



# WESLACO

INDEPENDENT SCHOOL DISTRICT

319 W. Fourth Street/P.O. Box 266, Weslaco, Texas 78599-0266 (956) 969-6500

May 16, 2017

The Weslaco Independent School District is accepting proposals for:

## **Group Dental Insurance (RFP # 17-07-52)**

Sealed proposals are to be mailed or hand delivered to the attention of: Baldemar Garcia, Purchasing Director, Weslaco Independent School District, 312 W. Fifth Street, Weslaco, Texas 78596. Please mark your envelope plainly: **“Group Dental (Proposal RFP# 17-07-52), due date: Tuesday June 13, 2017 at 3:00pm”**.

Sealed proposals will be accepted until 3:00 p.m. on Tuesday, June 13, 2017, at which time they will be opened. Proposals will be opened but not read publicly in the Business Office Building, 312 W. Fifth Street, Weslaco, Texas 78596. Any proposals received late will be returned unopened. Weslaco ISD is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. Please submit one original and two copies of your proposal response. Any questions on this Request for Proposals should be submitted in writing to Baldemar Garcia, Purchasing Director at [bgarcia@wisd.us](mailto:bgarcia@wisd.us) and Michael De La Rosa, Director of Employee Benefits, at [mgdelarosa@wisd.us](mailto:mgdelarosa@wisd.us). SWBC Employee Benefits Consulting Group of San Antonio, Texas is Weslaco ISD's Insurance consultant for employee benefits. They will be involved in the evaluation of the proposals and in making a recommendation to the Board of Trustees.

The awarding of the proposal will take place at a public school board meeting. The Board of Trustees reserves the right to accept, reject any and/or all proposals, waive minor technicalities, or to award the proposal to the most responsible offeror which best serves the interest of the District.

Please fill out, sign and submit with your proposal response the enclosed IRS Form W-9 and Conflict of Interest Questionnaire. We look forward to hearing from you.

Sincerely,

***- Original Signed -***

Dr. Priscilla Canales, PhD.  
Superintendent

***- Original Signed -***

Andres Sanchez Jr., CPA  
Assistant Superintendent for Business & Finance

**FAILURE TO MANUALLY SIGN THE PROPOSAL (PAGE 15) WILL DISQUALIFY THE PROPOSAL RESPONSE.\***

The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.

# WESLACO INDEPENDENT SCHOOL DISTRICT

Group Dental Insurance (Proposal # 17-07-52)

## PROPOSAL PACKAGE CHECKLIST REMINDER

**IN ORDER FOR YOUR PROPOSAL TO BE CONSIDERED IN THE PROPOSAL PROCESS, THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE PROPOSAL PACKAGE:**

DESCRIPTION OF ITEM:	<u>YES</u>	<u>NO</u>
1. GENERAL CONDITIONS AND RFP ASSUMPTIONS (Fill in ALL blank lines as needed,).	_____	_____
2. FELONY CONVICTION NOTIFICATION (Fill in one of the appropriate sections - A, B or C, Page 14).	_____	_____
3. PROPOSAL SPECIFICATION REQUIREMENT FORM (Fill in ALL blank lines as needed, Page 15).	_____	_____
4. PROPOSAL FORMS pertaining to this proposal should have <u>ALL lines filled in as needed.</u>	_____	_____
5. NON-COLLUSION STATEMENT & SIGNATURE SHEET (Fill in blank lines on form completely and sign form Page 17).	_____	_____
6. CONFIDENTIAL DISCLOSURE FORM (pages 18-19)	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

The signing of page 15 indicates understanding and acceptance of this proposal's terms and conditions.

The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.

# WESLACO INDEPENDENT SCHOOL DISTRICT

Group Dental Insurance (Proposal # 17-07-52)

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**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

### Section

# 1

## General Information

### General Conditions and RFP Assumptions

1. The Weslaco Independent School District is requesting proposals for Group Dental Insurance. Ameritas Life Insurance is the District's current Dental Insurance carrier.
2. Where applicable, all companies submitting proposals must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated A- or better by AM Best Company.
3. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications must be explicitly identified.
4. One (1) original and two (2) copies of the proposal response must be delivered to: Baldemar Garcia, Purchasing Director; c/o Weslaco ISD, 312 West Fifth Street, Weslaco, Texas 78596, no later than 3:00 PM, Tuesday, June 13<sup>th</sup>, 2016 in sealed envelopes, clearly marked:

