



COLLIN COUNTY

Insurance, Group Long Term Care RFP 2017-360

**Geri Osinaike, Senior Buyer
Jack Hatchell Administration Building
2300 Bloomdale Road, Ste. 3160
McKinney, TX 75071
(P) 972-548-4107 (F) 972-548-4694
gosinaike@co.collin.tx.us**

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, sealed proposals will be received by the Purchasing Agent, 2300 Bloomdale Road, Suite 3160, McKinney, TX 75071, until **2:00 P.M., Thursday, November 9, 2017** for Request for Proposal **Insurance, Group Long Term Care RFP No. 2017-360, Court Order**. Proposers shall use lump sum pricing or unit pricing as needed for the services. Funds for payment have been provided through the Collin County budget approved by the Commissioner's Court for this fiscal year only. Proposers may obtain detailed specifications and other documents at Office of the Purchasing Agent: Collin County Administration Building, 2300 Bloomdale, Suite 3160, McKinney, TX 75071, 972-548-4165, or by going to: <http://collincountytx.ionwave.net>. Sealed proposals will be opened on **Thursday, November 9, 2017 at 2:00 P.M.** by the Purchasing Agent, 2300 Bloomdale, Suite 3160, and McKinney, TX 75071. The Commissioners' Court reserves the right to reject any and all proposals.

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ATTENTION: CLASSIFIEDS
BILL TO: ACCOUNT NO 06100315-00
COMMISSIONERS' COURT

NOTICE TO PUBLISHERS: Please publish in your issue on **Thursday, October 19, 2017** and **Thursday, October 26, 2017**. A copy of this notice and the publishers' affidavit must accompany the invoice when presented for payment.

NEWSPAPER: Plano Star Courier
DATE: October 17, 2017
FAX: 972-529-1684

Collin County, Texas

Bid Information

Bid Owner Geri Osinaike, CPPO, CPPB
Senior Buyer
Email gosinaike@co.collin.tx.us
Phone (972) 548-4107
Fax (972) 548-4694

Bid Number 2017-360
Title Insurance, Group Long Term Care
Bid Type RFP
Issue Date 10/17/2017
Close Date 11/9/2017 02:00:00 PM (CT)

Contact Information

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

Contact Geri Osinaike, CPPO, CPPB Senior
Buyer
Department Purchasing
Building Admin. Building
Floor/Room Ste.3160
Telephone (972) 548-4107
Fax (972) 548-4694
Email gosinaike@co.collin.tx.us

Ship to Information

Address

Contact
Department
Building
Floor/Room
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

Date	Name	Description
10/27/2017 04:00 PM (CT)	Deadline to Submit Questions	Deadline to Submit Questions Tuesday October 27, 2017 at 4:00 pm.
10/27/2017 04:00 PM (CT)	Intent to Submit Proposal	Do you intend to submit a proposal?

Bid Messages

Bid Attachments

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

#	Filename	Description
Header	Cover Sheet 2017-360.pdf	Cover
Header	Legal Notice - Insurance, Long Term Care RFP 2017-360.pdf	Legal Notification
Header	Bid Doc 10-6.pdf	Bid Package (Complete if submitting manual bid)
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	Specification 10-6 Final.pdf	Specification
Header	Attachment A_Long Term Care Questionnaire 10-6.docx	Attachment A: Long Term Care Questionnaire
Header	Attachment B_RFP Questionnaire Final 10-6.xlsx	Attachment B: RFP Questionnaire
Header	Attachment C_Pricing Questionnaire Final 10-6.docx	Attachment C: Pricing Questionnaire
Header	Attachment D_Price Sheet 10-6.xlsx	Attachment D: Price Sheet
Header	Attachment E_Monthly Premium Sheet 10-6.xlsx	Attachment E: Monthly Premium Sheet
Header	HB89 Verification.docx	HB89/Chapter 2270 Verification
Header	CIQ_113015.pdf	Conflict of Interest Questionnaire
Header	HB23 CIQ 2017-360.pdf	Information Regarding Conflict of Interest Questionnaire
Header	W9_2014.pdf	W-9

Bid Attachments Requested

The following attachments are requested with this opportunity

#	Required	Specified Attachment
1	YES	Proposal/Response to RFP
2	YES	Attachment A: Long Term Care Questionnaire
3	YES	Attachment B
4	YES	Attachment C
5	YES	Attachment D
6	YES	Attachment E Monthly Premium Sheet

Bid Attributes

Please review the following and respond where necessary

#	Name	Note	Response
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- | | | | |
|---|-------------------------|---|------------------|
| 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.
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 | Reference No. 1 | <p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p> | _____ (Required) |
| 5 | Reference No. 2 | <p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p> | _____ (Required) |
| 6 | Reference No. 3 | <p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p> | _____ (Required) |
| 7 | Preferential Treatment | <p>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).</p> <p>1. Is your principal place of business in the State of Texas?</p> <p>2. If your principal place of business is not in Texas, in which State is your principal place of business?</p> <p>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?</p> <p>4. If your state favors resident bidders, state by what dollar amount or percentage.</p> | _____ (Required) |
| 8 | Debarment Certification | <p>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.</p> | _____ (Required) |

Please initial.

9 Immigration and Reform Act

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

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.

10 Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code _____ (Required)
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.

Please initial.

11 Anti-Collusion Statement

Bidder certifies that its Bid/Proposal is made without prior _____ (Required)
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.

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.

12 Disclosure of Interested Parties

Section 2252.908 of the Texas Government Code requires _____ (Required)
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.

Please initial.

13 Notification Survey

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. _____ (Required)
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.

How did you receive notice of this request?

Valid Responses: [Please Select], Plano Star Courier, Plan Room, Collin County eBid Notification, Collin County Website, Other

14 Proposer Acknowledgement

Proposer acknowledges, understands the specifications, _____ (Required)
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.

Line Items

#	Qty	UOM	Description	Response
1			Complete Attachment D Price Sheet	\$ _____ (Optional) No Price
Supplier Notes: _____				

2	1	fee	Complete Attachment E Monthly Premium Sheet	\$ _____ (Required) 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/Engineer 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 best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the Request for Proposals in accordance with Vernon's Texas Code Annotated, Local Government 262.030.

The Evaluation Committee will review all proposals received by the proposal due date and time 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. The proposals will be evaluated on the following criteria.

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 an offeror that was not elevated before. The selection levels are described in the following sections.

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. Offerors may, at the discretion of the County, be contacted to submit clarifications or additional information within two business days. Incomplete or noncompliant RFPs may be disqualified.

LEVEL 1 – CONFORMANCE WITH MANDATORY REQUIREMENTS

Conformance with RFP guidelines and submittal requirements. The following documents shall be submitted as part of the proposal. Failure to provide these documents shall deem vendor as non-responsive.

Criteria evaluated in Level 1:

- Response to section 5.0 and 6.0
- Attachment A through E

LEVEL 2 – DETAILED PROPOSAL ASSESSMENT

The Evaluation Committee will conduct a detailed assessment of all proposals elevated to this Level.

Criteria evaluated in Level 2:

CRITERIA	VALUE
Capability/willingness to provide benefit plan as described in proposal (RFP Section 5.14.3 and Attachments A and B)	25
Competitiveness of pricing and length of rate for services proposed (Attachments C, D, and E)	25
Financial stability and long term care insurance experience RFP Section 6.7 and Attachment A)	20
Providing quality customer service. Quality and accessibility of proposed reporting. Extent of electronic capability, such as electronic billing, enrollment, websites, etc. (Attachment B)	15
Demonstrated effectiveness of administration of programs including but not limited to references (RFP Section 6.8.1, 6.11 and Attachment A)	15
Total	100

LEVEL 3 – DEMONSTRATION AND INTERVIEWS (*OPTIONAL*) (MAXIMUM 100 POINTS)

The evaluation committee may hear oral presentations (if desired). Offerors are cautioned, 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 to simply 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 3 in the evaluation process and move directly to Selection Level 4.

The following criterion is optional and will be used to evaluate those offerors elevated for interviews.

Criteria evaluated in Level 3:

CRITERIA	VALUE
Demonstration/Interview	50
Response to clarification questions	50

LEVEL 4 –BEST AND FINAL OFFER

Offerors who are susceptible of receiving award will be elevated to Level 4 for Best and Final Offer. Offeror 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, and may be invited to present their responses on-site. Proposals will be re-evaluated based upon Criteria in level 2 and 3.

Based on the result of the Best and Final Offer evaluation, 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, it reserves the right to contact any of the other offerors that have submitted bids and enter into negotiations with them.

- 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 must be confirmed in writing prior to award.
- Prompt payment discounts will not be considered in determining low proposals and making awards.
- In consideration of the proposals, Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County.
- Collin County reserves the right to award all or a portion of the RFP.

5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS
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- 5.1 Authorization: By order of the Commissioner’s Court of Collin County, Texas, sealed proposals will be received for RFP No. 2017-360, Insurance, Group Long Term Care.
- 5.2 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, Group Long Term Care.
- 5.2.1 **Collin County requests the proposal(s) be made on the current plan design.**
- 5.2.2 Collin County reserves the right to award on an “all or none” or by “service or coverage” basis.
- 5.2.3 Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County.

- 5.3 Term: The County wishes to enter into contract(s) for up to a five-year period. Any offeror providing definable limits on future renewals may receive preference. The County will enter into an agreement for a period of January 1, 2018 through December 31, 2018, with the option of four (4) additional annual renewals.
- 5.3.1 During the term of the contract, Collin County will be responsible for the duties listed below:
- Providing enrollment data, and
 - Notifying the providing carrier(s) of changes in employee coverage, additions, or deletions.
- 5.4 Termination: Collin County reserves the right to cancel the contract at any time for any reason. If the contract is cancelled by Collin County, employer-provided services will terminate after a 30 day termination notice has been provided by Collin County.
- 5.5 Point of Contact: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department or email gosinaike@co.collin.tx.us, Geri Osinaike, Senior Buyer.
- 5.6 Funding: Funds for payment have been provided through the Collin County budget approved by the Commissioners' Court for this fiscal year only. 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.
- 5.7 Price Reduction: If during the life of the contract, the vendor's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to Collin County.
- 5.8 A price re-determination may be considered by Collin County only at the anniversary date of the contract. For purpose of this contract the anniversary date will be January 1st. All requests for price re-determination shall be in written form, shall be submitted a minimum of one-hundred twenty (120) days prior to anniversary date and shall include documents supporting price re-determination such as Manufacturer's (not a manufacturer) direct cost, postage rates, Railroad Commission rates, Federal/State minimum wage law, Federal/State unemployment taxes, F.I.C.A, Insurance Coverage Rates, etc. The bidder's past experience of honoring contracts at the bid price will be an important consideration in the evaluation of the lowest and best bid. Collin County reserves the right to accept or reject any/all of the price re-determination as it deems to be in the best interest of the County.
- 5.9 Approximate Value: The estimated value of this contract is \$137,287.00 based on 2016 enrollment of employees with 8 years of services. Approximate value does not constitute an order.

- 5.10 Samples and Demonstrations: When requested, samples and/or demonstrations shall be furnished free of expense to Collin County.
- 5.11 Confidential or Proprietary Information: Collin County is subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. Proposers shall identify those portions of their proposals that they deem to be confidential, proprietary information or trade secrets. Proposers shall clearly indicate each and every section to which this applies. It is not sufficient to preface the entire proposal with a proprietary statement. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.
- 5.12 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.
- 5.12.1 Any and all costs, including any set-up costs or termination fees, must be disclosed in **Attachment C – Pricing Questionnaire, Attachment D – Pricing Sheet, and Attachment E – Monthly Premium Sheet**. The County does not want any bundled charges to be listed. The offeror’s response should break down all charges by line item including commissions or fees.
- 5.13 PROPOSAL SCHEDULE
- | | |
|--|-------------------------------|
| RFP released: | October 19, 2017 |
| Deadline for submission of vendor questions: | October 27, 2017 at 4:00 p.m. |
| Proposals due: | November 9, 2017 at 2:00 p.m. |
| Vendor(s) selected contract approved: | November 2017 estimated |
| Effective date of contract: | January 1, 2018 |
- 5.14 Overview: Collin County is currently seeking a carrier to provide Long Term Care insurance coverage. Collin County wants to partner with vendors who demonstrate a commitment to helping Collin County meet its objectives.
- 5.14.1 Collin County is a political subdivision of the State of Texas. Currently, Collin County has approximately 1,779 full-time positions and 22 part-time positions, in areas such as law enforcement, clerical, service/maintenance, skilled crafts, professional, technical and para-professional. Employees primarily reside within the State of Texas, although a small number of employees reside in other states.

