bid Bond – not required
Payment Bond – not required
Performance Bond – not required

I. FINAL SELECTION

Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to the White County Board of Commissioners. Following Commission approval, the County will complete contract negotiations. The selected vendor should be prepared to commence working on the employee benefit program no later than March 2018.

The White County Board of Commissioners reserves the right to accept the response that is determined to be in the best interest of the County. The County reserves the right to reject any and or all proposals.

Every vendor submitting a proposal must complete the forms showing compliance with the **GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OCGA §13-10-90**. The forms are provided with this RFQ package.

Overview of Current Broker Services (As Referenced On Page 8)

- Evaluates & Competitively Bids Comprehensive Employee Benefits Program Annually
- Provides annual open enrollment materials
- Conducts group benefit information meetings
- Provides a custom employee benefit booklet annually
- Coordinates annual open enrollment
- Processes annual open enrollment via electronic portal – individual meetings & online
- Provides annual employee benefit statements
- Provides electronic portal for routine benefit changes
- Meets with and processes new hires monthly
- Provides weekly payroll deduction reports
- Receives and reviews all benefit related monthly invoices
- Manages COBRA Notification & Enrollment Requirements
- Provides monthly newsletters related to human resources & benefit matters
- Processes annual ACA required reporting – 1094 / 1095 requirements
- Provides access to dedicated eligibility & claims assistance for HR Department
- Provides toll-free access for employees to assist in resolving claims & eligibility issues
- Participates in annual employee wellness fair
- Quarterly claims evaluation

**BID #2017-01HR RFQ BROKER SERVICES
EXECUTION OF PROPOSAL**

DATE: _____

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- ___ That this proposal was signed by an authorized representative of the firm.
- ___ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- ___ That all labor costs associated with this project have been determined, including all direct and indirect costs.
- ___ That the potential Contractor agrees to the conditions as set forth in this Request for Qualifications with no exceptions.

Therefore, in compliance with the foregoing **Request for Qualifications**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within 90 days from the date of the opening, to furnish the services for the prices and / terms quoted within the timeframe required.

Business Name

Authorized Signature

Date

Typed Name & Title

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

**BID #2017-01HR RFQ BROKER SERVICES
BIDDER REFERENCE FORM**

All references must be from customers for whom your company has completed work similar to the specifications of this bid. Attach additional page if necessary.

References for: _____
(Company Name)

1. Company

Street Address

City, State & Zip

Contact Person Name

Title

Phone

FAX _____

Email

Describe Scope of Work and dates of project/service:

2. Company

Street Address

City, State & Zip

Contact Person Name

Title

Phone

FAX _____

Email

Describe Scope of Work and dates of project/service:

3. Company

Street Address

City, State & Zip

Contact Person Name

Title

Phone

FAX _____

Email

Describe Scope of Work and dates of project/service:

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

**BID #2017-01HR RFQ BROKER SERVICES
ADDENDA ACKNOWLEDGEMENT**

The vendor has examined and carefully studied the Request for Qualifications and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No.

Addendum No

Addendum No.

Addendum No.

Authorized Representative (Signature)

Date

Authorized Representative/Title
(Print or Type)

Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

**BID #2017-01HR RFQ BROKER SERVICES
PROPOSER'S CERTIFICATION AND STATEMENT OF NON-COLLUSION**

I _____ certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. I understand that collusive bidding is a violation of state and Federal law and can result in fines, prison sentences and civil damages awards.

I certify that this proposal has been prepared independently and the price submitted will not be disclosed to another person.

I certify that there has been no contact or communication by the proposer or the proposer's associates with any County staff, or elected officials since the date this **RFQ #2017-01HR BROKER SERVICES** was issued except: 1) through the Human Resources Department 2) at the Pre-Proposal Conference (if applicable) or 3) as provided by existing work agreement(s). **The County reserves the right to reject the proposal submitted by any proposer violating this provision.**

I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal.

COMPANY NAME:

Authorized Representative (Signature)

Date

Authorized Representative/Title
(Print or Type)

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

**BID #2017-01HR RFQ BROKER SERVICES
VENDOR'S INFORMATION FORM**

1. Legal Business Name

2. Street Address

3. City, State & Zip

4. Type of Business: _____ State of Registration: _____

(Association, Corporation, Partnership, Limited Liability Company, etc)

5. Name & Title of Authorized Signer:

6. Primary Contact

7. Phone _____ Fax _____

8. E-mail

9. Company Website

10. Has your company ever been debarred from doing business with any federal, state or local agency?

Yes ____ No ____ If Yes, please state the agency name, dates and reason for debarment.