### Group Dental Insurance (RFP 17-07-52)

5. No telephone or fax proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, and other courier services or personally delivered by proposer. The District will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened upon written request at proposer's expense.
6. The proposals will be opened at 3:00 PM, Tuesday, June 13<sup>th</sup>, 2017. The proposals will be opened but not read aloud, to avoid disclosure of contents to competing vendors, and the contents shall be kept secret during the proposal negotiations.
7. Proposals are desired for a primary term of one (1) year with the option to renew for a second year if the terms and conditions are acceptable to the District. Renewal rates are to be provided to the district by June 1 (90 days prior to the anniversary date).
8. Effective date of coverage will be September 1<sup>st</sup>, 2017. Award of proposal will take place at a scheduled meeting of the Weslaco ISD Board of Trustees.
9. Public Sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liabilities. Therefore, your documents should not contain any such clauses.

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

10. Weslaco Independent School District reserves the right to accept or reject all or any part of the proposal, waive minor technicalities, and award the proposal that best serves the interest of the District. The District also reserves the right to waive or dispense with any of the formalities contained herein. The Weslaco ISD Board of Trustees will make the final decision of agreement of award and agent services if necessary.

11. The District will utilize the insurance consulting services of SWBC Employee Benefits Consulting Group.

**12. Questions : Last day for questions regarding this RFP will be May 30, 2017. Requests for information must be submitted via email to:**

Baldemar Garcia  
Purchasing Director  
Weslaco ISD  
[bgarcia@wisd.us](mailto:bgarcia@wisd.us)

Michael De La Rosa  
Director of Employee Benefits  
Weslaco ISD  
[mgdelarosa@wisd.us](mailto:mgdelarosa@wisd.us)

and

Bruce Massey  
Vice President of Account Management  
SWBC  
[bmassey@swbc.com](mailto:bmassey@swbc.com)

13. COMMUNICATION WITH SCHOOL DISTRICT MEMBERS: Company/agents submitting proposals shall not discuss this RFP with employees of WISD or members of the Board of Trustees. Communication includes but is not limited to unsolicited literature, email, faxes or phone calls related to any aspect of the RFP. If discussion is necessary, you will be notified in writing by any of the three (3) individuals listed in # 11 above. Failure to abide by this requirement will result in automatic disqualification of the agent/company representative and/or the company at the discretion of the District.

14. The Weslaco ISD is located in Hidalgo County. Currently, approximately 2300 employees are eligible for patriciate. The District sponsors the base plan benefits only and employees may elect additional benefits at their own expense. Therefore, the base plan benefits are considered as part of the Health Benefits under the Affordable Care Act (ACA). Should the employee elect to purchase any additional benefits, any additional premium will be include in the IRS 125 cafeteria plan.

15. The appropriate enclosed proposal forms which include a Questionnaire, Rate Pages, Felony Conviction Notice, Non-Collusion Statement & Signature Sheet, etc., must be completed and included with the response. An authorized official of the carrier with legal authority to bind the carrier must sign all proposal forms submitted. FAILURE TO COMPLETE PROPOSAL FORMS WILL RESULT IN PROPOSAL BEING DISQUALIFIED.

16. The Weslaco Independent School District accepts no financial responsibility for any costs incurred by any proposer in the course of responding to these specifications. Neither the District nor its consultant will assume any responsibility for errors in pricing or submission.