5.14.2 Active full-time employees, including elected officials, of Collin County are eligible to participate in Collin County's Long Term Care plan. State, temporary, intern and contract employees are not eligible to participate.

5.14.3 Proposed plans that include the following features shall be given preference: (1) benefits payable when a covered individual cannot independently perform two or more of the activities of daily living or has severe cognitive impairment, (2) home care coverage, (3) adult day care coverage, (4) inflation protection, (5) portable coverage, (6) waiver of premium, (7) guaranteed renewable, and (8) provide rate guarantees.

5.15 Collin County requests the proposal(s) be made on the current plan design.

Collin County currently offers the following long term care coverage to employees. There are three classes of coverage:

5.16 Class 1: Employees with 15+ years of service

Listed below is the amount of coverage provided to employees by Collin County. Collin County pays the full cost of this level of coverage. This coverage requires no evidence of insurability. The employee is eligible to "buy up" additional coverage, provided they meet Evidence of Insurability requirements. Dependents are not provided guarantee-issued policies.

Lifetime Maximum:	\$216,000
Monthly LTC Facility Benefit:	\$6,000
Monthly Assisted Living Benefit:	\$3,600
Monthly Professional Home Care: (includes) <ul style="list-style-type: none">• Adult Day Care• Home Health Care Visits• Hospice Care• Respite Care	\$3,000
Elimination Period:	90 days
Duration of Benefits:	3 years
Other "buy up" options that are available:	
Simple Inflation:	2x Capped
Total Home Care:	50% of Facility Benefit
A monthly benefit payable for less than one month will be paid at the rate of 1/30th of the monthly benefit amount for each day eligible for a monthly benefit.	

5.17 ***Class 2: Employees with 8-14 years of service***

Listed below is the amount of coverage provided to employees by Collin County. Collin County pays the full cost of this level of coverage. This coverage requires no evidence of insurability. The employee is eligible to “buy up” additional coverage, provided they meet Evidence of Insurability requirements. Dependents are not provided guarantee-issued policies.

Lifetime Maximum:	\$108,000
Monthly LTC Facility Benefit:	\$3,000
Monthly Assisted Living Benefit:	\$1,800
Monthly Professional Home Care: (includes) <ul style="list-style-type: none"> • Adult Day Care • Home Health Care Visits • Hospice Care • Respite Care 	\$1,500
Elimination Period:	90 days
Duration of Benefits:	3 years
Other “buy up” options that are available:	
Simple Inflation:	2x Capped
Total Home Care:	50% of Facility Benefit
A monthly benefit payable for less than one month will be paid at the rate of 1/30th of the monthly benefit amount for each day eligible for a monthly benefit.	

5.18 ***Class 3: Employees with 0-7 years of service (Guarantee issue for newly hired employees if elected within 30 days of employment. Dependents are not provided guarantee-issued policies.)***

Employees in this class are responsible for the entire cost of the coverage they elect. If the employee applies for a policy more than 30 days after becoming eligible, they must meet Evidence of Insurability requirements.

Lifetime Maximum:	\$36,000 to Unlimited
Monthly LTC Facility Benefit:	\$1,000 to \$6,000
Monthly Assisted Living Benefit:	\$600 to \$3,600
Monthly Professional Home Care: (includes) <ul style="list-style-type: none"> • Adult Day Care • Home Health Care Visits • Hospice Care • Respite Care 	\$500 to \$3,000
Elimination Period:	90 days

Duration of Benefits:	3 years, 6 years or Unlimited duration
Other “buy up” options that are available:	
Simple Inflation:	2x Capped
Total Home Care:	50% of Facility Benefit
A monthly benefit payable for less than one month will be paid at the rate of 1/30th of the monthly benefit amount for each day eligible for a monthly benefit.	

- 5.19 General Information: Collin County is requesting vendors to propose a long-term care program, to provide coverage for participants with an existing policy at their current levels based on their age when they enrolled for that coverage.

The proposed long term care program will provide coverage to all eligible employees who meet the described years of service requirement for employer-paid coverage, regardless of age.

The program will provide guaranteed issue for employees who meet the years of service criteria, even if they have applied for a policy prior to reaching eight years of service and had been denied coverage.

Employees can apply for coverage from first day of employment through year eight, which will be fully paid for by the employee.

Employees who are new hires and apply for coverage within the first 30 days of employment will not be required to satisfy evidence of insurability.

Collin County will pay the full cost for eligible employees of long term care coverage.

- (Class 1) are employees who have finished 15 years of eligible service.
- (Class 2) are employees who have completed eight years of eligible service.

Employees should have the option to buy at a higher level of coverage if desired.

- 5.19.1 Enrollment for newly eligible employees will be on a monthly basis. Coverage for newly eligible employees should begin on the 1st of the month following their attainment of the years of service criteria.

6.0 SUBMISSION REQUIREMENTS

In accordance with the directions below, offeror shall provide a response for each item in sections all of 6.0 and Attachments A through E in order and include item numbers in response. Answer all questions fully, clearly, and concisely, giving complete information. Do not skip items. Do not refer to other parts of your proposal for the answers. When responding to Attachments B through E, you may not modify either the order or language of the question. Responses shall include a statement in the format identified within the instructions of the Attachment. If an item is not applicable or the offeror takes exception, offeror shall state that and refer to Section 7.0 Exceptions with explanation.

Offeror shall adhere to the instructions in this request for proposals on preparing and submitting the proposal. If offeror does not follow instructions regarding proposal format, points will be deducted during the evaluation process.

6.1 **PROPOSAL DOCUMENTS:** To achieve a uniform review process and to obtain a maximum degree of comparability, the proposal shall, at a minimum include a Table of Contents detailing sections and corresponding page numbers.

6.1.1 Proposals may be submitted online via <http://collincountytx.ionwave.net> or submitted via CD-ROM or Flash Drive. Electronic submissions are preferred.

6.1.2 If submitting manually, provide one original and electronic files, proposal shall be submitted in a sealed envelope or box with RFP name, number, and name of firm printed on the outside of the envelope or box. Manual submittals shall be sent/delivered to the following address and shall be received prior to the proposal due date:

Collin County Purchasing
2300 Bloomdale, Suite 3160
McKinney, TX 75071

Paper copies shall be printed on letter size (8 ½ x 11) paper and assembled using spiral type bindings, staples, or binder clips. Responses should have clearly labeled tabs to assist in Collin County's review. Do not use metal-ring hard cover binders. Manual submittals shall include an electronic copy in a searchable format.

It shall be the responsibility of the offeror to insure that their proposal reaches Collin County Purchasing prior to the proposal due date no matter which submission method is used.

6.2 **Multiple Proposals:** only one proposal may be submitted for an insurance company. Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Broker and DEF Broker cannot both submit a XYZ Insurance Company proposal).

6.2.1 Proposals submitted directly from the insurance company will be given preference during evaluation over the proposal submitted by a broker for that insurance company.

6.2.2 A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal is received, the proposal submitted directly by the insurance company shall be given preference. If more than one is received, the first complete response received that meets responding requirements will be given preference.

6.3 Title Page: Title page shall show the RFP subject, the offeror's name, the name, address, and telephone number of a contact person, and the date of the proposal.

6.4 Transmittal Letter: Offer 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
- the length of time the organization has provided long term care insurance services
- a statement explaining why the offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP

6.5 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 questions. **You must submit your response in the order that is provided in the RFP.**

6.5.1 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.**

- Attachment A – Long Term Care Questionnaire
- Attachment B - RFP Questionnaire
- Attachment C – Pricing Questionnaire
- Attachment D – Pricing Sheet
- Attachment E – Monthly Premium Sheet

6.6 Sample Documents:

6.6.1 The offeror shall submit with their proposal a sample of the policy that would be issued to Collin County if awarded. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.

6.7 Financial Information:

- 6.7.1 One (1) copy of your last two (2) audited financials including balance sheets and income statements.
- 6.7.2 Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.

6.8 Staff Information:

- 6.8.1 Provide a résumé of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector and how many years of experience they have managing public sector accounts. Offeror agrees that Collin County may have a new account manager assigned to our account at any time, for any reason.

6.9 Additional Information:

- 6.9.1 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.

- 6.9.2 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 the best overall package for Collin County.

- 6.10 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 to be consistent with Collin County's current program.

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

- 6.11.1 Name, address, contact name, email, phone number, position of the contact in the organization, and telephone number for two (2) termed clients with a group long term care plan within the last five (5) years.
- 6.11.2 Name, address, contact name, email, phone number, position of the contact in the organization, and telephone number for two (2) new clients with a group long term care plan within the last year.

6.11.3 Name, address, contact name, email, phone number, position of the contact in the organization, and telephone number for three (3) existing clients with a group long term care plan with three (3) or more year's history with the offeror.

6.11.4 Name, address, contact name, email, phone number, position of the contact in the organization and telephone number for the three (3) top public sector clients with a group long term care plan based on employee size.

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

6.12 Statement of Compliance: All offerors to this RFP shall detail, in section 7.0 "Exceptions," any and all exceptions or deviations from the RFP requirements. Any requirements listed in the RFP that cannot or will not be met or complied with in their entirety, or that require separate actions, additional fees or charges, or additional consideration must be described in this section. Requirements not specifically identified in this section will be interpreted as the offeror's compliance to the RFP requirements.

6.13 Additional Information: Please include any additional information that 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 employees. Please include this information in the RFP response.

6.13.1 This RFP and the offeror's response shall be included as part of the contract. If there is a variance between the RFP and the contract, 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.

6.14 Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted 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.

6.14.1 Offerors submitting proposals are expected to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services, which are being proposed. Proposals submitted will be presumed to be in compliance with all applicable laws. The offeror is also expected to adjust the plan to comply with future legislation.

6.14.2 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 that are being paid on Attachment C: Pricing Questionnaire.

6.14.3 The contract shall reflect the intent of this RFP. Even if the contract does not address an issue covered by the RFP, terms and commitments agreed to in the RFP will be applicable.

7.0 EXCEPTIONS

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 requested in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 7.0, 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- LONG TERM CARE QUESTIONNAIRE

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely. Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers. If 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.

Do not modify the order or language of the question.

1. LONG-TERM CARE EXPERIENCE

1.1.

S/P Rating	
AM Best Rating	

1.2. Do you have a dedicated long-term care division? If yes, describe the division and its place in the corporation.

1.3. How long has your company been involved in writing group long-term care coverage?

1.4. Please provide the following results:

	2014 Actual	2015 Actual	2016 Actual	2017 Projected
Total LTC Premium in Force at Year-End (group and individual)				
Number of Individuals Covered by Group LTC Insurance Certificates				
Number of Employer Plans in Force				
Percentage of LTC Market				

1.5. What are the assets of your company according to the most recently published financial statements?

1.6. List group long-term care rate increases for the last 10 years.

1.7. Provide NAIC claims loss ratio information for group long-term care.

2. PLAN DESIGN QUESTIONS

2.1. List all plan exclusions and limitations.

2.2. Provide examples of conditions that would lead to rejection of an application for coverage. Please note that the carrier cannot reject anyone with guaranteed coverage.

