



COLLIN COUNTY

**Insurance, Life and Accidental Death &
Dismemberment
RFP No. 2018-340**

**Sara Hoglund, CPPB
Jack Hatchell Administration Building
2300 Bloomdale Road, Ste. 3160
McKinney, TX 75071**

**(P) 972-548-4104 (F) 972-548-4694
shoglund@collincountytx.gov**

Collin County exclusively uses IonWave Technologies, Inc. ([Collin County eBid](#)) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means.

LEGAL NOTICE

By order of the Commissioners' Court of Collin County, Texas, proposals will be received by the County Purchasing Agent until **2:00 P.M., Thursday, September 20, 2018** for **Insurance, Life And Accidental Death & Dismemberment (RFP 2018-340)**. Proposers should use unit pricing. Proposers may secure copies of the Bidding Documents at <https://collincountytx.ionwave.net>. Proposals will be opened by the Purchasing Agent in the Purchasing Conference Room, Collin County Administration Building, 2300 Bloomdale Road, Suite 3160, McKinney TX, 75071 on **Thursday, September 20, 2018 at 2:00 P.M.** The Commissioners' Court reserves the right to reject any and all proposals.

ATTENTION: CLASSIFIEDS

**BILL TO: ACCOUNT NO 06100315-000
COMMISSIONERS' COURT**

NOTICE TO PUBLISHERS: Please publish in your issue on **Thursday, August 30, 2018 and Thursday, September 6, 2018**. A copy of this notice and the publisher's affidavit must accompany the invoice when presented for payment.

**NEWSPAPER: Plano Star Courier
August 28, 2018**

Collin County, Texas

Bid Information

Bid Owner Sara Hoglund, CPPB Buyer II
Email shoglund@co.collin.tx.us
Phone (972) 548 x4104
Fax (972) 548 x4694

Bid Number 2018-340
Title Insurance, Life and Accidental
Death & Dismemberment
Bid Type RFP
Issue Date 08/28/2018
Close Date 9/20/2018 02:00:00 PM (CT)

Contact Information

Address 2300 Bloomdale Rd.
Ste. 3160
McKinney, TX 75071

Contact Sara Hoglund, CPPB Buyer II
Department Purchasing
Building Admin. Building
Floor/Room Ste.3160
Telephone (972) 548 x4104
Fax (972) 548 x4694
Email shoglund@co.collin.tx.us

Ship to Information

Address 2300 Bloomdale Rd.
Ste. 4117
McKinney, TX 75071

Contact
Department Human Resources
Building Admin. Building
Floor/Room Ste. 4117
Telephone
Fax
Email

Supplier Information

Company Name _____
Contact Name _____
Address _____

Telephone _____
Fax _____
Email _____

Supplier Notes

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called "offeror" is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and 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.

Signature _____

Date ____ / ____ / ____

Bid Notes

Bid Activities

Bid Messages

Bid Attachments

The following attachments are associated with this opportunity and will need to be retrieved separately

#	Filename	Description
Header	General_Instructions_Proposals.docx	General_Instructions_Proposals
Header	Terms_of_Contract_Proposals.docx	Terms_of_Contract_Proposals

Header	Insurance updated 1-26-2015.doc	Minimum Insurance Requirements
Header	4.0 to 8.0.doc	Specifications
Header	Attachment A_Questionnaire.docx	Attachment A - Life and AD&D Insurance Questionnaire
Header	Attachment B - RFP Questionnaire.xlsx	Attachment B - RFP Questionnaire
Header	Attachment C_Pricing Information.docx	Attachment C - Pricing Information
Header	Exhibit 1 - 2018 Supplemental Life Rates.pdf	Exhibit 1 - 2018 Supplemental Life Rates
Header	Exhibit 2 - 2017 Supplemental Life Rates.pdf	Exhibit 2 - 2017 Supplemental Life Rates
Header	Exhibit 3 - 2016 Supplemental Life Rates.pdf	Exhibit 3 - 2016 Supplemental Life Rates
Header	Exhibit 4 - 2015 Supplemental Life Rates.pdf	Exhibit 4 - 2015 Supplemental Life Rates
Header	Exhibit 5 - 2014 Supplemental Life Rates.pdf	Exhibit 5 - 2014 Supplemental Life Rates
Header	Exhibit 6 - 2017 Life Insurance Claims.pdf	Exhibit 6 - 2017 Life Insurance Claims
Header	Exhibit 7 - 2016 Life Insurance Claims.pdf	Exhibit 7 - 2016 Life Insurance Claims
Header	Exhibit 8 - 2015 Life Insurance Claims.pdf	Exhibit 8 - 2015 Life Insurance Claims
Header	Exhibit 9 - 2014 Life Insurance Claims.pdf	Exhibit 9 - 2014 Life Insurance Claims
Header	Exhibit 10 - Life Insurance Plan Document.pdf	Exhibit 10 - Life Insurance Plan Document
Header	Exhibit 11 - Basic Life Census as of 07012018.xlsx	Exhibit 11 - Basic Life Census as of 07/01/2018
Header	Exhibit 12 - Supplemental Life Census Employee as of 07012018.xlsx	Exhibit 12 - Employee Supplemental Life Census as of 07/01/2018
Header	Exhibit 13 - Dependent Life Census as of 07012018.xlsx	Exhibit 13 - Dependent Life Census as of 07/01/2018
Header	Exhibit 14 - Spouse Life Census as of 07012018.xlsx	Exhibit 14 - Spouse Life Census as of 07/01/02018
Header	Exhibit 15 - Life Experience Report.pdf	Exhibit 15 - Life Experience Report
Header	Exhibit 16 - Waiver Status Report.pdf	Exhibit 16 - Waiver Status Report
Header	Information Regarding Conflict of Interest Questionnaire - McAfee.docx	Information Regarding Conflict of Interest Questionnaire

Header	CIQ_113015.pdf	Conflict of Interest Questionnaire
Header	HB89 Verification.docx	HB89/Chapter 2270 Verification
Header	W9_2014.pdf	W-9

Bid Attachments Requested

The following attachments are requested with this opportunity

#	Required	Specified Attachment
1	YES	Proposal Response
2	YES	HB89
3	YES	W9

Bid Attributes

Please review the following and respond where necessary

#	Name	Note	Response
1	Delivery	<p>Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination.</p> <p>Please state delivery in calendar days from date of order.</p>	_____ (Required)
2	Exceptions	<p>Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.</p> <p>Valid Responses: [Please Select], Yes, No</p>	_____ (Required)
3	Insurance	<p>I understand that the insurance requirements of this solicitation are required and a certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract.</p> <p>Please initial.</p>	_____ (Required)
4	Subcontractors	<p>State the business name of all subcontractors and the type of work they will be performing under this contract.</p> <p>If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".</p>	_____ (Required)
5	Cooperative Contracts	<p>As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract.</p> <p>Would bidder be willing to allow other local governmental</p>	_____ (Required)

entities to participate in this contract, if awarded, under the same terms and conditions?