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

17. The Request for Proposals package will be available for download from our website at [www.wisd.us](http://www.wisd.us) . Look for the caption "Bids & Proposals" on the left side of the main page. Vendors WILL NOT be notified of additional information/addenda postings. It is the vendor's responsibility to view the WISD's web page regularly, &/or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued, or to obtain any addenda that may have been issued, for the solicitation.
18. Proposal is to be based on the provided census as of May 1 (MS-Excel format).
19. Multiple proposals from the same carrier will not be accepted. Carriers may include a list of agents for consideration. The Board, at its discretion, may select an agent that differs from any particular carrier list.
20. The selected Provider will be expected to provide knowledgeable licensed agents to explain benefit provisions during enrollment meetings to be conducted during the month of enrollment. The selected providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.
21. Effective date is September 1<sup>st</sup>, 2017. All import census files and open enrollment changes must be uploaded into the new carriers system and ready for execution on September 1<sup>st</sup>. Open enrollment data must be submitted to the District in applicable format by September 1<sup>st</sup>.
22. Enforceability - This Contract shall be interpreted, construed, and governed by the laws of the United States and the State of Texas and shall be enforceable in any court of competent jurisdiction in Hidalgo County, Texas.
23. Advertising - Contractor shall not advertise or publish, without the School District's prior consent, the fact that it has entered into this Contract, except to the extent necessary to comply with proper requests for information from an authorized representative of a federal, state or local authority.
24. Gratuities - No gratuities in the form of entertainment, gifts or otherwise, shall be offered or given by Contractor, or any agent or representative of Contractor, to any administrator, employee, or anyone affiliated with the School District with a view toward securing a contract or securing favorable treatment with respect to a contract. Failure to comply with this requirement will cause the proposal to be rejected, or contract (if approved) to be void.
25. Proposals: Proposals must be clearly explained and identified. All costs, including optional programs must be clearly stated and summarized.
26. The District is requesting a duplication of the current benefit plan. Any deviations must be clearly explained and identified. District staff will not make assumptions or evaluate ambiguous proposals and will be considered non-responsive.
27. The District provides basic dental benefits at no cost to its employees. The District's contribution is \$10.40 Per Employee Per Month (PEPM).
28. District administrative offices will be open Monday – Thursday from 7:30 a.m. to 6:00 p.m. and closed on Fridays, starting on June 5, 2017 through August 1, 2017 for summer schedule.

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

29. According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the District will consider the following:

1. The purchase price;
2. The reputation of the vendor and of the vendor's goods or services;
3. The quality of the vendor's goods and services;
4. The extent to which the goods or services meet the District's needs;
5. The vendor's past relationship with the District
6. The impact on the ability of the District to comply with laws and rules relating to historically underutilized businesses (not applicable)
7. The long-term cost to the District to acquire the vendor's goods or services;
8. Whether the vendor or the vendor's ultimate parent company or majority owner: A) has its principal place of business in this state; or B) employs at least 500 person in this state; and
9. Any other relevant factor specifically stated in the request for bids or proposals.

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

Section

2

Group Dental Insurance

## Proposer Questionnaires Dental Insurance

The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.



# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

1. Describe organization submitting proposal:

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

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

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

Year Founded \_\_\_\_\_

2. What is current A.M. Best rating for your Company? \_\_\_\_\_  
(Please include financial size category)

3. Provide four (4) Texas client references (preferably school districts of similar size):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? \_\_\_\_\_

b. What is the normal claim processing time? \_\_\_\_\_

c. Describe documentation needed for payment of claim? \_\_\_\_\_

d. Is there any Lifetime Maximums on any benefits? \_\_\_\_\_

e. Will employees be allowed a carryover provision? Amount? \_\_\_\_\_

5. Does your plan duplicate the current benefits the Districts' employees have?  Yes  No

6. Will orthodontics for adults be covered?  Yes  No

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# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

7. Are you willing to provide personnel to do onsite enrollment meetings, educational meetings and/or health fairs as requested?  
 Yes       No

8. Will ID cards and all other printed material be provided to the District's employees via mail to their home addresses at no addition cost?  Yes  No

9. Provide the R&C Allowance used in quoted rates for zip code 78596 in the sheet below for the following ADA Codes:

ADA Code	Description	R&C Allowance
0120	Periodic Exam	_____
0210	Intraoral X-Rays	_____
0272	Bitewing X-Rays	_____
1110	Prophylaxis (Cleaning) Adult	_____
1203	Fluoride Treatment-Child	_____
1351	Sealant-per-Tooth	_____
2150	Amalgam-two surfaces, permanent	_____
2331	Resin Compos-Two Surfaces	_____
2790	Crown-full cast precious metal	_____
2950	Core build-up, including any pins	_____
3320	Root Canal, bicuspid	_____
4341	Periodontal Scaling	_____
4910	Periodontal Maintenance	_____
6240	Pontic-Porcelain	_____
7230	Removal Impacted Tooth	_____
9220	Sedation General Anesthesia	_____

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# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

10. If the proposal includes dental network, provide a list of in-network Dentists along with their specialty in Excel format

11. What steps will a member have to take for non-network reimbursements and how long to those claims usual take? \_\_\_\_\_

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12. What would be the process of adding a new provider(s) to your network should the District make such a request at a later time?

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13. Describe “guarantee issue” underwriting guidelines:

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14. Describe initial enrollment procedures: .