2.3. Provide your criteria for determining benefit eligibility. Assuming benefit eligibility requires services to be “medically necessary”, define medical necessity.

2.4. When determining if a claimant has suffered a loss of “Activities of Daily Living”, what level of dependency is required? Do you consider intermittent needs? Behavioral supervision? Standby assistance?

2.5. Are potential claimants ever subject to on-site medical evaluations? If so, who conducts these evaluations? Is there an additional charge for these evaluations?

2.6. Do you offer case management? If so, please detail. Is it voluntary or mandatory? Is it performed by you or another entity?

2.7. Describe in detail the waiting period provisions a policyholder must satisfy before benefits are paid. How are days counted towards satisfying the waiting period?

2.8. Does the insured need to satisfy more than one waiting period for the same condition? If so, how long before another waiting period is required?

2.9. Describe the waiver of premium provisions, if any, included in this program.

2.10. Is there a total home care feature included in your plan? What are the parameters of coverage? If there is an additional charge, identify that in Attachment D – Pricing Sheet.

2.11. Is there an inflation-protection feature included in your plan? How is it structured? Can an insured decline the inflation adjustment without forfeiting subsequent inflation adjustment offers? If there is an additional charge, identify that in Attachment D – Pricing Sheet.

2.12. Does your plan provide for a nursing home bed reservation, which pays for the nursing home if the insured is temporarily hospitalized? How many days?

2.13. Do you have a reinstatement provision? If yes, please describe in detail.

2.14. Do you have any special arrangements with long-term care providers or facilities? Community referral service? If so, please describe.

- 2.15. Is the plan portable on a direct-bill basis if the employee should retire or otherwise leave employment? What if the plan is discontinued by the employer? Does the policyholder continue to keep the group rate?

3. ADMINISTRATION QUESTIONS

- 3.1. What is your average turnaround time for processing an application for coverage? For claim eligibility determination? For claim payment?

- 3.2. Describe the appeal process for underwriting denials.

- 3.3. Describe the appeal process for benefit denial.

3.4. How do you pay claims? Example: 8 hours a day, 7 days a week; 4 hours a day, 3 days a week

3.5. Do you coordinate benefits for individuals who have another long term care policy? If so, describe the process.

3.6. What is the maximum period of time after being medically diagnosed as unable to perform Activities of Daily Living that you allow for claimants to submit a claim?

3.7. How often do you require reevaluation? Is reevaluation necessary for conditions that will never improve, such as dementia?

3.8. What are your customer service center hours?

- 3.9. It is Collin County's desire to eliminate as much paper from our benefits processes. Please describe the features you have in place that would allow us to utilize a paperless process.

- 3.10. Collin County may give preference to the offeror that provides a website that employees can access to check on covered benefits, eligibility, claim status, and print claim forms. Is there a demo site available where the site can be reviewed? If so, please provide the information for the county to access the demo site.

- 3.11. Collin County may give preference to the offeror that provides an administrative website that Collin County can access to check on eligibility, benefits, claims status, reporting and billing. Does the website allow for enrollment and changes? Is there a demo site available for review? If so, please provide the information for the county to access the demo site.

- 3.12. The offeror will be required to provide the County with reporting information. Please provide a copy of each of the specific reports you provide. Please indicate how frequently each of these reports are processed and if it is possible for the County to log onto a secure web site and run these reports without assistance of the offeror.

4. PLAN IMPLEMENTATION

- 4.1. The selected offeror will be responsible for all claims incurred on or after the effective date of January 1, 2018, and within the contract period. An appropriate transition program must be developed and submitted with the proposal. Please detail the transition plan. Specifically address (1) how the offeror plans to transition the current plan's limits and coverages, and (2) how the offeror plans to handle the lifetime maximums.

- 4.2. How do you propose to enroll employees into this plan? What is the procedure to enroll individuals after the initial enrollment period?

- 4.3. Please describe the communications program to implement the plan, including a description and samples of the materials that will be provided.

- 4.4. How do you propose to distribute materials?

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 (7.0) 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 to list and clearly detail any coverage or service that will not be provided as requested in writing in section 7.0 Exception? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.			
2	Do you agree if no exceptions or alternate responses are listed, 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.			
3	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.			
4	The offeror agrees that the sample policy submitted by the offeror (notated as a required document in section 6.6 of the RFP) does not require any changes. If changes are required, please describe in the Exceptions section (7.0).			
5	Does the offeror agree that at any time during normal business hours, and as often as the County may deem necessary, the offeror will make available to representatives of the County for examination all of its 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?			

General Requirements		Yes	No	N/A
6	Do you agree not to give away or sell employee data, even "de-identified" data, with or without employee consent?			
7	Offeror agrees to 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 offeror's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the offeror, or of any agent, employee, subcontractor or supplier of offeror in the execution of, or performance under, any contract which may result from an award.			
8	Offeror 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 any breach, act, error, omission and/or fault referenced in statement #7.			
9	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.			
10	The offeror agrees to a minimum rate guarantee of 12 months from the beginning of the plan year.			
11	Do you agree that changes in premium can only be instituted on a policy anniversary date and that such changes shall be submitted in written form with an explanation of the reason for price redetermination?			
12	Do you agree to provide a notice of changes in premium at least one hundred and twenty (120) days before the plan year renewal?			
13	If an employee has to leave a message for assistance, it is agreed that a customer service representative will return the call to the employee within four (4) business hours.			
14	Assigned representatives will respond no later than twenty-four (24) hours after each inquiry by County benefits staff.			
15	The offeror agrees to designate a specific administration and/or claims representative to provide assistance with Collin County's account.			
16	The offeror agrees to provide a representative for a minimum of five (5) days to assist County benefits staff during enrollment meetings to answer questions and assist with the completion of any necessary paperwork.			

General Requirements		Yes	No	N/A
17	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.			
18	The offeror agrees that if changes in the plan are needed, such changes will be made in writing as an amendment to the contract or administrative services contract and will be communicated to Collin County a minimum of 120 days prior to the change taking effect so that Collin County will have time to evaluate and approve the change.			
19	Do you agree that the offeror will be fully responsible for the timely preparation and dissemination of any information to be sent to the IRS related to the benefits provided by this coverage? If penalties are assessed, because of incorrect or late filings by the administrator, the offeror will be responsible for any such assessments and will hold the County harmless.			
20	Do you agree to Collin County having the right to approve communications and correspondence sent to our employees?			
21	For policies requiring evidence of insurability, do you agree a decision will be made (approving or denying coverage) and communicated to Collin County within nine (9) weeks of receipt of a fully complete application?			
22	Do you agree to cover individuals with a group policy at the age they first became eligible for the group plan and not increase the rate to a new age?			
23	Are your reserves held separately for long-term care rather than being held as part of the general reserve?			
24	Is your plan an indemnity plan?			
25	Is your plan a tax-qualified plan?			
26	Is the plan being proposed the same as Collin County's current plan (as outlined in section 5.16 through 5.18 of the RFP)?			
27	The selected offeror is responsible for any and all claims incurred during the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.			
28	If the current carrier is replaced, the new carrier agrees to accept all employees and family members currently covered under the plan (at their current benefit level) without requiring evidence of insurability.			

General Requirements		Yes	No	N/A
29	Collin County wishes to continue to offer employees the opportunity to purchase the same level of coverage for extended family members. Do you offer coverage to the following family members:			
	A) The legally married spouse of an active employee?			
	B) The natural, adoptive, or step-parents/grandparents of an active employee?			
	C) The natural, adoptive, or step-parents/grandparents of an active employee's spouse?			
	D) The natural, adoptive, or step-siblings of an active employee?			
	E) The natural, adoptive, or step-siblings of an active employee's spouse?			
	F) The natural, adoptive, or step-children of an active employee?			
	G) The natural, adoptive, or step-children of an active employee's spouse?			
30	The offeror agrees to provide coverage that includes all employees and dependents regardless of "active at work" status.			
31	The definition of Actively at Work will include the following:			
	A) Employees at work on a full-time basis, either at the employer's place of business or any other place that the employer may require them to go.			
	B) Employees in a paid status such as paid time off, catastrophic time off, jury duty, administrative leave, or compensatory time.			
	C) Employees on paid absences of one year or less in which they individual remains employed.			
	D) Law enforcement officials not actively at work but who remain employed as provided under Article 3, Section 52(e) of the Texas Constitution.			
	E) Employees who are on Family and Medical Leave.			
	F) Employees who have exhausted their Family and Medical Leave entitlement but are still receiving compensation from Collin County.			
	G) Elected official during their elected term.			
32	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.			
33	Can previously denied individuals re-apply?			

General Requirements		Yes	No	N/A
34	"Activities of Daily Living" (ADLs) include:			
	A) Bathing			
	B) Dressing			
	C) Toileting			
	D) Transferring			
	E) Continence			
	F) Eating			
35	Is an individual eligible for benefits if they suffer from two or more Activities of Daily Living?			
36	Is an individual eligible for benefits if they suffer from Severe Cognitive Impairment?			
37	Is an individual eligible for benefits if they suffer from Alzheimer's Disease?			
38	Do you agree to no pre-existing limitations? If not, please list all limitations and describe the look-back period used to determine a pre-existing condition.			
39	Does the proposed plan include a waiver of premium provision?			
40	Do you agree that the insured must not first be hospitalized to receive nursing or home health care benefits?			
41	Does your base plan include home care?			
42	Does your plan's definition of home health care include physical, vocational, and speech therapy?			
43	Does your plan include personal care administered by a licensed nurse or an accredited home health care aide at an approved adult day care center?			
44	Does your plan's definition of adult day care include physical, vocational, and speech therapy?			
45	Do you agree that the insured must not first receive skilled nursing home care before receiving intermediate or custodial nursing home care?			
46	Do you agree that the insured must not first receive nursing home care before receiving home health care?			
47	Does your plan have "alternate plan of care" provisions that allow benefits to be paid outside the contract if more cost effective care is available?			
48	Often individuals needing this benefit are physically or mentally limited. Do you attempt to obtain the information from the care provider rather than relying on the individual to provide it?			
49	If your plan includes inflation coverage, is it included in the premiums quoted?			
50	Do you guarantee a policy cannot be canceled, non-renewed, or otherwise terminated because an insured gets older or suffers deterioration in physical or mental health?			

General Requirements		Yes	No	N/A
51	Is a policy portable on a direct-bill basis if the employee should end employment with the County?			
52	Is a policy portable on a direct-bill basis if the employer discontinues the plan?			
53	Do the rates remain the same if the employee converts the plan to an individual policy?			
54	Do you agree not to increase the rate once a plan is converted to an individual policy?			
55	Do you agree to submit your electronic file format so that initial enrollment and future changes or enrollment information can be transmitted electronically.			
56	The offeror agrees to provide ad hoc reports upon request at no additional cost and/or the ability for the County to run ad hoc reports from the offeror's website.			
57	Will you provide a report that shows the coverage level of each employee by the class in which they are enrolled?			
58	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 ten (10) business days of the request.			
59	During the contract period, additional reports could become necessary. The offeror agrees to provide the additional reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.			
60	The offeror agrees that the County shall not incur extraneous charges for report generation, even if the reports requested are not standard reports.			
61	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, the offeror agrees Collin County will not be responsible for the cost of producing the report.			
62	Should additional reports be obtainable from the provider's system in a compatible form, the offeror shall not receive additional compensation.			
63	The offeror agrees to provide County employees training that is necessary to run reports through the employer website. This also includes any other training related to the long term care provider that might be requested by the plan administrator. Any costs associated with training must be clearly listed in Attachment C - Pricing Questionnaire.			
64	Do you agree to send all invoices to the Collin County Auditor with a copy to Collin County Human Resources?			
65	Collin County self-bills based upon information entered in our Human Resources Information System. 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.			