Valid Responses: [Please Select], Yes, No

6 Preferential Treatment

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). _____ (Required)

1. Is your principal place of business in the State of Texas?

2. If your principal place of business is not in Texas, in which State is your principal place of business?

3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage?

4. If your state favors resident bidders, state by what dollar amount or percentage.

7 Debarment Certification

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. _____ (Required)

Please initial.

8 Immigration and Reform Act

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. _____ (Required)

I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County.

Please initial.

9 Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. _____ (Required)

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104,

McKinney, TX 75071.

Please initial.

10 Anti-Collusion Statement

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. _____ (Required)

No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list.

Please initial.

11 Disclosure of Interested Parties

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. _____ (Required)

Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

Please initial.

12 Notification Survey

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. _____ (Required)

How did you receive notice of this request?
Valid Responses: [Please Select], Plano Star Courier, Plano Room, Collin County eBid Notification, Collin County Website, Other

13 Bidder Acknowledgement

Bidder acknowledges, understands the specifications, any and all addenda, and agrees to the bid terms and conditions and can provide the minimum requirements stated herein. Bidder acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid submittal resulting from Bidder's failure to do so. Bidder acknowledges the prices submitted in this Bid have been carefully reviewed and are submitted as correct and final. If Bid is accepted, vendor further certifies and agrees to furnish any and all products upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid. _____ (Required)

Please initial.

- 14 Proposer Acknowledgement _____ (Required)
- Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Request for Proposal.
- Please initial.
- 15 Cooperative Contract Name _____ (Required)
- State the cooperative contract name this quote is offered under. (i.e. TX DIR, TXMAS, TCPN, National IPA, Buyboard, TIPS/TAPS, etc.) If none, answer N/A.
- 16 Cooperative Contract Number _____ (Required)
- State the cooperative contract number this quote is offered under. If none, answer N/A.
- 17 Cooperative Contract Website _____ (Required)
- Please provide the website URL for the cooperative contract this quote is offered under. If none, answer N/A.

Line Items

#	Qty	UOM	Description	Response
1			Upload Attachment C - Pricing Information	\$ _____ (Optional) No Price

Supplier Notes: _____

1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Vendor/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.

1.0.1.4 RFP: refers to Request for Proposal.

1.0.1.5 CSP: refers to Competitive Sealed Proposal

1.1 If Offeror does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A submittal may not be withdrawn or canceled by the offeror prior to the ninety-first (91st) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Proposals/Submittals for any or all products and/or services covered in a Request For Proposal (RFP) and Competitive Sealed Proposal (CSP), and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All RFP's and CSP's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the RFP/CSP number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. RFP's and CSP's may be submitted in electronic format via Collin County eBid.

1.9 All Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted in hard copy paper form. RFP's, and CSP's received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the RFP/CSP, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to a Request for Proposal or Competitive Sealed Proposal and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the RFP/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountytx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Offeror's receipt of any addenda issued. Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Offeror shall state these exceptions in the section provided in the RFP/CSP or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.18 Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must meet the following minimum requirements:

1.18.1 have adequate financial resources, or the ability to obtain such resources as required;

1.18.2 be able to comply with the required or proposed delivery/completion schedule;

1.18.3 have a satisfactory record of performance;

1.18.4 have a satisfactory record of integrity and ethics;

1.18.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with it's preparation of a RFP/CSP submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

1.25 Offeror shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

2.0 TERMS OF CONTRACT

2.1 A proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of

\$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the proposal price. All components required to render the item complete, installed and operational shall be included in the total proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

- 2.20 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.
- 2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of proposal submission and time of award, the Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect/Enginner may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2270.001 of the Texas Government Code which states a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it: (1) does not boycott Israel; and, (2) will not boycott Israel during the term of the contract. By submitting a response to a Collin County solicitation, the vendor will be required to sign the Chapter 2270 Verification form prior to a recommendation of the contract. This Act is effective September 1, 2017.

2.38 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual RFP/CSP Solicitation documents as Special Terms, Conditions and Specifications.

3.0 INSURANCE REQUIREMENTS

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Professional/Errors & Omissions Liability** insurance with a two (2) year extended reporting period. If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

- Each Occurrence/Aggregate: \$1,000,000

3.1.5 **Umbrella/Excess Liability** insurance.

- Each Occurrence/Aggregate: \$1,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.2.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.2.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.3 All insurance shall be purchased from an insurance company that meets the following requirements:

3.3.1 A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.4.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.4.2 Sets forth the notice of cancellation or termination to Collin County.

4.0 EVALUATION CRITERIA AND FACTORS

4.1. The award of the contract shall be made to the responsible offeror whose proposal is determined to be the lowest and best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the RFP in accordance with Vernon's Texas Code Annotated, Local Government Code 262.030. The county reserves the right to determine the suitability of proposals based on all of these criteria.

The evaluation committee will review all proposals received by the proposal due date as part of a documented evaluation process. For each decision point in the process, the county will evaluate offerors according to specific criteria and will elevate a certain number of offerors to compete against each other.

Functionality, the ability to follow plan design, implementation support, on-going support, integration with county and other vendor services and technology, reliability, ease of use of software and other resources, and adaptability to new legislation, processes, and customer requirements will be extremely important in the evaluation/decision process. A strong track record for accurate and timely delivery of services to organizations comparable in size to Collin County, Texas, will be a significant factor in the award process.

The county will use a competitive process based upon "selection levels". The county recognizes that if an offeror fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining offerors or to elevate another offeror that was not elevated before. The selection levels are described in the following sections.

4.2. Selection Level 1 – Conformance with mandatory requirements

Documents required in section 6.3.4 and responses to Attachments A, B, and C shall be submitted as part of the proposal. Failure to provide these documents may deem vendor as non-responsive.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. Those offerors who do not meet all the requirements for the RFP may, at the discretion of the county, be contacted to submit the missing information within two business days. Incomplete or noncompliant RFPs may be disqualified.

4.3. Selection Level 2 – Clarification and Confirmation Communications

Offerors elevated to Level 2 will be asked to respond in writing to issues and questions raised by the county, as well as any other cost and implementation planning considerations in the proposal. Offerors may be invited to present their responses on-site, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the offeror simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the offeror to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting offerors will be notified of time and date. The county reserves the right to bypass Level 2 in the evaluation process and move directly to Selection Level 3.

4.4. Selection Level 3 – Detailed Proposal Assessment

The evaluation committee will conduct a detailed assessment of all proposals elevated to this Level.

Criteria evaluated in Level 3:

Factors	Points
Competitiveness of pricing and length of rate for services proposed (Attachment C)	25
Capability/willingness to provide benefit plan as described in proposal (Attachments A and B) (6.3.5, 6.3.7)	25
Financial stability and life insurance coverage experience (Section 6.3.4)	20
Demonstrated effectiveness of services provided to other companies similar in size to Collin County, including but not limited to quickness of responses, timeliness of check issue, determination of evidence of insurability, ability to assign benefits and references (Section 6.3.6)	15
Extent of electronic capability, such as electronic billing, enrollment, websites (Attachments A and B)	10
Willingness to provide a multi-year rate guarantee (Attachment C)	5
Total	100

The Evaluation committee may have additional clarification and confirmation communications during this level.

