

**ATTACHMENT 1 - BUSINESS ORGANIZATION QUESTIONNAIRE
CITY OF AUSTIN PURCHASING OFFICE
REQUEST FOR PROPOSAL NO. 5800 LNH3022
GROUP LIFE INSURANCE**

Complete and place in Tab 3 of your Proposal response.

	<u>Question</u>	<u>Response</u>		
1.	Name of Company?			
2.	Name of Parent Company (if applicable)?			
3.	Location of corporate office?			
4.	Legal form of organization (corporation, partnership, non-profit, etc.)?			
5.	How long has your company provided this service?			
6.	Current number of participating employer group clients?	<u>Under 5,000 lives</u>	<u>Over 5,000 lives</u>	
7.	Current number of public sector clients?			
8.	Number of total covered lives in:	<u>2017</u>	<u>2018</u>	<u>2019</u>
9.	Is there any litigation and/or government action pending, or has there been any taken or proposed against your company during the last five years?			
10.	Has your company experienced any security breaches where Protected Health Information was compromised in the last 24 months? If yes, how long did it take for you to notify impacted participants and their employer?			
11.	Describe any subcontractor relationships your company intends to utilize in the performance of services proposed and how long the relationship has been in place.			
12.	Provide an organizational diagram that illustrates the legal relationship between all organizations involved in your proposed solution to this RFP. Provide at a minimum, the name of the organization, legal relationship, and the length of the relationship.			

Note: Use additional pages as necessary.

**ATTACHMENT 2 - REFERENCES QUESTIONNAIRE
CITY OF AUSTIN PURCHASING OFFICE
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Complete and place in Tab 4 of your Proposal response.

	Requested Information	Response
1.	Provide your company's relevant experience, qualifications, and expertise providing life services described in the Section 0500 Scope of Work.	
2.	Provide letters of recommendations that your company has received.	
3.	<p>Provide a list of five current or previous public-sector clients with over 5,000 employees. Reference contacts must be aware that they are being used and should be agreeable to City interview for follow-up. References shall include the following:</p> <ul style="list-style-type: none"> • Agency • Number of employees • Number of retirees • Year contract was awarded and length of contract • Agency contract manager • Title • Direct telephone number • Email address 	

**ATTACHMENT 3 - CUSTOMER SERVICE QUESTIONNAIRE
CITY OF AUSTIN PURCHASING OFFICE
REQUEST FOR PROPOSAL NO. 5800 LNH3022
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Complete and place in Tab 6 of your Proposal response.

	<u>Question</u>	<u>Response</u>		
1.	Location of customer service unit and claims unit?			
2.	Number of Customer Service Representatives (CSR)?			
3.	Number of CSR staff designated to the City?			
4.	Number of Spanish speaking CSRs designated to the City?			
5.	Target ratio of CSRs to enrolled participants?			
6.	Average daily number of incoming calls?	<u>2017</u>	<u>2018</u>	<u>2019</u>
7.	Average daily number of calls per CSR?	<u>2017</u>	<u>2018</u>	<u>2019</u>
8.	Average speed to answer in seconds?	<u>2017</u>	<u>2018</u>	<u>2019</u>
9.	Average “hold time” before a CSR is available?	<u>2017</u>	<u>2018</u>	<u>2019</u>
10.	Percentage of calls abandoned?	<u>2017</u>	<u>2018</u>	<u>2019</u>
11.	Turnover rate for customer service unit?	<u>2017</u>	<u>2018</u>	<u>2019</u>
12.	Do your claim processors have the ability to email directly to the City’s Benefits staff approvals, copies of letters sent to employees, denials to expedite the communication between carrier and City staff?			

**ATTACHMENT 4 - ACCOUNT TEAM INFORMATION QUESTIONNAIRE
 CITY OF AUSTIN PURCHASING OFFICE
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Complete and place in Tab 6 of your Proposal response.

	<u>Account Team Staff</u>	<u>Response</u>
1.	Staff Name:	
	Location:	
	Years with company:	
	Years of experience handling life	
	Total number of accounts to service:	
	Percent of time dedicated to the City:	
	Contact number	
	Email	
2.	Staff Name:	
	Location:	
	Years with company:	
	Years of experience handling life	
	Total number of accounts to service:	
	Percent of time dedicated to the City:	
	Contact number	
	Email	
3.	Staff Name:	
	Location:	
	Years with company:	
	Years of experience handling life	
	Total number of accounts to service:	
	Percent of time dedicated to the City:	
	Contact number	
	Email	

**ATTACHMENT 4 - ACCOUNT TEAM INFORMATION QUESTIONNAIRE
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	<u>Account Team Staff</u>	<u>Response</u>
4.	Staff Name:	
	Location:	
	Years with company:	
	Years of experience handling life	
	Total number of accounts to service:	
	Percent of time dedicated to the City:	
	Contact number	
	Email	
5.	Staff Name:	
	Location:	
	Years with company:	
	Years of experience handling life	
	Total number of accounts to service:	
	Percent of time dedicated to the City:	
	Contact number	
	Email	

Note: Use additional pages as necessary.

ATTACHMENT 5 - SYSTEM CAPABILITIES QUESTIONNAIRE
CITY OF AUSTIN PURCHASING OFFICE
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Complete and place in Tab 6 of your Proposal response.