General Requirements		Yes	No	N/A
66	Collin County has a standard process for payment of all offerors which requires a 60-day payment grace period from due date of payment. Offeror agrees to the 60-day grace period. Payment may be made by either wire or check.			
67	The offeror agrees to notify Collin County of any billing/payment issues within 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 120-day date will not be reviewed or owed.			
68	Can spouse coverage be paid through paycheck deductions?			
69	Can other family member coverage be paid directly to the offeror?			
70	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.			
71	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 Questionnaire.			
72	Are there penalties or charges that would apply as a result of early termination (not on an anniversary date)? If "Yes", describe and identify the penalties or charges in Attachment C - Pricing Questionnaire.			
73	If the offeror terminates the contract, it is agreed that a 120 day-notice will be provided to Collin County.			

ATTACHMENT C – PRICING QUESTIONNAIRE

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely. Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers. If 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.

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

1. FINANCIAL

- 1.1. Please provide rate quotes, on the following chart, for the coverage for the current plan design listed in the RFP (section 5.16 through 5.18).

- 1.2. Please provide rate quotes, on the following chart, for the coverage listed in RFP section 5.16 through 5.18 and include an inflation protection feature in the quote. Describe the inflation protection.

- 1.3. Please provide rates, on the following chart, should an employee desire to “buy-up” additional coverage.

- 1.4. State any and all one-time start-up costs as well as any and all plan termination costs.

- 1.5. Provide details on any rate guarantees offered and the length of time for the rate guarantee.

- 1.6. Collin County prefers a multi-year contract. To enter into a multi-year contract, the County is legally required to include a method for calculating the increase for each option year. Clearly indicate the method of calculating the increase in your response for each option period.

- 1.7. What fees, if any, will Collin County be responsible for with regard to production and distribution of your communication materials?

Attachment D

Please provide a quote based on the current plan as outlined in 5.14.3 of the RFP. Fully, clearly, and concisely identify the proposed rates for the plan based on the length of benefits as outlined on the following three worksheets labeled Duration-3 Years, Duration-6 Years, and Duration-Unlimited. Do not refer to other parts of your proposal for the answers.

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

Base Plan	
Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	3 Years
Home Benefit	50%
Lifetime Maximum	\$36,000
Elimination Preiod	90 Days
Home Care Level	Professional

Rates quoted are cost per \$1,000 of coverage

Insurance Age	Current Base Plan	Proposed Base Plan	Current Plan with Total Home Care Option	Proposed Plan with Total Home Care Option	Current Plan with Simple Inflation Option	Proposed Plan with Simple Inflation Option	Current Plan with Total Home Care & Simple Inflation Option	Proposed Plan with Total Home Care & Simple Inflation Option
18-30	\$ 2.00		\$ 3.00		\$ 2.70		\$ 4.20	
31	\$ 2.00		\$ 3.00		\$ 2.80		\$ 4.20	
32	\$ 2.00		\$ 3.10		\$ 2.90		\$ 4.40	
33	\$ 2.10		\$ 3.10		\$ 2.90		\$ 4.50	
34	\$ 2.10		\$ 3.20		\$ 3.10		\$ 4.70	
35	\$ 2.20		\$ 3.30		\$ 3.20		\$ 4.80	
36	\$ 2.20		\$ 3.40		\$ 3.40		\$ 5.10	
37	\$ 2.30		\$ 3.50		\$ 3.40		\$ 5.20	
38	\$ 2.40		\$ 3.70		\$ 3.70		\$ 5.50	
39	\$ 2.60		\$ 3.90		\$ 3.90		\$ 5.80	
40	\$ 2.60		\$ 4.00		\$ 4.00		\$ 6.00	
41	\$ 2.80		\$ 4.20		\$ 4.20		\$ 6.30	
42	\$ 2.90		\$ 4.40		\$ 4.50		\$ 6.70	
43	\$ 3.00		\$ 4.50		\$ 4.70		\$ 7.00	
44	\$ 3.10		\$ 4.70		\$ 5.00		\$ 7.30	
45	\$ 3.40		\$ 5.00		\$ 5.20		\$ 7.70	
46	\$ 3.50		\$ 5.20		\$ 5.50		\$ 8.10	
47	\$ 3.60		\$ 5.50		\$ 5.70		\$ 8.60	
48	\$ 3.90		\$ 5.90		\$ 6.10		\$ 9.10	
49	\$ 4.00		\$ 6.20		\$ 6.40		\$ 9.60	
50	\$ 4.20		\$ 6.50		\$ 6.80		\$ 10.20	
51	\$ 4.50		\$ 7.00		\$ 7.20		\$ 10.80	
52	\$ 4.80		\$ 7.40		\$ 7.60		\$ 11.50	
53	\$ 5.10		\$ 7.80		\$ 8.10		\$ 12.20	
54	\$ 5.30		\$ 8.30		\$ 8.50		\$ 12.80	
55	\$ 5.70		\$ 8.80		\$ 9.00		\$ 13.50	
56	\$ 6.00		\$ 9.40		\$ 9.50		\$ 14.20	
57	\$ 6.50		\$ 10.10		\$ 10.10		\$ 15.20	
58	\$ 7.00		\$ 10.70		\$ 10.90		\$ 16.30	
59	\$ 7.50		\$ 11.50		\$ 11.70		\$ 17.40	
60	\$ 8.10		\$ 12.40		\$ 12.60		\$ 18.50	
61	\$ 8.80		\$ 13.30		\$ 13.60		\$ 19.90	
62	\$ 9.80		\$ 14.60		\$ 14.90		\$ 21.60	
63	\$ 10.60		\$ 15.80		\$ 16.20		\$ 23.20	
64	\$ 11.70		\$ 17.20		\$ 17.70		\$ 25.10	
65	\$ 13.40		\$ 19.20		\$ 20.10		\$ 28.00	
66	\$ 14.80		\$ 20.90		\$ 22.00		\$ 30.20	

67	\$	16.50	\$	22.90	\$	24.20	\$	32.80
68	\$	18.20	\$	24.90	\$	26.50	\$	35.40
69	\$	20.20	\$	27.30	\$	29.20	\$	38.50
70	\$	22.40	\$	29.70	\$	31.90	\$	41.50
71	\$	24.90	\$	32.60	\$	35.10	\$	45.10
72	\$	27.60	\$	35.70	\$	38.70	\$	49.10
73	\$	30.60	\$	39.20	\$	42.30	\$	53.10
74	\$	33.80	\$	42.80	\$	46.40	\$	57.80
75	\$	40.80	\$	51.10	\$	55.20	\$	68.10
76	\$	44.80	\$	55.60	\$	60.20	\$	73.60
77	\$	49.20	\$	60.40	\$	65.10	\$	79.00
78	\$	53.90	\$	65.70	\$	70.90	\$	85.30
79	\$	59.20	\$	71.50	\$	76.70	\$	91.50
80	\$	65.00	\$	77.80	\$	83.60	\$	98.90

Base Plan	
Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	6 Years
Home Benefit	50%
Lifetime Maximum	\$72,000
Elimination Preiod	90 Days
Home Care Level	Professional

Rates quoted are cost per \$1,000 of coverage

Insurance Age	Current Base Plan	Proposed Base Plan	Current Plan with Total Home Care Option	Proposed Plan with Total Home Care Option	Current Plan with Simple Inflation Option	Proposed Plan with Simple Inflation Option	Current Plan with Total Home Care & Simple Inflation Option	Proposed Plan with Total Home Care & Simple Inflation Option
18-30	\$ 2.60		\$ 4.00		\$ 3.60		\$ 5.60	
31	\$ 2.60		\$ 4.10		\$ 3.70		\$ 5.70	
32	\$ 2.70		\$ 4.20		\$ 3.90		\$ 6.00	
33	\$ 2.80		\$ 4.30		\$ 4.00		\$ 6.20	
34	\$ 2.80		\$ 4.40		\$ 4.10		\$ 6.30	
35	\$ 2.90		\$ 4.50		\$ 4.30		\$ 6.60	
36	\$ 3.00		\$ 4.70		\$ 4.50		\$ 6.90	
37	\$ 3.10		\$ 4.80		\$ 4.70		\$ 7.20	
38	\$ 3.30		\$ 5.00		\$ 4.90		\$ 7.50	
39	\$ 3.40		\$ 5.20		\$ 5.20		\$ 7.80	
40	\$ 3.50		\$ 5.40		\$ 5.40		\$ 8.20	
41	\$ 3.60		\$ 5.60		\$ 5.70		\$ 8.60	
42	\$ 3.90		\$ 5.90		\$ 6.00		\$ 9.00	
43	\$ 4.00		\$ 6.20		\$ 6.30		\$ 9.50	
44	\$ 4.20		\$ 6.50		\$ 6.60		\$ 9.90	
45	\$ 4.50		\$ 6.80		\$ 7.00		\$ 10.50	
46	\$ 4.70		\$ 7.20		\$ 7.30		\$ 11.10	
47	\$ 4.90		\$ 7.60		\$ 7.80		\$ 11.70	
48	\$ 5.20		\$ 8.00		\$ 8.10		\$ 12.40	
49	\$ 5.40		\$ 8.40		\$ 8.50		\$ 13.10	
50	\$ 5.70		\$ 8.90		\$ 9.00		\$ 13.80	
51	\$ 6.00		\$ 9.40		\$ 9.40		\$ 14.60	
52	\$ 6.30		\$ 10.00		\$ 10.00		\$ 15.50	
53	\$ 6.70		\$ 10.70		\$ 10.70		\$ 16.50	
54	\$ 7.10		\$ 11.30		\$ 11.20		\$ 17.40	
55	\$ 7.60		\$ 12.00		\$ 11.80		\$ 18.30	
56	\$ 8.00		\$ 12.80		\$ 12.60		\$ 19.40	
57	\$ 8.60		\$ 13.70		\$ 13.40		\$ 20.80	
58	\$ 9.20		\$ 14.70		\$ 14.40		\$ 22.10	
59	\$ 9.90		\$ 15.80		\$ 15.30		\$ 23.60	
60	\$ 10.60		\$ 16.90		\$ 16.40		\$ 25.10	
61	\$ 11.60		\$ 18.40		\$ 17.80		\$ 27.20	
62	\$ 12.70		\$ 20.00		\$ 19.40		\$ 29.50	
63	\$ 13.90		\$ 21.80		\$ 21.00		\$ 31.80	
64	\$ 15.30		\$ 23.70		\$ 23.00		\$ 34.50	
65	\$ 17.30		\$ 26.50		\$ 25.90		\$ 38.30	
66	\$ 19.20		\$ 28.90		\$ 28.30		\$ 41.40	

Insurance Age	Current Base Plan	Proposed Base Plan	Current Plan with Total Home Care Option	Proposed Plan with Total Home Care Option	Current Plan with Simple Inflation Option	Proposed Plan with Simple Inflation Option	Current Plan with Total Home Care & Simple Inflation Option	Proposed Plan with Total Home Care & Simple Inflation Option
67	\$ 21.30		\$ 31.60		\$ 31.30		\$ 45.20	
68	\$ 23.50		\$ 34.50		\$ 34.10		\$ 48.70	
69	\$ 26.00		\$ 37.60		\$ 37.50		\$ 52.80	
70	\$ 28.70		\$ 41.10		\$ 40.90		\$ 57.00	
71	\$ 31.90		\$ 45.10		\$ 44.90		\$ 62.10	
72	\$ 35.30		\$ 49.40		\$ 49.40		\$ 67.60	
73	\$ 39.00		\$ 54.10		\$ 53.90		\$ 73.00	
74	\$ 43.20		\$ 59.20		\$ 59.10		\$ 79.40	
75	\$ 51.90		\$ 70.70		\$ 70.10		\$ 93.60	
76	\$ 57.00		\$ 76.90		\$ 76.40		\$ 101.10	
77	\$ 62.50		\$ 83.70		\$ 82.60		\$ 108.70	
78	\$ 68.50		\$ 91.10		\$ 89.90		\$ 117.50	
79	\$ 75.10		\$ 99.10		\$ 97.10		\$ 126.10	
80	\$ 82.40		\$ 107.80		\$ 105.70		\$ 136.10	