4.5. Selection Level 4 – Best and Final Offer

Offerors who are susceptible of receiving the award will be elevated to Level 5 for Best and Final Offer. Proposals will be re-evaluated based upon criteria in Levels 3 and 4. Offeror may be invited to present their responses on-site. Based on the information collected in this phase, a single offeror will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period of time deemed reasonable by the county, the county reserves the right to contact any of the other offerors that have submitted bids and enter into negotiations with them.

5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS

- 5.1. Overview: Collin County is conducting a vendor search to provide group benefits administration/insurance for Collin County’s employer provided Basic Life and Accidental Death & Dismemberment (AD&D), as well as Supplemental Employee, Spouse and Dependent Life. Collin County is requesting vendors propose on both basic and supplemental life coverage. Collin County desires to partner with a vendor who demonstrates a commitment to helping Collin County meet our objectives. This RFP provides for a contract(s) commencing on January 1, 2019.
- 5.2. ING/Voya Financial is the current carrier for the Basic Life, Accidental Death & Dismemberment, and Supplemental Employee, Spouse and Dependent Life plans. Active full-time employees, including elected officials, of Collin County are eligible to participate in the Collin County Basic Life; Accidental Death & Dismemberment; and Supplemental Employee, Spouse, and Dependent Life. State, part-time, temporary, intern, contract employees, and volunteers are not eligible to participate.
- 5.3. Currently, \$50,000 of Basic Life and AD&D coverage is provided at no cost to the employee. Collin County is also considering increasing basic life and AD&D coverage to 100% of annual salary **plus** \$50,000 or 150% of annual salary **plus** \$50,000. Supplemental employee, spouse, and dependent life is available to employees, but they are responsible for paying the entire cost of coverage.
- 5.4. Basic Life and Accidental Death & Dismemberment becomes effective on the first day of the month following ninety (90) days of service.

5.5. Supplemental Employee, Spouse, and Dependent Life insurance, if elected by the employee, becomes effective on the first day of the month following (90) days of service. Currently when an employee is hired, there is a guarantee issue on the following:

- County-provided basic life insurance,
- Dependent life insurance, and
- Supplemental employee life insurance for 100% or 200% of the employee's annual salary up to \$200,000. Employee supplemental life insurance in excess of \$200,000 up to the plan maximum of \$400,000 may require evidence of insurability.

5.6. As of July 1, 2018, there are 1,552 employees enrolled in the Basic Life and Accidental Death & Dismemberment coverage. There are 812 employees enrolled in Supplemental Employee Life, 654 employees enrolled in Supplemental Spouse Life, and 583 employees enrolled in Supplemental Dependent Life.

5.7. The following documents are attached for the offerors review:

- Exhibit 1 – 2018 Supplemental Life Rates
- Exhibit 2 – 2017 Supplemental Life Rates
- Exhibit 3 – 2016 Supplemental Life Rates
- Exhibit 4 – 2015 Supplemental Life Rates
- Exhibit 5 – 2014 Supplemental Life Rates
- Exhibit 6 – 2017 Life Insurance Claims
- Exhibit 7 – 2016 Life Insurance Claims
- Exhibit 8 – 2015 Life Insurance Claims
- Exhibit 9 – 2014 Life Insurance Claims
- Exhibit 10 – Life Insurance Plan Document
- Exhibit 11 – Basic Life Census as of 07/01/2018
- Exhibit 12 – Employee Supplemental Life Census as of 07/01/2018
- Exhibit 13 – Dependent Life Census as of 07/01/2018
- Exhibit 14 – Spouse Life Census as of 07/01/2018
- Exhibit 15 – Life Experience Report
- Exhibit 16 – Waiver Status Report

5.8. Authorization: By order of the Commissioner's Court of Collin County, Texas, sealed proposals will be received for RFP No. 2018-340 Insurance, Life and Accidental Death & Dismemberment.

5.9. Intent of Request for Proposal: Collin County's intent of this Request for Proposal (RFP) and resulting contract is to provide offerors with sufficient information to prepare an RFP response for Insurance, Life and Accidental Death & Dismemberment.

5.10. Schedule of Events:

RFP released:	August 28, 2018
Deadline for submission of vendor questions:	September 13, 2018 at 12:00 noon
Proposals due:	September 20, 2018 at 2:00 p.m.

Vendor(s) selected contract approved: October 2018, estimated

Effective date of contract: January 1, 2019

Collin County reserves the right to change the schedule of events, as it deems necessary.

5.11. Term: The County wishes to enter into contract(s) for three (3) years with the option of two (2) one (1) year renewals. Collin County shall be notified a minimum of one hundred and twenty (120) days prior to any changes to the contract. The County requests a minimum rate guarantee for three (3) years, any offeror providing definable limits on future renewals may receive preference.

Clearly indicate the method of calculating any increases for each period. The contract is to provide that changes in premium may only be instituted on a policy anniversary date and that the selected offeror must provide for notice of changes in premium at least one hundred and twenty (120) days before renewal.

As a governmental entity, Collin County adheres to a Request for Proposal (RFP) process and approval of Commissioners' Court. Therefore, changes and terminations to contracts require advance notice. If the offeror does not intend to continue the contract beyond the contract term, the offeror shall provide at least a 120-day notice of non-renewal.

5.12. Funding: Funds for payment have been provided through the Collin County budget, approved by the Commissioners' Court, for this fiscal year only. The State of Texas statutes prohibit the county from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

5.13. Rejection of Proposals: Collin County may:

- waive any defect, irregularity, or informality in any proposal;
- reject any proposal or any parts of any proposal;
- accept proposals from one or more offerors; or
- procure the services in whole or in part by other means.

5.14. Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.

5.15. Negotiations: Discussions may be conducted with responsible offerors who submit proposals determined to be possibly selected for award. Offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers. Offerors may be required to submit additional data during the process of any negotiations. Collin County reserves the right to negotiate the price and any other term with the offerors. Any oral negotiations shall be confirmed in writing prior to award.

5.16. County Assertion of Estimates: Any information herein is provided as an estimate of volume based on past history. This data is provided for the general information of vendors and is not guaranteed to be relied upon for future volumes.

- 5.17. Samples/Demos: When requested, samples/demos shall be furnished at no expense to Collin County.
- 5.18. Offeror Communication: Offerors are prohibited from communicating directly with any employee of Collin County, except as described herein. Collin County will not be responsible for verbal information given by any Collin County employee. The issuance of an addendum is the only official method whereby interpretation, clarification or additional information will be communicated and authorized.
- 5.19. Confidentiality: All completed and submitted proposals become the property of Collin County. Collin County may use the proposal for any purpose it deems appropriate. Prior to Collin County approval, the proposal material is considered as “draft” and is not subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. After approval by Collin County, the proposal material becomes part of the contract between the vendor and Collin County. Upon signing of a contract, proposals and contracts are subject to the State of Texas “Public Information Act”. If any information is to be considered proprietary, the Vendor must place it in a separate envelope and mark it “Proprietary Information”. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.
- 5.20. Binding Effect: This resulting agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Texas. Collin County’s RFP, the offeror’s proposal in response to the RFP and any additional negotiated conditions reduced to writing will become part of the final contract between the successful offeror and Collin County. This agreement then constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. By mutual agreement, the parties may, from time to time, promulgate scope of service documents to define the scope of services. Such scope of service documents will be incorporated into the contract agreement. Offeror acknowledges and agrees that it will perform its obligations hereunder in compliance with all applicable state, local or federal law, rules, regulations, and orders.

