

# Request for Proposal For Health Insurance Brokerage Services

To Be Received on or Before

February 28, 2018 at 10:00 AM prevailing time.

Send to the Attention of:

Mr. Jonathan Houdart  
School Business Administrator/Board Secretary  
Brigantine Board of Education  
301 East Evans Boulevard  
Brigantine, NJ 08203

The Brigantine Board of Education invites applications for interested insurance brokers to provide health insurance brokerage services as per the following:

## **Request for Proposal Health Insurance Brokerage Services**

The Brigantine School District is comprised of two schools, grades Pre-K through 8. The Brigantine Elementary School and the Brigantine North Middle School currently serve approximately 600 students. Students in grades 9 through 12 attend Atlantic City High School. The District has multiple special education and extra-curricular programs.

### **I. Award of Services**

The purpose of the Request for Proposal is to obtain proposals for Health Insurance Brokerage Services coverage. The Board intends to award a one-year contract from July 1, 2018 through June 30, 2019 pursuant to N.J.S.A. 18A:18A-5, with two one-year options. Under Title 18A:18A-5(10), EXTRAORDINARY UNSPECIFIABLE SERVICES are not required to be bid or advertised and the Board is not required to award on the basis of lowest price and will award based on criteria as outlined in this request for proposals. The requests are being made to ensure that the District receives the highest quality service at a fair and competitive price.

### **II. Description of Services**

For planning and illustrative purposes for the response to this RFP, the following represent services that will be required on an as-needed basis. This list is in no way inclusive of all tasks that may be required, but is intended to alert the bidder to the areas deemed particularly relevant to the duties of the position.

Services to be included:

- The ability to obtain viable quotes from insurance carriers.
- Servicing the needs of the school district during normal business activity.
- Assist the district during open enrollment.
- Assist employees of the district with difficult claims to reach resolution in a timely manner.
- Cooperative interaction with the Personnel Department of the district.
- Review loss ratios on a quarterly basis and make appropriate recommendations for cost savings.
- Assist the district in obtaining a new insurance carrier if needed.
- To perform such other activities as specifically directed by the district.

### **III. Interview**

The Board of Education reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Board reserves the right to request clarifying information subsequent to submission of the proposal.

### **IV. Selection Criteria**

The Board of Education will evaluate proposals using the following criteria:

- 25% Experience with New Jersey public school districts.
- 25% Recommendations from at least three current public school clients.
- 25% Interview (if applicable).
- 25% Fee proposal.

### **V. Minimum Qualifications**

- Five (5) years' experience working with public school districts in the State of New Jersey, three (3) years of which should be in a similarly-sized school district.
- Be licensed or authorized to transact business in the State of New Jersey and have a favorable record with the New Jersey Department of Banking and Insurance.
- Include a list of any other professional qualifications, experience, and/or credentials you feel are relevant to this RFP.

### **VI. Proposal**

Each broker is required to submit six (6) copies of the proposal with the following information in its proposal:

- Form 1 - Proposal Certification Form.
- Form 2 - Proposed fee structure.
- Form 3 - Recommendations from at least three current public school clients.
- Form 4 - Broker Response Form.
- Form 5 - Affirmative Action Statement.
- Form 6 - Political Contribution Disclosure Form.
- Form 7 - Stockholder Disclosure Certification.
- Form 8 - Non-Collusion Affidavit.
- Form 9 - Other services or proposals your firm would offer.
- Exhibit A - Mandatory Equal Employment Opportunity Language.
- A list of all current New Jersey public school clients and length of service to each. Please identify the grade level of each school district and identify any that might be regional districts.

- A list of all New Jersey public school clients that have terminated services in the past two years.
- Background information on the broker and staff to be assigned to the Brigantine Board of Education.
- Business Registration Certificate
  - N.J.S.A. 52:31-44 requires that each vendor awarded a contract submit proof of business registration with the submission. Proof of registration shall be a copy of the respondents Business Registration Certificate (BRC).
- Information beyond the minimum requirements may also be submitted.

All proposals are to be submitted in writing in a sealed envelope and must be clearly marked “**Health Insurance Brokerage Services**”. Proposals must be received no later than February 28, 2018 at 10:00 AM prevailing time. Proposals are to be submitted to:

Mr. Jonathan Houdart  
School Business Administrator/Board Secretary  
Brigantine Board of Education  
301 East Evans Boulevard  
Brigantine, NJ 08203

**Faxed proposals WILL NOT be accepted**

The Board of Education intends to appoint the successful firm by March 22, 2018. Services of the selected firm(s) will commence on July 1, 2018.

**Brigantine Board of Education**

**Request for Proposal for Health Insurance Brokerage Services**

**PROPOSAL CERTIFICATION FORM**

I certify that:

- 1. I have read and fully understand the Request for Proposal.
- 2. The firm meets all the requirements contained in the Request for Proposal.
- 3. The information contained an all of the Request for Proposal documents are true.
- 4. I am authorized to submit the proposal on behalf of the firm.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Address Name

\_\_\_\_\_  
Telephone Number Title

\_\_\_\_\_  
Fax Number

Affix Corporate Seal

\_\_\_\_\_  
Email

**Brigantine Board of Education**

**Request for Proposal for Health Insurance Brokerage Services**

**Fee Structure**

Area of Coverage	Insurance Company	Annual Premium 2017-2018	Year 1 – % Fee for Brokerage Services	Option Yr 2 – % Fee for Brokerage Services	Option Yr 3 – % Fee for Brokerage Services
Major Medical *					
Prescription *					
Dental	Delta Dental	\$133,070			
Vision	United Healthcare	\$26,240			

\* District joined the School Employees’ Health Benefits Program on July 1, 2017. All employees are covered under the combined medical & prescription MMRX plan – the base plan is NJ Direct 15. District has 121 employees eligible for medical insurance who take the following coverages: 23 Single, 13 Married/Spouse, 57 Family, 10 Parent/Child, and 18 Waive Coverage. Please put your percentage fee proposals for medical and prescription in the boxes above for if the the District goes back to private plans starting on July 1, 2018 (if the District remains in SEHBP past July 1, 2018, there are no fees paid for brokerage services).