Base Plan	
Facility Monthly Benefit	\$1,000
Home Monthly Benefit	\$500
Facility Benefit Duration	Unlimited
Home Benefit	50%
Lifetime Maximum	Unlimited
Elimination Preiod	90 Days
Home Care Level	Professional

Rates quoted are cost per \$1,000 of coverage

Insurance Age	Current Base Plan	Proposed Base Plan	Current Plan with Total Home Care Option	Proposed Plan with Total Home Care Option	Current Plan with Simple Inflation Option	Proposed Plan with Simple Inflation Option	Current Plan with Total Home Care & Simple Inflation Option	Proposed Plan with Total Home Care & Simple Inflation Option
18-30	\$ 3.60		\$ 5.70		\$ 5.00		\$ 8.00	
31	\$ 3.60		\$ 5.80		\$ 5.10		\$ 8.20	
32	\$ 3.70		\$ 6.00		\$ 5.30		\$ 8.50	
33	\$ 3.70		\$ 6.00		\$ 5.40		\$ 8.70	
34	\$ 3.80		\$ 6.20		\$ 5.60		\$ 9.00	
35	\$ 3.90		\$ 6.40		\$ 5.80		\$ 9.40	
36	\$ 4.10		\$ 6.50		\$ 6.10		\$ 9.70	
37	\$ 4.20		\$ 6.80		\$ 6.40		\$ 10.20	
38	\$ 4.40		\$ 7.00		\$ 6.60		\$ 10.50	
39	\$ 4.60		\$ 7.30		\$ 7.00		\$ 11.00	
40	\$ 4.70		\$ 7.60		\$ 7.30		\$ 11.50	
41	\$ 5.00		\$ 7.90		\$ 7.60		\$ 12.00	
42	\$ 5.20		\$ 8.20		\$ 7.90		\$ 12.50	
43	\$ 5.40		\$ 8.60		\$ 8.40		\$ 13.30	
44	\$ 5.70		\$ 9.00		\$ 8.80		\$ 13.90	
45	\$ 6.00		\$ 9.50		\$ 9.30		\$ 14.60	
46	\$ 6.30		\$ 10.00		\$ 9.80		\$ 15.40	
47	\$ 6.50		\$ 10.50		\$ 10.30		\$ 16.40	
48	\$ 6.90		\$ 11.20		\$ 10.90		\$ 17.30	
49	\$ 7.20		\$ 11.70		\$ 11.30		\$ 18.20	
50	\$ 7.60		\$ 12.50		\$ 11.90		\$ 19.30	
51	\$ 8.00		\$ 13.20		\$ 12.60		\$ 20.50	
52	\$ 8.40		\$ 14.00		\$ 13.30		\$ 21.60	
53	\$ 8.90		\$ 14.90		\$ 14.00		\$ 22.90	
54	\$ 9.40		\$ 15.80		\$ 14.80		\$ 24.30	
55	\$ 9.80		\$ 16.70		\$ 15.40		\$ 25.30	
56	\$ 10.50		\$ 17.90		\$ 16.30		\$ 26.90	
57	\$ 11.20		\$ 19.20		\$ 17.40		\$ 28.80	
58	\$ 12.00		\$ 20.50		\$ 18.60		\$ 30.70	
59	\$ 12.80		\$ 22.00		\$ 19.80		\$ 32.80	
60	\$ 13.70		\$ 23.60		\$ 21.10		\$ 34.90	
61	\$ 15.00		\$ 25.70		\$ 22.90		\$ 37.70	
62	\$ 16.30		\$ 27.90		\$ 24.80		\$ 40.90	
63	\$ 17.80		\$ 30.40		\$ 26.80		\$ 44.10	
64	\$ 19.40		\$ 33.10		\$ 29.10		\$ 47.60	
65	\$ 21.90		\$ 36.90		\$ 32.70		\$ 53.00	
66	\$ 24.30		\$ 40.40		\$ 35.80		\$ 57.30	

Insurance Age	Current Base Plan	Proposed Base Plan	Current Plan with Total Home Care Option	Proposed Plan with Total Home Care Option	Current Plan with Simple Inflation Option	Proposed Plan with Simple Inflation Option	Current Plan with Total Home Care & Simple Inflation Option	Proposed Plan with Total Home Care & Simple Inflation Option
67	\$ 26.90		\$ 44.10		\$ 39.40		\$ 62.50	
68	\$ 29.70		\$ 48.10		\$ 43.00		\$ 67.30	
69	\$ 32.80		\$ 52.50		\$ 47.20		\$ 72.90	
70	\$ 36.30		\$ 57.30		\$ 51.50		\$ 78.80	
71	\$ 40.20		\$ 62.70		\$ 56.40		\$ 85.70	
72	\$ 44.40		\$ 68.50		\$ 61.80		\$ 92.90	
73	\$ 48.90		\$ 74.80		\$ 67.20		\$ 100.10	
74	\$ 53.80		\$ 81.50		\$ 73.50		\$ 108.30	
75	\$ 64.70		\$ 97.00		\$ 87.00		\$ 127.40	
76	\$ 71.00		\$ 105.50		\$ 94.90		\$ 137.70	
77	\$ 77.80		\$ 114.70		\$ 102.50		\$ 147.90	
78	\$ 85.10		\$ 124.60		\$ 111.40		\$ 159.50	
79	\$ 93.20		\$ 135.30		\$ 120.20		\$ 171.20	
80	\$ 101.90		\$ 146.90		\$ 130.50		\$ 184.40	

The worksheet titled "Current Census" lists Collin County-paid policies that are currently in effect. This includes the employee's years of service, date of birth, sex, and whether they have class 1 or class 2 coverage as defined in sections 5.16 and 5.17 of the RFP. Using the information on the worksheet, identify the total premium for one complete month of coverage for November 2017.

Long Term Care Enrollment

ID	Last Start	Years of Service	Months of Service	Birthdate	Sex	Class
1	5/29/2002	15	3	8/29/1982	M	1
2	10/29/1989	27	10	10/23/1958	M	1
3	10/16/2000	16	11	10/10/1977	F	1
4	6/4/2001	16	3	12/12/1981	F	1
5	2/24/2003	14	6	2/2/1958	F	2
6	10/28/2001	15	10	4/8/1959	F	1
7	3/22/2005	12	6	11/15/1968	F	2
8	3/26/2000	17	5	2/16/1974	F	1
9	2/27/2006	11	6	4/22/1969	F	2
10	6/18/2001	16	3	8/19/1963	F	1
11	10/1/1995	21	11	2/5/1970	M	1
12	12/16/1998	18	9	10/24/1974	F	1
13	3/23/2003	14	6	3/30/1977	M	2
14	5/26/2003	14	3	12/24/1965	F	2
15	10/25/2004	12	10	6/29/1968	M	2
16	2/24/1997	20	6	10/10/1965	M	1
17	9/29/2003	13	11	3/4/1978	F	2
18	12/15/2003	13	9	7/31/1974	M	2
19	1/6/2003	14	8	8/27/1975	F	2
20	9/21/2001	16	0	7/13/1967	M	1
21	8/22/1994	23	1	1/9/1973	F	1
22	5/16/1999	18	4	11/17/1952	M	1
23	5/16/2001	16	4	9/5/1951	M	1
24	8/3/1998	19	1	10/18/1955	M	1
25	5/3/2006	11	4	7/2/1974	F	2
26	9/14/1999	18	0	10/28/1966	F	1
27	3/3/2003	14	6	3/15/1953	F	2
28	11/14/2005	11	10	2/4/1985	F	2
29	8/28/1995	22	0	11/5/1942	F	1
30	10/31/1993	23	10	3/10/1956	M	1
31	10/30/2005	11	10	12/26/1945	F	2
32	12/1/1999	17	9	6/21/1979	F	1
33	3/23/2003	14	6	11/11/1961	F	2
34	1/19/2004	13	8	2/10/1973	F	2
35	4/13/2005	12	5	5/5/1958	F	2
36	1/28/2002	15	7	1/31/1975	M	1
37	5/16/2001	16	4	5/8/1956	M	1
38	9/20/1996	21	0	3/5/1960	M	1
39	2/16/2004	13	7	4/21/1971	F	2
40	2/15/2006	11	7	7/20/1966	F	2
41	10/28/2002	14	10	7/13/1963	M	2
42	1/13/1997	20	8	2/22/1973	F	1
43	5/1/2003	14	4	3/31/1965	M	2
44	4/16/2007	10	5	3/31/1959	F	2
45	12/2/2002	14	9	9/27/1964	F	2

46	4/8/1991	26	5	10/28/1952 M	1
47	5/14/2001	16	4	11/26/1982 M	1
48	4/14/2003	14	5	9/27/1966 F	2
49	6/1/1998	19	3	5/15/1973 M	1
50	10/31/1996	20	10	6/8/1963 F	1
51	2/14/2005	12	7	8/28/1968 M	2
52	1/31/2005	12	7	1/5/1970 F	2
53	11/9/2005	11	10	6/6/1967 M	2
54	8/12/2002	15	1	8/12/1946 M	1
55	7/2/2001	16	2	1/24/1974 F	1
56	9/17/1999	18	0	7/28/1956 F	1
57	4/12/2006	11	5	3/14/1963 F	2
58	2/18/2002	15	7	12/26/1975 M	1
59	3/6/2000	17	6	10/19/1966 F	1
60	7/14/2004	13	2	7/5/1969 M	2
61	9/13/2006	11	0	7/22/1963 M	2
62	9/27/1993	23	11	9/6/1969 M	1
63	10/16/2001	15	11	12/21/1962 M	1
64	11/9/2005	11	10	5/14/1968 F	2
65	7/2/1999	18	2	9/10/1957 F	1
66	7/1/1996	21	2	11/24/1968 M	1
67	1/16/2001	16	8	1/29/1953 M	1
68	11/19/1984	32	10	11/11/1955 M	1
69	7/21/2003	14	2	4/5/1959 M	2
70	12/5/1994	22	9	1/13/1968 M	1
71	1/27/1997	20	7	5/26/1973 F	1
72	11/16/1998	18	10	5/25/1965 M	1
73	3/14/2006	11	6	8/11/1955 M	2
74	3/31/2002	15	5	2/14/1969 F	1
75	6/1/2000	17	3	9/7/1979 M	1
76	4/27/2005	12	4	6/24/1952 M	2
77	1/15/1991	26	8	7/28/1964 M	1
78	11/18/2002	14	10	8/9/1960 F	2
79	2/24/1992	25	7	10/28/1967 F	1
80	5/27/2003	14	3	11/4/1981 M	2
81	11/21/2005	11	10	6/14/1973 F	2
82	8/22/2005	12	1	1/27/1979 M	2
83	11/5/2001	15	10	3/29/1978 M	1
84	2/6/1995	22	7	2/2/1968 M	1
85	3/24/1997	20	6	12/31/1947 F	1
86	8/24/2004	13	0	3/30/1947 M	2
87	8/14/1995	22	1	3/9/1971 F	1
88	5/9/2005	12	4	1/17/1978 M	2
89	3/17/2002	15	6	2/2/1967 F	1
90	10/16/2000	16	11	12/15/1975 F	1
91	11/16/2000	16	10	3/28/1975 F	1
92	4/11/2005	12	5	5/9/1978 F	2
93	7/17/2006	11	2	10/18/1982 M	2
94	3/1/2000	17	6	3/28/1954 M	1