6.0 SUBMISSION REQUIREMENTS

- 6.1. Point of Contact: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Sara Hoglund, Buyer II.
- 6.2. Clarification or objection to proposal specification: If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may ask a question on Collin County ebid, <http://collincountytx.ionwave.net>, on or before SEVEN (7) DAYS PRIOR to the proposal due date a request for clarification. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted on Collin County ebid.
- 6.3. Proposal Documents: To achieve a uniform review process and to obtain a maximum degree of comparability, Collin County prefers that proposals be submitted online via <http://collincountytx.ionwave.net>. Offerors may also submit via hard copy with the following requirements.

If submitted manually, it shall be printed on letter-size (8-1/2”x 11”) paper and assembled with spiral-type bindings or staples. Responses should have clearly labeled tabs to assist in Collin County’s review. Do not use metal-ring hard cover binders. Paper copies should also be accompanied by an electronic copy of the information provided in a searchable format on a CD or flash drive.

All hardcopy proposals shall be addressed to:

Collin County Purchasing Department
Attn: Sara Hoglund, Buyer II
Collin County Administration Building
2300 Bloomdale, Suite 3160
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

SEALED PROPOSAL
INSURANCE, LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
RFP NO. 2018-340

6.3.1. Title Page and Table of Contents: Title page shall show the RFP subject, the offeror's name; the name, address, and telephone number of a contact person, the date of the proposal; and a list of all benefits, which your organization is bidding on with this proposal. The proposal shall include a Table of Contents detailing sections and corresponding page numbers.

6.3.2. Transmittal Letter: Offeror shall include a signed letter briefly addressing:

- the offeror's understanding of the insurance program being requested,
- the commitment to provide the coverage and services required,
- a statement explaining why the offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP.

6.3.3. Detailed Proposal: The detailed proposal must address the ability to provide services for each requirement as set forth in the RFP. Answer all questions fully, clearly, and concisely giving complete information. You may not modify the order or language of the question. **You must submit your response in the order that is provided in the RFP.**

Complete the attached documents:

- Attachment A – Life and AD&D Insurance Questionnaire
- Attachment B – RFP Questionnaire
- Attachment C – Pricing Information

6.3.4. Required Documents: The following documentation must be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements. **COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.**

- Sample Policy:
 - The offeror is required to submit with their proposal a sample policy that would be issued to Collin County if their proposal were selected for all insurance being proposed.
 - Please clearly notate any changes that will need to be made on the sample policy.

If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and control over any policy language.

- Please include a specimen policy that describes all of the exclusions and limitations that would apply to this group.
- Please provide specific information on what is covered under your AD&D policy.
- Financial Information:
 - Copies of your last two (2) audited financials including balance sheets and income statements.
 - Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.
 - A copy of the offeror's errors and omissions coverage.
- Staff Information:
 - The offeror must provide a resume and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect how long the staff member has been employed by the offeror, the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector, the location of the account manager and how many years of experience they have managing public sector accounts.
- Reporting Information:
 - Please provide a copy of the specific reports you provide regarding statistical reporting information in the standard reporting package.
 - Please provide any other reports that are available but not included in the standard package.
- Additional Information:
 - Please provide samples of your current life and AD&D claim forms, evidence of insurability applications, and any other pertinent forms.
 - Please provide a copy of your business agreement and any documentation or agreements relating to HIPAA that would pertain to Collin County.
 - Please submit a copy of your cyber insurance coverage.
 - Offerors should submit information describing in detail their qualifications, experience, and capabilities. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.

6.3.5. Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County's current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed consistent with Collin County's current program.

6.3.6. Offeror References: References in each category should be unique clients. The offeror shall furnish the following reference information:

- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the last three (3) clients, with at least 1,000 lives, who have terminated coverage with your organization in the last six (6) months. If there have been less than three (3) terminations in the last six (6) months, please provide information on the last three (3) terminated clients of at least 1,000 lives.
- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for three (3) new clients, with at least 1,000 lives, who have added coverage with your organization between January and May of this year. If there have been less than three (3) new clients in this time frame, please provide information on the last three (3) new clients of at least 1,000 lives who added coverage.
- The name and address of the organization, as well as the name, position, email, and telephone number of the contact in the referred organization, for the three (3) public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one (1) year.

Collin County may contact or visit any listed representative to evaluate the services proposed.

6.3.7. Additional Information: Please include any additional information, which may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what the best overall package is for Collin County.

6.4. Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted regarding the RFP between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any County employee or official other than those indicated in this RFP.

6.4.1. Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees you are receiving or paying to a third party.

6.4.2. Each offeror may only submit one (1) proposal. Collin County will not accept multiple proposals from an offeror (i.e. ABC Company and DEF Company cannot both submit an Aflac proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.

6.4.3. The offeror shall state any and all costs outside of the monthly administration fees such as one-time startup costs. Services which are add-on and which have an additional fee must be clearly notated.

7.0 PLAN DESIGN INFORMATION

7.1. Current Plan Design:

Listed below is information on the county's current plan design. Collin County requests the proposal(s) be made on the current plan design as well as an additional two as outlined in Attachment C – Pricing

Information.

7.1.1. Life Coverage Amounts

Benefit	Current Coverage
Basic Life and AD&D - Employees	\$50,000/\$50,000
Supplemental Life - Employees	100% or 200% of gross annual salary, rounded to the next higher multiple of \$1,000. Maximum benefit is \$400,000.
Spouse Life	\$5,000
Dependent Life	
Children 6 months to 23 years	\$2,000
Children 14 days to 6 months	\$100

7.1.2. Accidental Death & Dismemberment Coverage Amounts

Benefit	Current Coverage
AD&D- Employees	\$50,000
Loss of:	Amount :
Life	\$50,000
Both Hands	\$50,000
Both Feet	\$50,000
Sight of Both Eyes	\$50,000
One Hand and One Foot	\$50,000
One Hand and Sight of One Eye	\$50,000
One Foot and Sight of One Eye	\$50,000
Speech and Hearing	\$50,000
Quadriplegia	\$50,000
Paraplegia	\$37,500
One Hand	\$25,000
One Foot	\$25,000
Sight of One Eye	\$25,000
Speech	\$25,000
Hearing	\$25,000
Hemiplegia	\$25,000
Thumb and Index Finger of the Same Hand	\$12,500