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15. Is the policy portable?

Yes                       No

Describe: \_\_\_\_\_

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# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

16. **Agent Information** – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: \_\_\_\_\_

\_\_\_\_\_

b. Copy of agent's Errors & Omissions Insurance Certificate \_\_\_\_\_

\_\_\_\_\_

c. Name/Mailing Address for agent: \_\_\_\_\_

\_\_\_\_\_

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Agent Services to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. For what period of time are the rates used in the rate table guaranteed?

\_\_\_\_\_

18. Is a longer rate guarantee available?  Yes  No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

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# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

19. Description of Plan **must** be in the labeled format below and include the following:

Section A – Questionnaire (Attached)

Section B - Schedule of Rates

Section C - Complete Description of Benefits

Section D - Complete Description of All Limitations & Exclusions

Section E - Sample Policy

Section F - Underwriting Requirements

Section G - Signed “Hold Harmless Agreement” Form (Attached)

Section H – Completed and signed Felony Conviction Form (Attached)

Section I – Completed and signed Anti-Collusion Certification Form (Attached)

Section J – Completed and signed W-9 Form (Attached)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory’s Name & Title

\_\_\_\_\_

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

\_\_\_\_\_  
Agent Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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# WESLACO INDEPENDENT SCHOOL DISTRICT

Group Dental Insurance (Proposal # 17-07-52)

## FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person, owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

**AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED):**

\_\_\_\_\_

**AUTHORIZED COMPANY OFFICIAL'S SIGNATURE:**

\_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*\*\*\* PLEASE CHECK OFF A SELECTION BELOW \*\*\*\*\***

- ( ) A. My firm is a publicly held corporation, therefore, this reporting requirement is not applicable.
- ( ) B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- ( ) C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name(s) Felon(s) \_\_\_\_\_

Details of Conviction(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

### **PROPOSAL SPECIFICATION REQUIREMENTS** **(TO BE FILLED IN BY OFFEROR AND SUBMITTED WITH PROPOSAL)**

Is this proposal in conformance with the enclosed specifications?

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

If the answer is no, offeror must identify and explain each exception taken, with reference to each page and paragraph to which the exception will apply.

It should be understood that if no exception is taken the offeror shall supply all items as specified. Failure to indicate any difference in products offered in this proposal may be deemed sufficient grounds for rejection of a vendor's proposal.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Representative

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

# WESLACO INDEPENDENT SCHOOL DISTRICT

**It is the intent of these specifications to secure proposals for:**

**Group Dental Insurance (Proposal # 17-07-52)**

For further information, Please submit questions in writing via email to:

Bruce Massey  
SWBC

Baldemar Garcia  
Purchasing Director

Michael De La Rosa  
Director of Employee Benefits

[bmassey@swbc.com](mailto:bmassey@swbc.com)

[bgarcia@wisd.us](mailto:bgarcia@wisd.us)

[mgdelarosa@wisd.us](mailto:mgdelarosa@wisd.us)

According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the district shall consider the following:

- (1) The purchase price;
- (2) The reputation of the vendor and of the vendor's goods or services;
- (3) The quality of the vendor's goods or services;
- (4) The extent to which the goods or services meet the district's needs;
- (5) The vendor's past relationship with the district;
- (6) The impact on the ability of the district to comply with laws and rules relating to historically underutilized business: (not applicable)
- (7) The total long-term cost to the district to acquire the vendor's goods or services;
- (8) Whether the vendor or the vendor's ultimate parent company or majority owner: A) has its principal place of business in this state; or B) employs at least 500 person in this state; and
- (9) Any other relevant factor specifically stated in the request for bids or proposals, and

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**



# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

### NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with Weslaco ISD, other than the Baldemar Garcia, Assistant Purchasing Director, Michael De La Rosa, Risk Manager or Bruce Massey, Vice President of Account Management with SWBC, prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee or Board Trustee of the Weslaco ISD **except** as noted herein \_\_\_\_\_

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, \_\_\_\_\_, fully understand the proposal's requirements and specifications.  
*(Print/Type Name of Company Officer)*

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements on the attached felony conviction notification form. I have also signed the form.