ATTACH COPY OF BUSINESS LICENSE

THIS PAGE MUST BE COMPLETED AND SUBMITTED WITH PROPOSAL

Georgia Security & Immigration Compliance (GSIC) Act Affidavit

As per the Georgia Senate Bill 529 and Senate Bill 447, the Georgia Department of Labor has promulgated new rules for the implementation of Section 2. O.C.G.A. §13-10-91 and Chapter 300-10-01-.02 state that no Georgia Public Employer shall enter into a contract for *the physical performance of services within the State of Georgia* unless the Contractor registers and participates in a federal work authorization program to verify the work eligibility information of all of its new employees.

The Employment Eligibility Verification “E-Verify” site operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security is the electronic federal work authorization program to be utilized for these purposes.

The website is <https://e-verify.uscis.gov/enroll/>

By executing the attached Contractor Affidavit, Contractor verifies its compliance with O.C.G.A. §13-10-91 stating affirmatively that the individual, firm or corporation which is contracting with the White County Board of Commissioners has registered and is participating in this federal work authorization program in accordance with the applicability provisions and deadlines established in this Statute.

Contractor further agrees that should it employ or contract with any Sub-Contractor(s) for the physical performance of services pursuant to the contract with the White County Board of Commissioners, Contractor will secure from the Sub-Contractor(s) verification of compliance with O.C.G.A. §13-10-91 on a Sub-Contractor Affidavit and shall provide a copy of each such verification to the White County Board of Commissioners at the time the Sub-Contractor(s) is retained to perform such services.

PLEASE COMPLETE THE ATTACHED AFFIDAVIT AND RETURN IT TO:

Shanda Murphy
White County Human Resources Director
1235 Helen Hwy
Cleveland, GA 30528

Fax: (706) 865-1324
Email: smurphy@whitecounty.net

**IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

Contractor's Name:	
County Solicitation/ Contract No.:	

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the County, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify Company Identification Number

BY: Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE DAY OF _____ 20__

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

**IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

Contractor's Name:	
County Solicitation/	

ADDITIONAL INSTRUCTIONS TO CONTRACTOR: Identify all subcontractors used to perform under the county contract. In addition, you must attach a signed and notarized affidavit (third page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the County within five (5) days of the addition of any new subcontractor used to perform under the identified County contract.

Contractor's	
Subcontractors:	

**IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

Contractor's Name:	
Subcontractor's (Your) Name:	
County Solicitation/ Contract No.:	

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / E-VerifyTM Company Identification Number

BY: Authorized Officer or Agent
(Subcontractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE DAY OF _____ 20__

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

WHITE COUNTY BOARD OF COMMISSIONERS SAVE AFFIDAVIT
(Systematic Alien Verification for Entitlements)
Affidavit for a Public Benefit as required by the
Georgia Immigration Reform and Enforcement Act of 2011

By executing this affidavit under oath, as an applicant for a public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following:

_____ **I am a United States citizen; or**

_____ **I am a legal permanent resident of the United States*; or**

_____ **I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.***

*Alien registration number for non-citizens issued by the Department of Homeland Security or other federal immigration agency is: _____

At least one secure and verifiable document for identification purposes must be provided as required by O.C.G.A. § 50-36-1 (e) (1). See list on page 2 of this document.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia and face criminal penalties as allowed by such criminal statute.

Applying on behalf/Name of associated business

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____ 20__

[NOTARY SEAL]

Notary Public

My Commission Expires:

*NOTE: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

SECURE AND VERIFIABLE DOCUMENTS UNDER O.C.G.A. §50-36-2

[Issued August 1, 2011 by the Office of the Attorney General, Georgia]

The following list of secure and verifiable documents, published under the authority of O.C.G.A. §50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

INDICATE AND ATTACH A COPY OF THE DOCUMENT (front and back).

United States passport or passport card

United States military identification card

Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard

Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card

Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.

Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.

Tribal identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth gender, height, eye color, and address to enable the identification of the bearer.

Passport issued by a foreign government

Free and Secure Trade (FAST) card

NEXUS card

United States Permanent Resident Card or Alien Registration Receipt Card

Employment Authorization Document that contains a photograph of the bearer.

Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-560 or Form N-561]

Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) [Form N-550 or Form N-570]