7.1.3. Policy Provisions

7.1.3.1. Effective Date of Insurance – First of the month following 90 days of active service

7.1.3.2. Termination Date – Day after the employee’s employment ends

- 7.1.3.3. Employees pay premiums based up on their age as of January 1st of each year on supplemental coverage.
- 7.1.3.4. Basic and supplemental life age reductions – There is a reduction in coverage to 65% at age 65 and a reduction to 50% at age 70. Current employees that reach these limiting ages have their reduction occur in the calendar year in which they obtain age 65 or age 70.
 - 7.1.3.4.1. New employees already in the limiting age categories have the reduced coverage upon enrollment.
- 7.1.3.5. The supplemental life guarantee issue amount is \$200,000.
- 7.1.3.6. Employees are able to enroll in spouse or dependent supplemental life coverage without electing the employee supplement life coverage.
- 7.1.3.7. Unmarried dependent children should be covered through the end of the month in which they turn 26.
- 7.1.3.8. The county pays the entire cost of the Basic Life and AD&D based on total volume of coverage. Currently, Collin County pays \$0.068 per \$1000 of coverage.
- 7.1.3.9. Evidence of Insurability Requirements – Listed below are the evidence of insurability requirements. Any changes to these requirements, as with any change, must be clearly notated in the Exceptions section (8.0).
 - 7.1.3.9.1. Basic Life and AD&D – Basic Life and AD&D does not have any evidence of insurability requirements for new hires.
 - 7.1.3.9.2. Employee Supplemental Life – New employees who elect employee supplemental life during their initial 30-day new hire period are not required to complete evidence of insurability unless their election amount is greater than the guarantee issue amount of \$200,000. Insurance coverage does not begin until the first of the month following 90 days of service, and therefore, the employee and county shall not be billed for the coverage until the effective date even if a decision is made prior to then. Currently, Collin County’s insurance provides guaranteed issue for amounts up to \$200,000. Coverage over the guaranteed issue amounts and up to the maximum amount (currently \$400,000) may require evidence of insurability.
 - 7.1.3.9.2.1. During Collin County’s annual enrollment period, employees who are already enrolled in supplemental life coverage can elect to decrease or increase their coverage without providing evidence of insurability, unless the new insurance amount exceeds the guaranteed issue amount of \$200,000. In that case, an employee is required to submit an evidence of insurability form for approval for the amount above \$200,000.
 - 7.1.3.9.2.2. If an employee is not enrolled in supplemental life immediately prior to Collin County’s annual enrollment period, the employee is required to submit an evidence of insurability form for approval.
 - 7.1.3.9.3. Spouse Supplemental Life – New employees who elect spouse supplemental life

during their initial 30-day new hire period are not required to have their spouse complete evidence of insurability.

7.1.3.9.3.1. During Collin County’s annual enrollment period, employees who elect spouse supplemental life coverage are not required to have their spouse complete evidence of insurability.

7.1.3.9.4. Dependent Supplemental Life – New employees who elect dependent supplemental life coverage during their initial 30-day new hire period are not required to have their dependent complete evidence of insurability.

7.1.3.9.4.1. During Collin County’s annual enrollment period, employees who elect dependent supplemental life coverage are not required to have their dependent complete evidence of insurability.

8.0 EXCEPTIONS

8.1. Instructions for completing section:

The exception table shall be completed for any exception from requirements identified in this RFP. Please complete the following worksheet listing any and all exceptions from the information outlined in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 8.0, it is understood that the offeror has agreed to all RFP requirements. The response will be considered as confirmed even if it is listed elsewhere as an exception.

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED AND FAILURE TO PROVIDE THE INFORMATION IN THE ORDER REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.

ATTACHMENT A – LIFE AND AD&D INSURANCE QUESTIONNAIRE

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

1. GENERAL QUESTIONS

1.1

S&P Rating	
AM Best Rating	

1.2 Do you have any current or pending litigation against your organization or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County? If yes, identify by court and case number.

1.3 Describe the process that is to be followed when implementing coverage including a detailed timeline for each step that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action.

1.4 Describe the information you will need from Collin County in order to properly administer our account.

1.5 What is the average length of time it takes to approve an application for coverage?

1.6 Describe the process for assigning death benefits.

1.7 Describe how you manage claims in which the participant and their primary beneficiary become deceased simultaneously and contingent beneficiaries: a) may not have the necessary information to complete the claim, and/or b) the beneficiaries are under age 18 and a custodian has not been designated.

1.8 Describe the procedures that are followed when a contract terminates.

2. REPORTING QUESTIONS

2.1 Please describe the type of information that can be accessed/updated through the offeror’s computer software/internet and the system security measures in place.

2.2 Please describe the type of reports that can be accessed through the offeror’s computer software/internet.

2.3 In regards to reports that are not included in the standard package, how are they requested? Can all of these reports be provided electronically?

2.4 In regards to the specific reports you provide (as outlined in the reporting information category of section 6.3.4 of the RFP), indicate how frequently each of these reports are processed and if it is possible for the county to log onto a secure website and run these reports without assistance from the offeror.

3. PLAN DESIGN/ADMINISTRATION

3.1 Describe your process if a new hire requests coverage in excess of the guarantee issue amount. Is the employee automatically covered up to the guarantee issue amount? When does the amount greater than the guarantee issue amount become effective? When does billing begin for an individual requesting an

amount greater than the guaranteed issue amount? (I.e. first of the month following approval – so if approved on April 29th, premium payments would begin on May 1st.) How is the county notified of the approval?

3.2 Describe the information that you will request from Collin County in order to process claims. If there is a specific form, provide a copy of the form. Where are claims processed? Describe any additional information or materials you may require in order to process claims for payment.

3.3 If basic life, AD&D, and supplemental life coverages are not payable at death for all causes while insured, list the specific causes of death that are not payable. Describe any other limitations/exclusions that would result in non-payment of benefits.

3.4 Describe the appeal procedures in place for plan participants/beneficiaries.

3.5 Provide details of the average claim processing time as well as your claims processing and accuracy standards versus actual results for 2017 and 2016.

3.6 Provide specific information on how you handle providing interest credit on life insurance benefit disbursements.

Attachment B - RFP Questionnaire

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (8.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Do you agree the contract shall reflect the intent of this RFP and if there is a variance between the two, the RFP will prevail? If the contract does not address an issue covered by the RFP, terms and commitments agreed to in the RFP will be applicable.			
2	Do you agree to list and clearly detail any coverage or service that will not be provided as requested in writing in section 8.0 Exception? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.			
3	Do you agree if no exceptions or alternate responses are listed in the Exceptions section (8.0), it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other parts of your response? The offeror will be held strictly responsible for all information contained in the Request for Proposal.			
4	Do you agree that at any time during normal business hours, and as often as the county may deem necessary, to make available to representatives of the county for examination all of your records with respect to all matters covered by the resulting contract, and will permit such representatives of the county to audit, examine, copy, and make excerpts or transcripts from such records, and to make audits of all claims and other data related to all matters covered by the resulting contract all for a period of three (3) years from the date of final settlement of contract or longer period, if any, as may be required by applicable statute or other lawful requirements?			
5	Proposals submitted will be presumed to be in compliance with all applicable laws. Do you agree to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed?			
6	Do you agree to adjust the plan to comply with current and future legislation?			