COMPANY \_\_\_\_\_ EMPLOYER I. D. No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE/FAX ( ) \_\_\_\_\_ / \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

# WESLACO INDEPENDENT SCHOOL DISTRICT

## Group Dental Insurance (Proposal # 17-07-52)

**For purposes of complying with the Texas Public Information Act (the “Act”), we are asking that VENDORS interested in submitting a response to a district’s request for bids, proposals or qualifications statements INCLUDE A STATEMENT (THIS FORM) STATING WHETHER NONE, ALL, OR SOME OF THE INFORMATION SUBMITTED WITH THEIR RESPONSES IS CONSIDERED BY THE COMPANY AS CONFIDENTIAL BECAUSE IT MEETS ONE OR MORE OF THE EXCEPTIONS LISTED IN THE ACT.**

**Failure by the company(s) to fill out and sign this form, will release Weslaco ISD of any liabilities in the event Weslaco ISD releases information included in their bids, proposals or qualifications statements responses as a result of complying with a request for public records under the Act.**

**If the Confidential Disclosure Statement is properly filed, and Weslaco ISD receives a request for public records under the Act related to such vendor’s response, Weslaco ISD will seek an opinion from the Texas Attorney General’s Office as required.**

### **CONFIDENTIAL DISCLOSURE STATEMENT**

This Confidential Disclosure Statement is being made by:

\_\_\_\_\_ to Weslaco ISD for the  
(Vendor Name)

purpose of non-disclosure of various materials included in this package.

The rights and obligations of the parties with respect to such information are as follows:

1. “Disclosing Party” means a party that discloses Confidential Information under this Request. “Receiving Party” means a party that receives Confidential Information under this Request.
2. “Confidential Information” means information of any kind which is obtained by Receiving Party from Disclosing Party relating to this *Request and which, by appropriate marking, is identified as confidential and proprietary at the time of disclosure.*
3. Notwithstanding the foregoing, Confidential Information shall not include any information that:
  - a) is publicly available prior to the Effective Date, or becomes publicly available thereafter through no breach of this Request by the Receiving Party;
  - b) was known to the Receiving Party prior to the date of disclosure or becomes known to the Receiving Party thereafter from a third party that has no obligation to Disclosing Party to keep such information confidential;
  - c) is independently developed by the Receiving Party without the benefit of Confidential Information of the Disclosing Party, as evidenced by written records;  
**or**
  - d) must be produced by the Receiving Party pursuant to an order of a court of competent jurisdiction or a valid subpoena, provided that the Receiving Party promptly notifies the Disclosing Party and cooperates reasonably with the Disclosing Party’s efforts to contest or limit the scope of such order.

**The signing of page 17 indicates understanding and acceptance of this proposal’s terms and conditions.**

4. The Receiving Party agrees that it will maintain the Confidential Information in confidence using a reasonable standard of care, and no less than the standard of care taken to protect its or his/her own confidential information, and will use such Confidential Information solely for the purposes of evaluating its or his/her interest in participating in a future Requests.
5. **As stated above, in the event Weslaco ISD receives a request for public records under the Act related to the vendor's response, Weslaco ISD will seek an opinion from the Texas Attorney General's Office as required.**
6. This Agreement shall not be construed as an obligation to enter into a Purchasing Agreement or any other subsequent relationship or agreement.

*This Statement shall not be construed as an obligation to enter into a Purchasing Agreement or any other subsequent relationship or agreement.*

\_\_\_\_\_ (vendor) wishes to have the following pages protected under this agreement and not be released to a third party. The following pages are not to be disclosed unless Weslaco ISD receives authorization via an opinion from the Texas Attorney General's Office:

- NONE of the Pages in this Request for Proposal is Confidential
- ALL Pages in this Request for Proposal are Confidential
- ONLY Pages \_\_\_\_\_ are labeled as Confidential

Name of Company or Firm: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**

# WESLACO INDEPENDENT SCHOOL DISTRICT

Group Dental Insurance (Proposal # 17-07-52)

Section

**3**

## RFP Attachments

### Group Dental Insurance

- Loss Runs
- Census
- Rates
- Benefit Structure (Base, Mid & High Plan)

The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.

**WESLACO INDEPENDENT SCHOOL DISTRICT**

**Group Dental Insurance (Proposal # 17-07-52)**

**Please fill out this form and fax or email to Weslaco ISD  
if you intend to submit a proposal.**

Please email or fax this document to  
[bgarcia@wisd.us](mailto:bgarcia@wisd.us) ; (956) 969-6565 fax#

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

**The signing of page 17 indicates understanding and acceptance of this proposal's terms and conditions.**