	SOLICITATION ADDENDUM NO. 1 RFP 19-22 LIFE AND AD&D INSURANCE	CITY OF GLENDALE Procurement Division 5850 W. Glendale Avenue Suite 317 Glendale, AZ 85301 Phone: (623) 930-2866
	Page 1 of 4	
Solicitation Due Date: February 5, 2019 2:00 P.M. (Local Time)		

The following questions, clarifications, and changes have been addressed in this Addendum No. 1 for Request for Proposal No. 19-22:

QUESTIONS:

- 1) Can the City provide experience data?

ANSWER: Yes, please see the two attached documents: [RFP 19-22 LIFE Claims Detail-redacted](#) and [RFP 19-22 Premium History](#).

- 2) Can you provide a copy of a recent monthly billing statement/premium remittance statement to compare census volumes to reported volumes?

ANSWER: Yes, please see the attached document: [RFP 19-22 2018 Self Billing-life insurance](#)

- 3) Can you provide a list of open Waiver of Premium claims, including gender, date of birth, date of disability, and amounts of life coverage for all current disabled insureds.

ANSWER: None currently

- 4) Can you provide the retiree life rate?

ANSWER: .065/1000

- 5) Have there been any significant plan design changes in the last several years (i.e. change in benefit schedules, acquisitions, mergers)? No

ANSWER: No


- 6) On the certificate, the retiree benefit has a maximum of \$100,000, but there is a retiree on the census with a benefit amount of \$120,000. Please clarify.

ANSWER: This is an error. This should be capped at \$100,000 for retirees.

- 7) The policy identifies city managers as receiving 2 times salary as their basic benefit, but the census only indicates one insured receiving this benefit. Please confirm this is accurate.

ANSWER: We have only one city manager.

- 8) The attached pricing workbook requests that city managers receive 3 times salary and other active employees

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	Page 2 of 4	
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receive 1.5 times salary, while the RFP document requests 2 times salary and 1x salary, respectively. Please confirm which benefit is requested.

ANSWER: The current system cannot handle our current structure automatically, so it is a manual process. The City would like to move away from this manual process and offer a benefit amount that the system can automatically calculate. 1x salary could be seen as a take away but is closer to what we currently offer. 1.5x salary is seen as a positive and something our new system can calculate so we are looking for both pricing. The same would be for the City Manager.

- 9) Will the life insurance plan be self-administered/self-billed by the employer, or will the insurance carrier be responsible for maintaining individual employee records and for generating monthly invoices?

ANSWER: Self-billed

- 10) Can you provide a description of your claim's submission process; including such items as information gathering, submission, follow up and resolution?

ANSWER: Employer submits claim packet along with the employee portion and all documentation (death certs, payroll verifications, beneficiary documents etc). Carrier sends notification to employee on missing information and CC's the employer. Notification of claim status is sent to employer.


- 11) Can you provide the details of your current portability and conversion administration process?

ANSWER: Every employee who terminates employment is provided a conversion notice. It is up to the employee to send in to the carrier.

- 12) Do you currently use a TPA or software vendor for you benefits enrollment and eligibility? If so, can the name of the vendor be released?

ANSWER: No

- 13) For purposes of coordinating waiver of premium with the LTD plan, what is your LTD definition of disability?

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	Page 3 of 4	
Solicitation Due Date: February 5, 2019 2:00 P.M. (Local Time)		

ANSWER: For all employees except PD & Fire: **WHAT IS A DISABILITY?** A disability is determined by “objective medical evidence,” defined as evidence that establishes facts and conditions, as perceived without distortion by personal feelings, prejudices or interpretations, and includes x-rays, quantitative tests, laboratory findings, data, records, and reports from the attending and reports from a consulting physician. Based on objective medical evidence, under the ASRS LTD program you are considered to have a disability if: -During the first 30 months of a period of disability (including a six-month waiting period), you are under the care of a licensed physician and are unable to perform all of the duties of the job you held when you developed a disability. -After you have received monthly LTD benefits for 24 months within a five-year period, you are under the care of a licensed physician and are unable to perform any work for which you are reasonably qualified by education, training or experience and for compensation at an amount greater than or equal to two-thirds of your compensation at the time of disability

For PD and Fire, please see the attached: RFP 19-22 Definition of LTD – Police and Fire

- 14) Can you describe your Evidence of Insurability process; including such things as submission, follow-up and notification?

ANSWER: When an employee signs up for optional life and it exceeds the GI, they are provided an EOI to complete. The EOI is sent directly to the carrier. Once approved, employee and employer received notification and the additional amount is updated in our system and the employees begins to pay for the additional amount approved. If additional information is needed, the notification is sent directly to the employee. If denied, the employee and employer is notified of the denial via hard copy mail.

- 15) Please describe any established file transfers you have in place today.

ANSWER: None

- 16) What’s the best way to communicate with your employees during enrollment and throughout the year?

ANSWER: Annual Benefits fair

- 17) Are current beneficiary designations held electronically or on paper?

ANSWER: Both- Mainly on paper

- a. Who holds current beneficiary designations? **ANSWER:** Employer
 b. What is the process to share beneficiary information with the current carrier? **ANSWER:** The City can upload the document on their secure portal.



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Page 4 of 4

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All other solicitation provisions, terms and conditions and scope of work shall remain the same. Offerors must acknowledge receipt and acceptance by returning this addendum with their proposal.

Name of Company: _____

Address: _____

Authorized Signature: _____

Print Name and Title: _____