**BROKER INFORMATION**

Name of Broker \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Brigantine Board of Education**

**Request for Proposal for Health Insurance Brokerage Services**

**Contact Information**  
**Public School Client Recommendation List**

1. School District: \_\_\_\_\_  
Grade Level \_\_\_\_\_ Regional? Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  
2. School District: \_\_\_\_\_  
Grade Level \_\_\_\_\_ Regional? Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  
3. School District: \_\_\_\_\_  
Grade Level \_\_\_\_\_ Regional? Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## **Brigantine Board of Education**

### **Request for Proposal for Health Insurance Brokerage Services**

## **Broker Response Form**

You must address all of the following points in your proposal for Health Insurance Brokerage Services. If you feel that an individual item is not applicable to your proposal, you must clearly indicate this in the proposal.

1. Name of firm.
2. Location of firm main office and branches.
3. How many years the firm has been in business.
4. Describe the services your firm routinely performs for its clients? Indicate your firm's involvement with the application process, written communications, employee meetings, etc.
5. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
6. Describe your knowledge and experience with negotiating health insurance renewals and administrating health insurance contracts.
7. Describe what service you can provide to our employees when a claim dispute arises for denial of a claim by the insurance carrier.
8. Describe how your firm would develop specifications for competitive quotes and provide this information to the Business Administrator and the Board.

**Brigantine Board of Education**

**Request for Proposal for Health Insurance Brokerage Services**

**Affirmative Action Statement**

The following questions must be answered by all prospective firms:

1. Do you have a federally approved or sanctioned Affirmative Action Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

- (a) If yes, please submit a copy of such approval.

2. Do you have a State Certificate of Employee Information Report approval?

Yes \_\_\_\_\_ No \_\_\_\_\_

- (a) If yes, please submit a copy of such approval.

3. If the firm cannot present #1 or #2, the firm is required to submit a completed Employees Information Report (Form AA-302) at the time of the award only.



**List of Agencies with Elected Officials Required for Political Contribution Disclosure  
N.J.S.A. 19:44A-20.26**

**County Name: Atlantic**

State: Governor, and Legislative Leadership Committees

Legislative District #: 1, 2, & 9

State Senator and two members of the General Assembly per district.

County:

Freeholders	County Clerk	Sheriff
County Executive	Surrogate	

Municipalities (Mayor and members of governing body, regardless of title):

Absecon City	Estell Manor City	Mullica Township
Atlantic City	Folsom Borough	Northfield City
Brigantine City	Galloway Township	Pleasantville City
Buena Borough	Brigantine	Port Republic City
Buena Vista Township	Hammonton Town	Somers Point City
Corbin City	Linwood City	Ventnor City
Egg Harbor City	Longport Borough	Weymouth Township
Egg Harbor Township	Margate City	

Boards of Education (Members of the Board):

Absecon City	Folsom Borough	Mainland Regional
Atlantic City	Galloway Township	Mullica Township
Buena Regional	Greater Egg Harbor Regional	Northfield City
Egg Harbor City	Brigantine	Pleasantville City
Egg Harbor Township	Hammonton Town	Somers Point City
Estell Manor City	Longport	Weymouth Township

Fire Districts (Board of Fire Commissioners):

- Buena Borough Fire District No. 1
- Buena Borough Fire District No. 2
- Buena Vista Township Fire District No. 1
- Buena Vista Township Fire District No. 2
- Buena Vista Township Fire District No. 3
- Buena Vista Township Fire District No. 4
- Buena Vista Township Fire District No. 5

**STOCKHOLDER DISCLOSURE CERTIFICATION  
This Statement Shall Be Included with Submission**

**Name of Business**

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- I certify that the list below contains the names and home addresses of all stockholders holding 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 10% or more of the stock of any class of that owning corporation. If no one owns 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_.

(Notary Public)

My Commission expires:

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Print name & title of affiant)

(Corporate Seal)

**NON-COLLUSION AFFIDAVIT  
HEALTH INSURANCE BROKER SERVICES**

STATE OF NEW JERSEY

COUNTY OF \_\_\_\_\_ ss:  
I, \_\_\_\_\_ of the City 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 firm making the  
Proposal for the above named project, and that I executed the said proposal with full  
authority so to do; that said firm 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  
Brigantine Public Schools relies upon the truth of the statements contained in said Proposal  
and in 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) (N.J.S.A.52:34.25)

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public of

My commission expires \_\_\_\_\_ .20

**Brigantine Board of Education**

**Request for Proposal for Health Insurance Brokerage Services**

**Other Services/Variations**

The services indicated are those that will be in effect for the duration of the Contract.

1. Any other services or proposals your firm would offer. If there are conditions or charges, please state them:

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2. Describe any variations from the required services listed in the Request for Proposals here:

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**EXHIBIT A**  
**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 contractor 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, 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 ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity 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 will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter 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 with 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 meet targeted county employment goals established in accordance with 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, and 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 targeted 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 but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division’s website at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance))

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program 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 Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date