7	Do you agree to indemnify, hold, and save the county, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by Collin County or person as a result of the negligent, reckless, or willful acts of omissions by your organization, its officers, agents or employees?			
8	Do you agree not to give away or sell employee data, even "de-identified" data, with or without employee consent?			
9	The offeror acknowledges that it complies with HIPAA standards and has security measures and cyber insurance to protect Collin County and the data maintained in the offeror's electronic systems.			
10	If during the life of the contract, the offeror's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, the offeror agrees that the benefits of such reduction shall be extended to Collin County.			
11	Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not negatively affect the prices of any of the remaining services provided.			
12	The offeror agrees to provide Collin County a minimum of one hundred and twenty (120) day notice prior to any changes to the contract, policy, or condition that effects services.			
13	The offeror agrees that changes in premium may only be instituted on a policy anniversary date.			
14	The offeror agrees that if a change in premium is to occur, notification will be provided to Collin County a minimum of one hundred and twenty (120) days prior to renewal.			
15	The offeror agrees that any written communication regarding the administration sent by the offeror to Collin County will be mailed within two (2) days from the date listed on the letter.			
16	The offeror agrees that Collin County has the right to approve all communications and correspondence prior to being sent to our employees. The offeror may not send any written materials, including SPD Booklets and certificates of coverage, to any employee without the review and approval by Collin County unless a prior written release has been received.			
17	The offeror agrees to be responsible for preparing and providing to Collin County for review and approval, a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures. Administrative manual should be submitted to Collin County no later than sixty (60) days after contract becomes effective.			
18	The offeror agrees to provide SPD booklets and certificates of coverage in electronic formats and at no additional cost.			
19	The offeror agrees to mail SPD booklets and certificates of coverage directly to employees when requested by Collin County.			
20	The offeror agrees to provide an electronic file format within twenty (20) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.			

21	The offeror agrees to be fully responsible for preparation and dissemination of any information to be sent to the IRS.			
22	If penalties are assessed because of incorrect or late filings by the offeror, the offeror will be responsible for any such assessments and will hold the county harmless.			
23	Collin County allows employees to maintain and update their beneficiary designations in PeopleSoft. The offeror agrees to accept electronic enrollments and beneficiary designations.			
24	The offeror agrees to provide a minimum of one (1) representative for up to a minimum of five (5) days to assist county benefits staff during any and all annual enrollment meetings to answer questions and assist with the completion of any necessary paperwork.			
25	The offeror agrees that Collin County may have a new account manager assigned to the account at any time, for any reason.			
26	The offeror agrees to be responsible for receiving claims and the complete calculation of the benefits payable, including investigation, preparation, and the drawing and mailing of checks.			
27	Are claim forms, evidence of insurability applications, and any other pertinent forms available in electronic format?			
28	Does the offeror agree to make changes to their forms as requested by Collin County?			
29	The offeror agrees to notify employees within fifteen (15) days from receipt of an application of any additional information that the employee may need to provide.			
30	The offeror agrees to issue a decision within thirty (30) days from the date a completed application is received.			
31	Will you agree to review and make a determination regarding complex beneficiary designations within thirty (30 days)?			
32	The selected offeror agrees it will be responsible for all claims incurred on or after the effective date of January 1, 2019, and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
33	Will the offeror process an assignment of benefits? Please provide copies of any paperwork that may be required.			
34	Do you agree that individuals who previously elected insurance at a specific coverage amount do not have to meet evidence of insurability requirements if there is no change in their election but their salary increases beyond the guarantee issue amount of \$200,000 yet remains under the plan maximum of \$400,000?			
35	The offeror agrees that all covered employees and their covered dependents shall not lose or gain benefits as a result of a change in insurance carriers. This is commonly referred to as "No loss/No gain".			
36	The offeror will provide coverage that includes all employees and dependents regardless of "active at work" status.			
	The definition of "actively at work" will include the following:			
	A) Employees at work on a full-time basis, either at Collin County's place of business or any other place Collin County may require them to go			

37	B) Employees in a paid status such as paid time off (PTO), catastrophic time off (CTO), jury duty, administrative leave, or compensatory leave			
	C) Unpaid absences of one year or less in which the individual remains employed			
	D) Employees on family and medical leave			
	E) Employees who have exhausted their Family and Medical Leave entitlement but are still receiving compensation from Collin County			
	F) Employees who are on disability leave			
	G) Employees who are on leave through Workers' Compensation			
	H) Employees continuing coverage while on military leave			
	I) Employees who did not continue coverage while on military or FMLA leave but have since returned to work and are covered under the plan			
	J) Any coverage required by state or federal law			
38	The offeror agrees to provide coverage for "late entrants" into Collin County's life plans, such as new hires and those employees or dependents who experience a qualifying life event.			
39	Will you review and approve evidence of insurability within thirty (30) days for late entrants?			
40	The offeror agrees to cover any employees who are currently disabled but do not meet waiver of premium under the current carrier.			
41	Do the supplemental life coverages (employee, spouse, and dependents) include waiver of premium?			
42	Do the supplemental life coverages (employee, spouse, and dependents) include a conversion or portability privilege at termination? If yes, please describe and identify the associated costs in Attachment C- Pricing Information, question 1.2.			
43	Will you process all requests for conversion/portability within thirty (30) days?			
44	Are basic life, AD&D, and supplemental life coverages payable at death for any cause while insured?			
45	The offeror agrees to not charge against the plan experience any claim payment not authorized under the life policy (except those specifically authorized in writing by the county).			
46	If the offeror makes a claim payment not authorized under the life policy, the offeror agrees to be responsible for all collections, plan reimbursement expenses, and any legal expenses resulting from claim payments not authorized under the county's policy.			
47	The offeror agrees that if a denial of benefits is made, it will provide both the county and the employee a written letter within thirty (30) calendar days indicating the exact reason for the denial as well as the appeal process and timeframes.			
48	If coverage is denied due to an unintentional error or omission on the part of Collin County, the offeror will still provide coverage if coverage would have been provided had the unintentional error or omission not occurred.			
49	The offeror agrees to provide the county with statistical reporting information on life claims.			
50	The offeror agrees to provide ad hoc reports at no additional cost and/or the ability for the county to run ad hoc reports from the offeror's website.			