95	8/15/2005	12	1	5/20/1971 M	2
96	2/1/2002	15	7	4/20/1959 F	1
97	8/7/2006	11	1	2/7/1974 M	2
98	6/25/1999	18	2	6/3/1962 F	1
99	3/26/2006	11	5	6/1/1983 M	2
100	5/12/1997	20	4	6/16/1972 F	1
101	12/1/2003	13	9	9/22/1974 F	2
102	11/25/1991	25	10	2/23/1966 F	1
103	2/2/1999	18	7	8/5/1966 M	1
104	7/24/2006	11	1	11/1/1974 M	2
105	6/14/1993	24	3	4/25/1968 M	1
106	12/16/1996	20	9	5/25/1967 M	1
107	12/19/1994	22	9	6/19/1973 M	1
108	1/26/1998	19	7	10/16/1958 F	1
109	12/21/1998	18	9	7/16/1974 F	1
110	6/16/2000	17	3	9/17/1963 M	1
111	9/29/1988	28	11	5/19/1951 M	1
112	6/18/1990	27	3	1/27/1969 F	1
113	1/23/2006	11	7	7/5/1972 M	2
114	6/1/2001	16	3	2/25/1975 M	1
115	3/27/1994	23	5	11/11/1970 M	1
116	8/10/1987	30	1	6/19/1959 M	1
117	10/10/2005	11	11	8/15/1967 M	2
118	1/29/2003	14	7	7/18/1965 F	2
119	2/25/1991	26	7	10/28/1970 F	1
120	8/3/1992	25	1	1/3/1970 M	1
121	7/9/2002	15	2	2/7/1971 M	1
122	8/21/2006	11	1	10/22/1962 M	2
123	1/18/2000	17	8	4/1/1968 F	1
124	10/31/1998	18	10	11/13/1972 M	1
125	12/12/1994	22	9	6/13/1973 M	1
126	3/14/2006	11	6	12/9/1963 F	2
127	1/2/1991	26	8	6/20/1964 F	1
128	12/28/1998	18	8	3/30/1952 F	1
129	8/24/1998	19	1	2/21/1974 M	1
130	6/25/2001	16	2	5/8/1972 M	1
131	5/20/2002	15	4	2/14/1967 F	1
132	3/17/2002	15	6	9/5/1982 M	1
133	3/31/2002	15	5	11/17/1973 M	1
134	2/1/1999	18	7	12/20/1979 M	1
135	8/16/1999	18	1	7/4/1974 F	1
136	10/31/2002	14	10	4/29/1969 F	2
137	5/1/1991	26	4	4/23/1956 M	1
138	12/1/2000	16	9	4/18/1963 M	1
139	2/7/2000	17	7	9/9/1971 M	1
140	11/9/1998	18	10	11/23/1975 M	1
141	3/13/1994	23	6	9/28/1952 M	1
142	10/5/1998	18	11	3/30/1978 F	1
143	10/16/2000	16	11	5/3/1976 F	1

144	11/16/1999	17	10	12/12/1960 M	1
145	3/11/2001	16	6	3/19/1973 M	1
146	10/30/2005	11	10	4/27/1959 F	2
147	5/1/2006	11	4	6/30/1965 M	2
148	8/21/2006	11	1	1/14/1970 F	2
149	6/1/2000	17	3	2/14/1963 F	1
150	5/4/1987	30	4	3/11/1953 F	1
151	12/28/1987	29	8	7/22/1964 M	1
152	2/6/2006	11	7	7/2/1982 M	2
153	8/6/2001	16	1	5/21/1966 M	1
154	3/2/2001	16	6	6/21/1955 F	1
155	8/21/2000	17	1	9/29/1971 M	1
156	3/30/2003	14	5	1/19/1956 M	2
157	4/4/2005	12	5	1/26/1962 M	2
158	2/1/2002	15	7	10/21/1966 M	1
159	8/16/2006	11	1	1/25/1969 F	2
160	9/1/1999	18	0	10/22/1969 M	1
161	10/1/2002	14	11	3/12/1957 F	2
162	10/1/1995	21	11	1/15/1970 M	1
163	3/24/2002	15	5	4/15/1977 M	1
164	2/1/2002	15	7	10/17/1976 M	1
165	10/25/1993	23	11	8/16/1960 F	1
166	1/16/1991	26	8	5/24/1956 M	1
167	6/6/1994	23	3	4/15/1956 F	1
168	12/16/2001	15	9	11/7/1978 F	1
169	2/1/1990	27	7	9/19/1946 F	1
170	3/31/2000	17	5	10/28/1973 M	1
171	12/12/2003	13	9	4/23/1955 F	2
172	10/13/1999	17	11	1/22/1963 M	1
173	12/15/1997	19	9	8/12/1968 M	1
174	1/1/1991	26	8	2/9/1953 M	1
175	4/26/2004	13	4	12/9/1960 F	2
176	1/15/2003	14	8	1/31/1962 F	2
177	10/17/2005	11	11	7/29/1967 M	2
178	6/1/2001	16	3	6/22/1966 F	1
179	6/1/1989	28	3	8/8/1957 F	1
180	3/31/2002	15	5	1/28/1970 M	1
181	8/24/2004	13	0	10/31/1963 F	2
182	10/17/2005	11	11	2/13/1959 F	2
183	5/16/2001	16	4	8/27/1966 F	1
184	11/27/2001	15	9	2/4/1970 F	1
185	4/29/1997	20	4	1/11/1973 M	1
186	6/21/1999	18	3	11/18/1976 M	1
187	3/27/2005	12	5	12/15/1975 F	2
188	5/8/2000	17	4	7/30/1976 M	1
189	7/17/2006	11	2	11/11/1958 F	2
190	5/6/2002	15	4	3/25/1980 M	1
191	9/1/1982	35	0	9/19/1958 F	1
192	2/23/2005	12	6	7/28/1985 F	2

193	10/16/2000	16	11	11/7/1966 M	1
194	5/27/2003	14	3	6/7/1968 F	2
195	12/16/2002	14	9	4/4/1952 M	2
196	7/1/1994	23	2	2/3/1947 F	1
197	10/14/1996	20	11	2/25/1963 M	1
198	12/14/1998	18	9	6/29/1964 M	1
199	1/3/2006	11	8	7/25/1974 M	2
200	3/21/1993	24	6	10/28/1972 F	1
201	5/16/2001	16	4	4/1/1976 M	1
202	7/25/2006	11	1	12/8/1974 F	2
203	12/16/2002	14	9	7/3/1961 M	2
204	10/1/1987	29	11	5/26/1956 F	1
205	6/23/2003	14	3	6/23/1980 M	2
206	10/1/1985	31	11	6/26/1940 F	1
207	11/4/1996	20	10	8/6/1968 M	1
208	3/30/2003	14	5	8/13/1960 M	2
209	4/16/1999	18	5	1/8/1955 M	1
210	3/26/2006	11	5	10/7/1983 M	2
211	4/9/2001	16	5	7/18/1962 M	1
212	6/5/1997	20	3	6/11/1977 F	1
213	10/2/2006	10	11	2/14/1981 M	2
214	10/13/2004	12	11	5/25/1961 F	2
215	10/3/2005	11	11	5/4/1976 M	2
216	4/15/2002	15	5	5/18/1963 F	1
217	3/17/1998	19	6	6/24/1976 M	1
218	10/7/2002	14	11	8/5/1962 M	2
219	10/11/1999	17	11	7/9/1968 M	1
220	2/24/2009	8	6	10/25/1978 F	2
221	7/23/2003	14	2	4/28/1947 F	2
222	2/11/2002	15	7	7/8/1973 M	1
223	5/22/2006	11	4	2/6/1950 M	2
224	6/9/2003	14	3	1/7/1962 F	2
225	12/16/2000	16	9	5/28/1976 M	1
226	1/5/2004	13	8	3/1/1975 M	2
227	2/16/1999	18	7	8/28/1963 M	1
228	10/15/2001	15	11	11/10/1972 M	1
229	3/28/2004	13	5	2/6/1978 M	2
230	7/9/1998	19	2	4/28/1965 F	1
231	9/26/2005	11	11	11/6/1982 F	2
232	8/19/1996	21	1	6/22/1953 F	1
233	10/22/2003	13	11	7/13/1960 F	2
234	4/26/1993	24	4	8/3/1969 M	1
235	9/16/2002	15	0	10/16/1969 M	1
236	11/6/2002	14	10	4/25/1969 M	2
237	6/19/2006	11	3	6/14/1985 M	2
238	3/30/2003	14	5	7/25/1973 M	2
239	1/29/2001	16	7	11/4/1971 F	1
240	3/14/2004	13	6	9/7/1951 M	2
241	2/20/2006	11	7	7/4/1961 F	2

242	3/1/2006	11	6	8/22/1967 F	2
243	6/22/1998	19	3	4/2/1973 F	1
244	7/9/2003	14	2	8/3/1969 M	2
245	10/1/1997	19	11	1/25/1967 M	1
246	1/5/2005	12	8	6/22/1975 M	2
247	10/1/1999	17	11	5/8/1976 M	1
248	6/12/2006	11	3	1/30/1975 F	2
249	6/2/2003	14	3	11/13/1980 M	2
250	2/6/1995	22	7	2/29/1956 F	1
251	7/28/2003	14	1	3/9/1957 F	2
252	3/15/1989	28	6	6/13/1957 F	1
253	7/15/2002	15	2	1/9/1951 M	1
254	11/16/1994	22	10	2/27/1967 M	1
255	7/11/1994	23	2	11/3/1962 M	1
256	2/16/2004	13	7	8/27/1980 F	2
257	7/16/2001	16	2	5/16/1953 F	1
258	9/24/2001	15	11	1/22/1979 M	1
259	4/23/2003	14	5	8/9/1961 F	2
260	11/25/1996	20	9	8/9/1970 M	1
261	9/16/1998	19	0	2/27/1973 M	1
262	9/14/1998	19	0	7/30/1980 F	1
263	7/1/1998	19	2	10/17/1972 M	1
264	6/16/1999	18	3	2/8/1963 M	1
265	12/30/2002	14	8	9/10/1974 F	2
266	7/16/2001	16	2	5/8/1962 F	1
267	11/16/1987	29	10	4/15/1956 M	1
268	9/2/2003	14	0	1/3/1968 F	2
269	7/26/1999	18	1	10/7/1964 F	1
270	9/5/2000	17	0	3/3/1981 M	1
271	2/16/2001	16	7	4/29/1964 F	1
272	9/22/2000	17	0	7/2/1982 F	1
273	7/12/2006	11	2	1/26/1973 F	2
274	11/20/2000	16	10	8/22/1963 M	1
275	3/31/2002	15	5	8/8/1970 M	1
276	10/1/1987	29	11	6/14/1961 M	1
277	10/1/2004	12	11	9/14/1975 M	2
278	1/1/2000	17	8	4/17/1952 M	1
279	2/26/2001	16	6	2/15/1952 M	1
280	7/7/2003	14	2	4/23/1979 M	2
281	2/7/2000	17	7	9/7/1968 M	1
282	11/14/2005	11	10	7/28/1955 F	2
283	10/1/2004	12	11	5/20/1980 M	2
284	3/1/2004	13	6	5/15/1979 M	2
285	4/6/1987	30	5	2/19/1965 F	1
286	12/27/2000	16	8	12/30/1972 F	1
287	1/15/2003	14	8	2/28/1954 F	2
288	3/1/2006	11	6	7/13/1954 F	2
289	2/3/2003	14	7	6/16/1965 F	2
290	8/10/2005	12	1	11/11/1981 M	2