	<u>Question</u>	<u>Response</u>
1.	Is your application web-based or client-based?	
2.	Do you provide web services or custom interfaces to interact with your system?	
3.	What is your uptime percentage?	
4.	Do you have a disaster recovery plan?	
5.	How quickly can your system be up and running in case of downtime?	
6.	What is your process for sending encrypted email information?	
7.	Currently, the City files claims via fax or mail. Detail your organization's online customer service capabilities for City staff to file, monitor and report claims.	
8.	Explain your online submission process and capabilities.	
9.	Provide a website link to demo your system's website.	

**ATTACHMENT 6 - LIFE INSURANCE ADMINISTRATION QUESTIONNAIRE
CITY OF AUSTIN PURCHASING OFFICE
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Complete and place in Tab 6 of your Proposal response.

	<u>Question</u>	<u>Response</u>
1.	Describe your process and the City’s role when filing a life claim. Include a listing of the documentation required to provide with claim submittal.	
2.	Describe your requirements and payment process when benefits are assigned.	
3.	What kind of documentation is required for deaths outside of the United States?	
4.	Describe the claim process when a minor child is listed as the beneficiary.	
5.	Describe the claim process when a spouse is named beneficiary for less than the amount/percentage allowed by certain states.	
6.	What is your process for locating beneficiaries when information is not available by the City?	
7.	Provide a listing, description, and examples of management reports provided on a monthly, quarterly, semi-annual, and annual basis as described in this section.	
8.	Provide a list and samples of all items your company requires of a client (e.g. group application).	
9.	What is the Evidence of Insurability process inclusive of turnaround times?	

Note: Use additional pages as necessary.

**ATTACHMENT 7 - ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) QUESTIONNAIRE
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Complete and place in Tab 6 of your Proposal response.

<u>Question</u>																															
1.	Below is the current minimum required percentage of Accidental Death and Dismemberment (AD&D) coverage. In the third column provide a listing of your percentage of principal for each loss and additional benefits your organization covers.																														
	<table border="1"> <thead> <tr> <th><u>For loss of:</u></th> <th><u>Minimum % Required</u></th> <th><u>Response</u></th> </tr> </thead> <tbody> <tr> <td>a. Life</td> <td>100%</td> <td></td> </tr> <tr> <td>b. Sight of one (1) eye</td> <td>50%</td> <td></td> </tr> <tr> <td>c. One (1) Limb</td> <td>50%</td> <td></td> </tr> <tr> <td>d. Speech and Hearing</td> <td>100%</td> <td></td> </tr> <tr> <td>e. Speech or Hearing</td> <td>50%</td> <td></td> </tr> <tr> <td>f. Thumb and Index Finger of Same Hand</td> <td>25%</td> <td></td> </tr> <tr> <td>g. Quadriplegia</td> <td>100%</td> <td></td> </tr> <tr> <td>h. Paraplegia</td> <td>75%</td> <td></td> </tr> <tr> <td>i. Hemiplegia</td> <td>50%</td> <td></td> </tr> </tbody> </table>	<u>For loss of:</u>	<u>Minimum % Required</u>	<u>Response</u>	a. Life	100%		b. Sight of one (1) eye	50%		c. One (1) Limb	50%		d. Speech and Hearing	100%		e. Speech or Hearing	50%		f. Thumb and Index Finger of Same Hand	25%		g. Quadriplegia	100%		h. Paraplegia	75%		i. Hemiplegia	50%	
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i. Hemiplegia	50%																														
2.	Provide a listing of any additional AD&D coverages available.																														
3.	Indicate all AD&D standard exclusions.																														

**ATTACHMENT 8 - EMPLOYEE WHOLE LIFE INSURANCE ADMINISTRATION QUESTIONNAIRE
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Complete and place in Tab 6 of your Proposal response.

	<u>Question</u>	<u>Response</u>
1.	Describe your Guaranteed Issue component to include below:	
	a. No Evidence of Insurability	
	b. Fixed premiums	
2.	Describe your cash value component to include below:	
	a. Cash surrender amounts	
	b. Withdrawals	
	c. Loans	
3.	Describe your investment component.	
4.	Describe your dividend payments.	

**ATTACHMENT 9 - PERFORMANCE MEASURES QUESTIONNAIRE
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Complete and place in Tab 6 of your Proposal response.

	Performance Measure	Acceptable Performance	Penalty	Agree Yes/No	If No, Proposed Penalty
1.	City's satisfaction with implementation	100%	\$5,000 paid by end of 1 st quarter		
2.	Certificate of Coverage provided within 60 days of approval from the City	100%	4% of annual fees paid by end of 1 st quarter		
3.	Employee Benefits quarterly staff satisfaction. Includes satisfaction with assigned representative.	Average or above	4% of annual fees paid quarterly		
4.	Customer Service	Must be operational January 1 st	\$5,000 paid by end of 1 st quarter		
5.	Average Speed to answer telephone calls	30 seconds or less	1% of annual fees paid annually		
6.	Telephone abandonment rate	Less than 3%	1% of annual fees paid annually		
7.	First telephone call resolution	At least 80%	1% of annual fees paid annually		
8.	Claims processed within 10 business days of receipt	Minimum of 90%	4% of annual fees paid annually		
9.	Payment Accuracy	97%	2% of annual fees paid annually		
10.	Processing Accuracy	97%	2 % of annual fees paid annually		
11.	Overall Accuracy	94%	2 % of annual fees paid annually		
12.	Monthly reports provided within 15 days after the reporting period.	100%	\$1,000 paid monthly		
13.	Quarterly and year-end reports provided within 45 days after the reporting period.	100%	\$2,000 each quarter		
14.	Reporting Accuracy	97%	2% of annual fees paid annually		