51	If the offeror must generate a requested reports, the offeror will provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.			
52	The offeror agrees that should the nature of the additional reports warrant compensation beyond the bounds of this contract, the report shall be provided at a cost mutually agreeable between the County and the offeror. It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not approved prior, Collin County will not be responsible for the cost of producing the report.			
53	The offeror agrees to provide county employees training that is necessary to operate the offeror's computer software. This also includes any other training such as reporting training that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.			
54	The offeror agrees to provide a monthly report showing claim payments made during the month as well as an annual report showing claim payments made during the calendar year.			
55	The offeror agrees to, at any time during the contract/agreement, supply necessary current and historical data (as determined by Collin County) for inclusion in the next request for proposal at no cost to Collin County. Provision of such data will be provided according to the specifics requested by Collin County. The offeror agrees to provide data within 15 business days of the request.			
56	The offeror agrees Collin County will be responsible for determining member eligibility.			
57	Collin County self-bills based upon eligible employee count. The offeror agrees to accept Collin County's self-billing each month. Any billing-related documents will be provided to Collin County in electronic format.			
58	Collin County has a standard process for payment of all vendors which requires a 60-day payment grace period from due date of payment. Offeror agrees to the sixty (60)-day grace period.			
59	Offer agrees that bill payment may be made by either wire or check.			
60	The offeror agrees that if the offeror believes there is an outstanding balance, the offeror will research any outstanding balances to determine if it is truly owed before sending Collin County a notice of termination or non-payment.			
61	The offeror agrees to notify Collin County of any billing/payment issues within one hundred twenty (120) days from the date the check was submitted to the offeror. Notice will be made in writing. Any billing/payment issues presented to the county after the one hundred twenty (120)-day date will not be reviewed or owed.			
62	A notice of cancellation due to error, omission, or payment issue will include a detailed explanation and at least twenty (20) days for Collin County to remedy the situation.			
63	If the offeror does not intend to continue the contract beyond the contract term, the offeror agrees to provide notification to Collin County a minimum of one hundred and twenty (120) days prior to contract termination.			
64	Are there penalties or charges that would apply as a result of contract termination on the anniversary date? If "Yes", describe and identify the penalties or charges in Attachment C - Pricing Information, question 1.3.			

65	<p>Are there penalties or charges that would apply as a result of contract termination off anniversary/early termination? If "Yes", describe and identify the penalties or charges in Attachment C - Pricing Information, question 1.3.</p>			
66	<p>Do you agree that Collin County reserves the right to cancel the contract at any time for any reason? If the contract is cancelled by Collin County, services will terminate after a thirty (30)-day termination notice has been provided by Collin County.</p>			
67	<p>The offeror agrees to provide a toll free number to Collin County administration and our employees to be used for claims or other service issues.</p>			
68	<p>Are customer services representatives available to county employees between 8:00 am and 7:00 pm Central Standard Time Monday through Friday. If representatives are not available as specified above, provide information on their availability in the Exceptions section (8.0).</p>			
69	<p>The offeror agrees to respond to county telephone calls and e-mail communications within one (1) business day.</p>			

ATTACHMENT C – PRICING INFORMATION

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

1. FINANCIAL INFORMATION

1.1 For reports that are not included in the standard package, please indicate the cost to produce them.

1.2 Explain any portable option for employee supplemental life insurance. How does this portable option affect your quoted rates for supplemental life? What is the duration of group rates after separation from employment? How are separated employees rated (e.g., group rates, at standard term rates, etc.)? Provide details of what the cost would be to the employee and Collin County if an employee chose to covert or port their policy.

1.3 If you offer accelerated death benefits, please describe (e.g., eligibility, etc.) and indicate the impact this provision would have on the rate quoted.

1.4 Please list any penalties or charges that would apply as a result of contract termination on the anniversary date and any that may apply as a result of contraction termination off the anniversary date/early termination.

2. PROPOSED RATES

2.1 Please note that the rates provided by the offeror must be equal to IRS imputed income guidelines so as not to incur imputed income charges.

2.2 Basic Life and AD&D Insurance Premium Rates

2.2.1 Current Plan Design – Basic Life and AD&D \$50,000/\$50,000
 Monthly Rates Per \$1,000 of coverage

	2019	2020	2021	2022	2023
Life	\$	\$	\$	\$	\$
AD&D	\$	\$	\$	\$	\$

2.2.2 Proposed Plan Design – Basic Life and AD&D 100% of annual salary **plus** \$50,000
 Monthly Rates Per \$1,000 of coverage
 Maximum coverage amount of \$300,000

	2019	2020	2021	2022	2023
Life	\$	\$	\$	\$	\$
AD&D	\$	\$	\$	\$	\$

2.2.3 Proposed Plan Design – Basic Life and AD&D 150% of annual salary **plus** \$50,000
 Monthly Rates Per \$1,000 of coverage
 Maximum coverage amount of \$400,000

	2019	2020	2021	2022	2023
Life	\$	\$	\$	\$	\$
AD&D	\$	\$	\$	\$	\$

2.2.3.1 Clearly indicate the method of calculating the increase for each period in your response above.

2.3 Supplemental Life Insurance Premium Rates

2.3.1 Current Plan Design

Monthly Rates Per \$1,000 of coverage
 Maximum coverage amount of \$400,000

Age	2019	2020	2021	2022	2023
Under 25	\$	\$	\$	\$	\$
25-29	\$	\$	\$	\$	\$
30-34	\$	\$	\$	\$	\$
35-39	\$	\$	\$	\$	\$
40-44	\$	\$	\$	\$	\$
45-49	\$	\$	\$	\$	\$
50-54	\$	\$	\$	\$	\$
55-59	\$	\$	\$	\$	\$
60-64	\$	\$	\$	\$	\$
65-69	\$	\$	\$	\$	\$
70+	\$	\$	\$	\$	\$

2.3.2 Proposed Plan Design

Monthly Rates Per \$1,000 of coverage
 Maximum coverage amount of \$400,000

Age	2019	2020	2021	2022	2023
Under 25	\$	\$	\$	\$	\$
25-29	\$	\$	\$	\$	\$
30-34	\$	\$	\$	\$	\$
35-39	\$	\$	\$	\$	\$
40-44	\$	\$	\$	\$	\$
45-49	\$	\$	\$	\$	\$
50-54	\$	\$	\$	\$	\$
55-59	\$	\$	\$	\$	\$
60-64	\$	\$	\$	\$	\$
65-69	\$	\$	\$	\$	\$
70+	\$	\$	\$	\$	\$

2.4 Supplemental Spouse and Dependent Life Insurance Premium Rates

	2019	2020	2021	2022	2023
Spouse	\$	\$	\$	\$	\$

Dependent	\$	\$	\$	\$	\$
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2.4.1 Please indicate if the quoted rates for supplemental spouse and dependent life is per \$1,000 of coverage or a flat monthly premium.

3. PERFORMANCE GUARANTEES

3.1 The following are the performance guarantees Collin County is proposing for the Basic Life, AD&D and Supplemental Life plans. Review carefully, and note in writing in the Exceptions section (8.0) of the RFP any areas with which you do not agree. Alternate standards will be reviewed if submitted with quote. The following standards will become part of the contract unless both parties agree to changes. The following standards are to be measured on an ongoing basis for only Collin County business.

3.2 Life Claims Service - 90% of claim applications processed within ten (10) days from the date of receipt of claim application. The remaining 10% may be processed within thirty (30) days from the date of receipt of claim application.

3.3 Life Claims Service - 90% of all calls received from Collin County employees should be returned within a six (6)-business hour response period. The remaining 10% may be returned within eight (8) business hours.

3.4 Measurement - The offeror will prepare quarterly service summary reports for the immediately preceding calendar quarter within sixty (60) days after the end of that quarter. These reports will be based on the service results of the performance guarantees listed above.