291	2/1/2000	17	7	8/12/1963 F	1
292	6/15/2009	8	3	7/17/1980 M	2
293	5/7/2001	16	4	7/10/1973 F	1
294	4/7/1992	25	5	4/24/1950 M	1
295	3/31/2002	15	5	1/12/1958 M	1
296	10/12/1998	18	11	3/20/1957 M	1
297	9/13/2006	11	0	12/7/1959 F	2
298	12/12/2005	11	9	10/8/1959 F	2
299	3/1/1999	18	6	10/2/1954 F	1
300	3/10/1997	20	6	11/3/1952 F	1
301	5/14/2002	15	4	2/1/1972 F	1
302	7/16/2001	16	2	9/4/1981 M	1
303	1/25/1999	18	7	3/24/1975 M	1
304	10/7/1998	18	11	8/24/1973 M	1
305	6/10/2002	15	3	1/23/1975 F	1
306	8/7/2006	11	1	10/22/1973 M	2
307	12/1/2003	13	9	3/3/1958 F	2
308	10/25/1998	18	10	4/7/1973 F	1
309	4/20/2004	13	5	12/25/1973 F	2
310	9/1/1998	19	0	9/12/1953 M	1
311	1/16/2001	16	8	6/10/1964 M	1
312	1/18/1993	24	8	8/5/1957 F	1
313	6/1/1993	24	3	10/30/1967 F	1
314	3/11/2003	14	6	3/29/1964 F	2
315	10/8/1990	26	11	3/16/1967 F	1
316	11/5/1998	18	10	5/31/1972 F	1
317	8/21/2000	17	1	2/10/1963 F	1
318	8/29/1994	23	0	8/13/1961 F	1
319	3/31/1998	19	5	9/8/1966 F	1
320	11/15/2004	12	10	8/6/1971 F	2
321	5/27/2003	14	3	12/29/1979 M	2
322	6/1/1998	19	3	3/2/1968 F	1
323	1/17/2003	14	8	6/12/1953 F	2
324	1/1/2003	14	8	5/9/1959 F	2
325	8/1/1995	22	1	3/13/1975 F	1
326	1/1/1985	32	8	12/22/1938 M	1
327	9/29/1995	21	11	1/30/1966 M	1
328	9/1/2000	17	0	5/2/1975 M	1
329	9/23/2002	15	0	10/25/1977 F	1
330	11/27/1995	21	9	5/27/1972 M	1
331	8/18/1997	20	1	6/14/1975 M	1
332	10/1/1997	19	11	3/14/1974 F	1
333	1/7/2002	15	8	7/7/1966 F	1
334	11/18/1996	20	10	2/19/1965 M	1
335	8/19/2002	15	1	6/3/1979 M	1
336	9/1/1998	19	0	3/14/1975 M	1
337	5/3/1999	18	4	9/30/1975 F	1
338	9/10/2003	14	0	5/24/1968 M	2
339	4/23/1990	27	5	6/30/1951 M	1

340	8/12/2002	15	1	6/4/1979 M	1
341	11/11/2005	11	10	2/11/1960 F	2
342	12/16/1996	20	9	12/30/1977 M	1
343	4/9/2001	16	5	12/13/1975 M	1
344	5/29/2002	15	3	4/8/1959 F	1
345	3/30/2003	14	5	5/8/1961 F	2
346	9/26/1994	22	11	8/20/1965 M	1
347	11/22/1999	17	10	3/12/1969 F	1
348	7/22/1996	21	2	8/10/1969 M	1
349	10/22/1985	31	11	8/30/1959 M	1
350	11/16/2001	15	10	10/13/1962 M	1
351	11/4/1996	20	10	12/4/1974 F	1
352	10/4/1999	17	11	8/31/1968 M	1
353	5/10/1999	18	4	10/24/1955 F	1
354	6/11/2001	16	3	6/21/1974 F	1
355	1/2/1998	19	8	12/19/1967 M	1
356	8/26/2002	15	0	3/25/1974 M	1
357	12/8/1998	18	9	3/26/1970 F	1
358	6/12/2002	15	3	9/5/1955 M	1
359	10/11/1993	23	11	2/12/1971 M	1
360	11/10/2003	13	10	12/2/1948 F	2
361	6/28/2006	11	2	2/23/1976 F	2
362	4/9/2003	14	5	10/27/1944 M	2
363	7/14/1997	20	2	8/5/1977 M	1
364	1/18/1993	24	8	8/7/1961 F	1
365	12/15/2004	12	9	3/1/1967 M	2
366	12/27/1999	17	8	6/26/1971 M	1
367	8/20/2001	16	1	4/1/1978 M	1
368	9/24/2001	15	11	3/12/1965 F	1
369	5/17/1999	18	4	1/21/1964 F	1
370	6/14/1993	24	3	11/15/1966 M	1
371	12/27/2004	12	8	10/25/1961 M	2
372	10/1/2002	14	11	10/4/1962 F	2
373	3/8/1992	25	6	12/23/1967 M	1
374	4/12/1999	18	5	3/8/1976 F	1
375	12/19/2005	11	9	1/10/1986 F	2
376	5/22/2006	11	4	5/8/1973 M	2
377	4/14/1997	20	5	8/12/1954 M	1
378	10/11/2006	10	11	10/9/1978 F	2
379	11/19/2001	15	10	8/15/1963 F	1
380	3/5/2001	16	6	6/27/1960 F	1
381	10/1/2000	16	11	8/13/1974 M	1
382	6/7/2004	13	3	2/10/1959 M	2
383	6/24/1997	20	3	10/31/1971 M	1
384	9/15/1987	30	0	5/8/1965 F	1
385	5/16/2001	16	4	9/1/1963 F	1
386	1/14/2004	13	8	1/8/1964 F	2
387	8/16/2006	11	1	9/22/1960 F	2
388	9/21/1998	19	0	9/5/1966 M	1

389	1/1/1991	26	8	1/23/1972 M	1
390	1/28/2002	15	7	12/16/1965 M	1
391	11/25/1996	20	9	11/8/1959 F	1
392	4/7/1999	18	5	4/23/1966 M	1
393	11/16/1998	18	10	2/12/1980 M	1
394	7/19/1993	24	2	8/24/1971 M	1
395	10/20/2003	13	11	11/30/1957 F	2
396	6/10/2004	13	3	3/4/1961 F	2
397	11/11/2002	14	10	8/11/1978 M	2
398	1/16/1996	21	8	5/29/1974 M	1
399	2/15/2006	11	7	11/15/1970 F	2
400	9/21/1998	19	0	3/26/1970 M	1
401	5/23/2005	12	4	6/6/1981 M	2
402	1/10/1990	27	8	7/23/1956 M	1
403	11/14/1994	22	10	8/9/1970 M	1
404	11/16/1994	22	10	3/15/1971 F	1
405	2/2/1998	19	7	4/29/1976 F	1
406	1/13/2004	13	8	5/25/1984 F	2
407	10/26/2003	13	10	10/16/1958 F	2
408	8/14/2006	11	1	4/30/1966 F	2
409	6/20/1991	26	3	2/2/1961 M	1
410	12/17/2001	15	9	8/27/1969 M	1
411	11/1/1995	21	10	10/7/1976 F	1
412	12/1/2000	16	9	10/15/1964 M	1
413	10/31/1992	24	10	12/18/1962 F	1
414	1/6/1992	25	8	10/3/1961 M	1
415	6/18/2001	16	3	11/1/1972 M	1
416	3/13/1994	23	6	1/3/1968 F	1
417	1/30/2006	11	7	10/19/1972 M	2
418	7/22/2002	15	2	8/30/1954 M	1
419	5/31/2006	11	3	1/6/1973 M	2
420	8/29/2005	12	0	12/25/1985 F	2
421	10/12/1998	18	11	1/30/1979 F	1
422	10/1/2001	15	11	11/4/1959 F	1
423	7/8/2002	15	2	4/5/1970 M	1
424	3/13/2002	15	6	10/11/1962 F	1
425	11/15/1999	17	10	8/24/1960 F	1
426	3/23/1986	31	6	11/30/1968 F	1
427	7/1/1992	25	2	7/31/1969 F	1
428	12/1/1986	30	9	4/27/1967 F	1
429	12/17/2001	15	9	8/26/1977 M	1
430	7/26/2016	1	1	2/9/1974 F	2
431	3/14/2006	11	6	2/22/1985 F	2
432	10/1/1993	23	11	8/29/1967 M	1
433	10/1/1986	30	11	4/28/1953 M	1
434	2/1/1988	29	7	5/19/1959 M	1
435	10/24/2005	11	10	6/3/1983 F	2
436	8/9/1999	18	1	11/5/1980 F	1
437	8/16/1990	27	1	8/1/1970 M	1

438	1/5/2005	12	8	10/1/1952 M	2
439	3/28/2004	13	5	6/3/1954 M	2
440	12/27/2005	11	8	1/5/1956 M	2
441	3/4/2002	15	6	5/20/1977 M	1
442	6/10/2002	15	3	12/23/1978 M	1
443	9/1/1991	26	0	11/20/1961 M	1
444	12/1/2000	16	9	10/20/1956 M	1
445	12/18/1991	25	9	12/5/1963 M	1
446	10/28/1996	20	10	4/23/1952 F	1
447	2/16/2004	13	7	2/9/1960 F	2
448	3/17/2002	15	6	10/31/1959 M	1
449	7/20/1995	22	2	2/22/1960 F	1
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452	4/26/2004	13	4	9/1/1984 M	2
453	12/17/1999	17	9	12/12/1969 M	1
454	1/16/1997	20	8	2/26/1963 M	1
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456	10/31/2001	15	10	12/24/1955 F	1
457	7/19/2004	13	2	7/31/1983 M	2
458	2/28/2005	12	6	2/19/1964 F	2
459	9/13/1993	24	0	10/29/1964 F	1
460	1/16/1993	24	8	7/4/1967 F	1
461	4/12/1993	24	5	7/18/1973 M	1
462	10/1/1999	17	11	6/14/1965 M	1
463	8/1/1990	27	1	11/25/1963 F	1
464	3/31/2002	15	5	5/26/1981 M	1
465	2/1/2000	17	7	12/26/1969 M	1
466	3/14/1993	24	6	5/16/1955 M	1
467	11/5/2001	15	10	3/30/1956 M	1
468	6/21/2004	13	3	6/23/1942 F	2
469	4/30/2001	16	4	4/23/1972 F	1
470	7/23/1990	27	2	4/14/1972 F	1
471	3/14/2006	11	6	10/26/1954 F	2
472	11/16/2000	16	10	3/7/1970 M	1
473	3/1/1999	18	6	7/29/1972 F	1
474	8/1/2002	15	1	10/30/1966 F	1
475	6/11/2001	16	3	12/14/1980 M	1
476	3/9/1997	20	6	9/12/1962 F	1
477	12/11/2000	16	9	5/24/1970 M	1
478	7/26/1999	18	1	3/6/1975 M	1
479	3/9/2005	12	6	6/8/1973 M	2
480	8/1/1995	22	1	7/30/1970 M	1
481	3/25/2002	15	5	8/13/1980 F	1
482	1/5/2004	13	8	9/8/1978 F	2
483	5/31/2006	11	3	2/5/1964 M	2
484	10/16/2000	16	11	12/17/1973 M	1
485	6/5/2006	11	3	6/29/1974 M	2
486	5/12/1986	31	4	11/16/1963 F	1

487	6/19/2006	11	3	1/28/1986 M	2
488	8/30/2004	13	0	5/3/1969 F	2
489	12/15/2003	13	9	12/2/1963 M	2
490	4/18/1997	20	5	12/19/1977 M	1
491	5/15/2000	17	4	4/29/1980 M	1
492	8/1/2001	16	1	9/18/1960 M	1
493	8/1/2000	17	1	6/26/1974 F	1
494	8/5/2002	15	1	4/12/1963 M	1
495	10/13/1997	19	11	8/16/1977 M	1
496	12/5/1990	26	9	1/7/1969 M	1
497	10/6/1986	30	11	7/5/1953 M	1
498	6/16/2003	14	3	3/12/1973 M	2
499	6/3/1996	21	3	12/16/1971 F	1
500	12/2/1996	20	9	7/21/1966 F	1
501	8/3/1981	36	1	6/11/1963 F	1
502	6/16/1997	20	3	3/16/1959 F	1
503	1/18/2000	17	8	10/5/1977 M	1
504	8/21/2006	11	1	6/24/1980 M	2
505	10/3/2005	11	11	10/24/1974 F	2
506	1/8/1995	22	8	5/22/1973 M	1
507	9/15/2003	14	0	8/31/1962 F	2
508	4/16/2000	17	5	9/3/1968 F	1
509	4/12/1999	18	5	3/4/1970 M	1
510	4/23/2001	16	5	12/24/1961 M	1
511	2/22/1988	29	7	1/7/1955 M	1
512	10/31/2000	16	10	11/15/1955 M	1
513	1/22/1985	32	8	11/14/1962 M	1
514	9/17/1990	27	0	12/4/1963 F	1
515	3/20/2005	12	6	2/24/1975 M	2
516	2/28/2005	12	6	2/16/1962 F	2
517	4/3/2006	11	5	4/4/1970 M	2
518	4/24/2000	17	4	9/10/1976 M	1
519	3/17/2002	15	6	11/10/1980 M	1
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522	7/22/1986	31	2	5/29/1961 M	1
523	6/1/1998	19	3	3/14/1975 M	1
524	8/16/1988	29	1	3/19/1953 M	1
525	10/11/1999	17	11	8/8/1971 M	1
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528	4/30/2001	16	4	5/2/1954 M	1
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530	9/21/2005	12	0	2/21/1971 F	2
531	2/9/1987	30	7	11/25/1959 F	1
532	4/10/1995	22	5	12/21/1968 F	1
533	8/1/1991	26	1	4/14/1961 F	1
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535	3/23/2004	13	5	10/13/1978 F	2

536	2/14/1994	23	7	7/20/1968 F	1
537	6/17/2002	15	3	4/28/1978 M	1
538	1/6/2003	14	8	11/1/1972 F	2
539	9/1/1981	36	0	6/26/1949 M	1
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542	2/27/1996	21	6	12/20/1960 M	1
543	10/30/1990	26	10	1/26/1959 F	1
544	3/17/2002	15	6	3/9/1969 M	1
545	12/18/2000	16	9	4/4/1977 F	1
546	1/14/2004	13	8	1/3/1961 M	2
547	5/16/2001	16	4	10/10/1970 M	1
548	1/14/2004	13	8	9/13/1968 F	2
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554	4/13/2005	12	5	9/21/1958 F	2
555	12/1/2005	11	9	11/21/1960 M	2
556	12/1/2003	13	9	2/13/1982 F	2
557	10/1/1995	21	11	5/25/1971 M	1
558	6/19/2000	17	3	7/4/1955 F	1
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563	4/20/1998	19	5	10/23/1972 M	1
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565	3/15/1994	23	6	7/9/1960 M	1
566	2/18/2002	15	7	2/10/1980 M	1
567	6/8/2005	12	3	1/14/1987 M	2
568	1/16/2002	15	8	12/26/1960 F	1
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570	10/16/2006	10	11	1/22/1970 F	2
571	10/9/2006	10	11	7/21/1987 F	2
572	10/9/2006	10	11	11/10/1979 M	2
573	10/29/2006	10	10	1/27/1978 F	2
574	10/25/2006	10	10	4/4/1959 M	2
575	11/6/2006	10	10	3/29/1974 F	2
576	11/16/2006	10	10	9/1/1956 M	2
577	11/16/2006	10	10	4/27/1978 F	2
578	11/27/2006	10	9	1/14/1972 M	2
579	11/27/2006	10	9	3/19/1973 M	2
580	11/27/2006	10	9	3/3/1977 F	2
581	12/4/2006	10	9	8/14/1965 F	2
582	12/18/2006	10	9	12/25/1961 M	2
583	1/1/2007	10	8	3/20/1953 M	2
584	1/2/2007	10	8	2/2/1967 M	2

585	1/1/2007	10	8	10/18/1959 M	2
586	1/3/2007	10	8	1/20/1973 M	2
587	1/3/2007	10	8	3/23/1973 M	2
588	1/2/2007	10	8	8/1/1969 F	2
589	1/8/2007	10	8	12/7/1976 M	2
590	1/16/2007	10	8	9/4/1957 M	2
591	2/1/2007	10	7	8/13/1977 F	2
592	2/5/2007	10	7	11/22/1961 M	2
593	2/5/2007	10	7	2/18/1964 F	2
594	2/19/2007	10	7	6/5/1947 F	2
595	2/19/2007	10	7	7/9/1964 M	2
596	2/26/2007	10	6	6/11/1976 F	2
597	2/26/2007	10	6	8/1/1977 M	2
598	2/26/2007	10	6	1/27/1981 M	2
599	2/28/2007	10	6	6/9/1965 M	2
600	2/28/2007	10	6	9/4/1985 M	2
601	3/12/2007	10	6	8/23/1958 M	2
602	3/18/2007	10	6	4/20/1964 M	2
603	3/19/2007	10	6	7/7/1974 M	2
604	3/26/2007	10	5	1/19/1978 M	2
605	3/28/2007	10	5	9/8/1982 F	2
606	3/28/2007	10	5	5/18/1959 F	2
607	4/1/2007	10	5	7/14/1980 M	2
608	4/11/2007	10	5	7/3/1960 M	2
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610	4/16/2007	10	5	1/20/1970 M	2
611	4/27/2007	10	4	6/27/1967 M	2
612	5/9/2007	10	4	3/21/1982 F	2
613	5/21/2007	10	4	4/8/1981 M	2
614	5/23/2007	10	4	10/22/1956 M	2
615	5/29/2007	10	3	6/24/1973 F	2
616	6/4/2007	10	3	12/28/1978 M	2
617	6/11/2007	10	3	2/23/1978 F	2
618	7/16/2007	10	2	4/17/1953 F	2
619	2/9/2009	8	7	11/15/1988 M	2
620	8/15/2007	10	1	8/20/1974 M	2
621	8/15/2007	10	1	7/9/1977 M	2
622	8/29/2007	10	0	3/22/1984 F	2
623	8/28/2007	10	0	12/10/1972 M	2
624	8/29/2007	10	0	3/13/1980 F	2
625	9/4/2007	10	0	8/9/1953 F	2
626	9/10/2007	10	0	1/23/1957 M	2
627	9/10/2007	10	0	11/25/1955 F	2
628	10/1/2007	9	11	8/21/1970 F	2
629	10/10/2007	9	11	12/13/1951 M	2
630	10/29/2007	9	10	10/31/1984 M	2
631	10/24/2007	9	10	11/23/1961 F	2
632	12/10/2007	9	9	4/25/1961 M	2
633	12/17/2007	9	9	12/5/1964 F	2

634	12/19/2007	9	9	8/26/1980 M	2
635	1/14/2008	9	8	12/20/1971 M	2
636	1/23/2008	9	7	12/22/1958 M	2
637	1/28/2008	9	7	3/26/1963 M	2
638	2/4/2008	9	7	11/15/1981 F	2
639	2/13/2008	9	7	8/2/1952 F	2
640	2/13/2008	9	7	4/6/1982 F	2
641	2/25/2008	9	6	3/21/1961 F	2
642	2/13/2008	9	7	9/25/1970 F	2
643	3/3/2008	9	6	12/23/1963 F	2
644	3/17/2008	9	6	12/6/1963 M	2
645	3/24/2008	9	5	2/16/1949 M	2
646	4/7/2008	9	5	9/7/1978 F	2
647	4/16/2008	9	5	5/29/1974 F	2
648	4/16/2008	9	5	9/15/1970 M	2
649	4/21/2008	9	5	3/17/1964 M	2
650	4/30/2008	9	4	3/13/1976 M	2
651	6/4/2008	9	3	7/1/1971 F	2
652	6/4/2008	9	3	1/9/1983 F	2
653	6/4/2008	9	3	5/9/1989 M	2
654	6/23/2008	9	2	1/9/1976 M	2
655	6/24/2008	9	2	9/4/1969 F	2
656	6/25/2008	9	2	11/7/1972 F	2
657	6/30/2008	9	2	11/14/1953 F	2
658	7/2/2008	9	2	9/9/1970 M	2
659	7/2/2008	9	2	5/6/1984 M	2
660	7/7/2008	9	2	1/10/1961 F	2
661	7/9/2008	9	2	6/14/1965 M	2
662	7/14/2008	9	2	1/10/1952 F	2
663	7/14/2008	9	2	2/3/1982 M	2
664	7/14/2008	9	2	5/17/1969 M	2
665	7/14/2008	9	2	1/15/1968 M	2
666	8/7/2008	9	1	8/1/1963 M	2
667	8/13/2008	9	1	1/21/1988 F	2
668	8/18/2008	9	1	6/6/1956 F	2
669	8/27/2008	9	0	11/12/1983 M	2
670	9/8/2008	9	0	9/18/1961 F	2
671	9/10/2008	9	0	12/29/1966 F	2
672	9/10/2008	9	0	11/20/1980 F	2
673	5/18/2009	8	4	3/28/1967 M	2
674	9/24/2008	8	11	6/8/1967 M	2
675	9/24/2008	8	11	9/27/1956 M	2
676	9/24/2008	8	11	6/25/1983 F	2
677	10/6/2008	8	11	9/4/1964 F	2
678	10/8/2008	8	11	11/4/1952 F	2
679	12/15/2008	8	9	4/16/1970 M	2
680	1/12/2009	8	8	5/18/1957 F	2
681	10/15/2008	8	11	7/17/1982 F	2
682	10/20/2008	8	11	2/21/1959 F	2

683	10/29/2008	8	10	9/10/1971 M	2
684	11/3/2008	8	10	11/3/1981 F	2
685	11/3/2008	8	10	1/14/1983 M	2
686	11/24/2008	8	9	3/15/1961 F	2
687	12/1/2008	8	9	6/15/1982 F	2
688	1/28/2009	8	7	4/23/1959 F	2
689	12/1/2008	8	9	6/16/1967 M	2
690	12/15/2008	8	9	10/15/1983 M	2
691	12/8/2008	8	9	12/16/1956 F	2
692	12/8/2008	8	9	12/16/1956 F	2
693	12/18/2008	8	9	12/15/1976 M	2
694	12/29/2008	8	8	12/28/1984 M	2
695	1/14/2009	8	8	12/26/1962 M	2
696	1/20/2009	8	8	12/27/1950 M	2
697	1/28/2009	8	7	12/16/1983 M	2
698	2/25/2009	8	6	9/21/1955 F	2
699	3/2/2009	8	6	10/14/1962 F	2
700	3/2/2009	8	6	7/27/1968 M	2
701	3/16/2009	8	6	6/13/1961 M	2
702	3/24/2009	8	5	12/4/1983 F	2
703	3/9/2009	8	6	4/18/1984 M	2
704	3/30/2009	8	5	8/30/1980 M	2
705	4/7/2009	8	5	12/17/1980 F	2
706	4/20/2009	8	5	8/25/1977 F	2
707	5/11/2009	8	4	2/13/1960 M	2
708	5/12/2009	8	4	2/27/1957 F	2
709	5/28/2009	8	3	4/20/1965 M	2
710	6/9/2009	8	3	5/10/1952 F	2
711	8/11/2009	8	1	5/21/1959 M	2
712	8/24/2009	8	0	1/30/1972 M	2
713	8/24/2009	8	0	7/31/1955 M	2
714	10/26/2012	4	10	12/9/1957 F	2

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.

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.collincountytexas.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 - Human Resources Director
Lisa Meyer - Assistant Human Resources Director
Erica Johnson - Risk Manager
Delena David – Senior Benefits Representative

Purchasing:

Michalyn Rains – CPPO, CPPB Purchasing Agent
Michelle Charnoski, CPPB – Assistant Purchasing Agent
Geri Osinaike – Senior Buyer

Commissioners' Court:

Keith Self – County Judge
Susan Fletcher – Commissioner Precinct No. 1
Cheryl Williams – Commissioner Precinct No. 2
Chris Hill – Commissioner Precinct No. 3
Duncan Webb – Commissioner Precinct No. 4

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"/> 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 <i>How to get a TIN</i> 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 [][][] - [][] - [][][][][][] or Employer identification number [][] - [][][][][][][][]
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Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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.	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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.