3.5 Refund - The offeror will refund to Collin County \$2,000 for each of the claims performance guarantees not met on a yearly basis. Should a refund be necessary, it will be made no later than sixty (60) days after the end of the contract year. Calculation of performance measures is based strictly on Collin County data.



Collin County
Employee Supplemental Life Insurance Rate Sheet
Effective January 1, 2018

Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

Age (Age as of December 31, 2017)	Employee Rates
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44*	\$0.10*
45-49	\$0.15
50-54	\$0.25
55-59	\$0.50
60-64	\$0.75
65-69	\$1.27
70 +	\$2.06

How to Determine Your Supplemental Term Life Monthly Cost of Insurance
(Age is calculated using your age as of December 31, 2018; elect 1x or 2x's annual salary)

EXAMPLE	
For illustrative purposes only, consider a 42 year old* with annual earnings of \$24,600 : Two times \$24,600, rounded to the next higher \$1,000 , equals a coverage amount of \$50,000*	
STEPS TO FOLLOW:	
1. Indicate your amount of coverage.	\$50,000
2. Locate your age on the rate chart above and note the corresponding monthly rate.	42 years old \$0.10 monthly rate per \$1,000
3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.	\$50,000 ÷ \$1,000 = 50 50 X \$0.10 = \$5.00 Total Monthly Cost: \$5.00

* is used to highlight the numbers used in the calculation example above.

Supplemental Term Life (Spouse and Dependent)

	Spouse Term Life	Dependent Term Life (up to age 26)
Policy Amount	\$5,000	\$2,000
Monthly Premium	\$1.00	\$0.24
Per Pay Period Premium	\$0.50	\$0.12

NOTE: Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.



Collin County
Employee Supplemental Life Insurance Rate Sheet
Effective January 1, 2017

Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

Age (Age as of December 31, 2015)	Employee Rates
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44*	\$0.10*
45-49	\$0.15
50-54	\$0.25
55-59	\$0.50
60-64	\$0.75
65-69	\$1.27
70 +	\$2.06

How to Determine Your Supplemental Term Life Monthly Cost of Insurance
(Age is calculated using your age as of December 31, 2015; elect 1x or 2x's annual salary)

EXAMPLE	
For illustrative purposes only, consider a 42 year old* with annual earnings of \$24,600 : Two times \$24,600, rounded to the next higher \$1,000 , equals a coverage amount of \$50,000*	
STEPS TO FOLLOW:	
1. Indicate your amount of coverage.	\$50,000
2. Locate your age on the rate chart above and note the corresponding monthly rate.	42 years old \$0.10 monthly rate per \$1,000
3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.	\$50,000 ÷ \$1,000 = 50 50 X \$0.10 = \$5.00 Total Monthly Cost: \$5.00

* is used to highlight the numbers used in the calculation example above.

Supplemental Term Life (Spouse and Dependent)

	Spouse Term Life	Dependent Term Life (up to age 26)
Policy Amount	\$5,000	\$2,000
Monthly Premium	\$1.00	\$0.24
Per Pay Period Premium	\$0.50	\$0.12

NOTE: Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.



Collin County
Employee Supplemental Life Insurance Rate Sheet
Effective January 1, 2016

Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

Age (Age as of December 31, 2015)	Employee Rates
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44*	\$0.10*
45-49	\$0.15
50-54	\$0.25
55-59	\$0.50
60-64	\$0.75
65-69	\$1.27
70 +	\$2.06

How to Determine Your Supplemental Term Life Monthly Cost of Insurance
(Age is calculated using your age as of December 31, 2015; elect 1x or 2x's annual salary)

EXAMPLE	
For illustrative purposes only, consider a 42 year old* with annual earnings of \$24,600 : Two times \$24,600, rounded to the next higher \$1,000 , equals a coverage amount of \$50,000*	
STEPS TO FOLLOW:	
1. Indicate your amount of coverage.	\$50,000
2. Locate your age on the rate chart above and note the corresponding monthly rate.	42 years old \$0.10 monthly rate per \$1,000
3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.	\$50,000 ÷ \$1,000 = 50 50 X \$0.10 = \$5.00 Total Monthly Cost: \$5.00

* is used to highlight the numbers used in the calculation example above.

Supplemental Term Life (Spouse and Dependent)

	Spouse Term Life	Dependent Term Life (up to age 26)
Policy Amount	\$5,000	\$2,000
Monthly Premium	\$1.00	\$0.24
Per Pay Period Premium	\$0.50	\$0.12

NOTE: Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.



Collin County
Employee Supplemental Life Insurance Rate Sheet
Effective January 1, 2015

Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

Age (Age as of December 31, 2015)	Employee Rates
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44*	\$0.10*
45-49	\$0.15
50-54	\$0.25
55-59	\$0.50
60-64	\$0.75
65-69	\$1.27
70 +	\$2.06

How to Determine Your Supplemental Term Life Monthly Cost of Insurance
(Age is calculated using your age as of December 31, 2015; elect 1x or 2x's annual salary)

EXAMPLE	
For illustrative purposes only, consider a 42 year old* with annual earnings of \$24,600 : Two times \$24,600, rounded to the next higher \$1,000 , equals a coverage amount of \$50,000*	
STEPS TO FOLLOW:	
1. Indicate your amount of coverage.	\$50,000
2. Locate your age on the rate chart above and note the corresponding monthly rate.	42 years old \$0.10 monthly rate per \$1,000
3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.	\$50,000 ÷ \$1,000 = 50 50 X \$0.10 = \$5.00 Total Monthly Cost: \$5.00

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Collin County
Employee Supplemental Life Insurance Rate Sheet
Effective January 1, 2014

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How to Determine Your Supplemental Term Life Monthly Cost of Insurance
(Age is calculated using your age as of December 31, 2014; elect 1x or 2x's annual salary)

EXAMPLE	
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STEPS TO FOLLOW:	
1. Indicate your amount of coverage.	\$50,000
2. Locate your age on the rate chart above and note the corresponding monthly rate.	42 years old \$0.10 monthly rate per \$1,000
3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.	$\begin{aligned} & \$50,000 \div \$1,000 = 50 \\ & 50 \times \$0.10 = \$5.00 \\ & \text{Total Monthly Cost: } \mathbf{\$5.00} \end{aligned}$

NOTE: Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.

* is used to highlight the numbers used in the calculation example above.

INFORMATION REGARDING CONFLICT OF INTEREST QUESTIONNAIRE

During the 79th Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84th Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytx.gov/government/Pages/officials.aspx>

The following County employees will be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Cynthia Jacobson, HR Director

Lisa Meyer, Assistant HR Director

Delana David, Senior Benefits Representative

Purchasing:

Michalyn Rains, CPPO, CPPB – Purchasing Agent

Michelle Charnoski, CPPB – Asst. Purchasing Agent

Sara Hoglund, CPPB – Buyer II

Commissioners' Court:

Keith Self – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

John Thomas – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

CHAPTER 2270 VERIFICATION

I, _____, the undersigned representative of
(PRINT NAME)

(COMPANY)

do hereby verify that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

TITLE

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
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or											
Employer identification number											
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.