

Knowlton Township Board of Education

Request for Proposal Health Insurance Broker Services

Notice of Solicitation

Notice is hereby given that pursuant to the provisions of N.J.S.A. 40A:11-5(1)(a)(ii) and N.J.A.C. 5:34-2.3(b) the Knowlton Township Board of Education, located at 80 Route 46, Delaware, New Jersey 07833, is seeking responses to this Request for Proposal (RFP) for the following professional services to be provided to the Board of Education as listed below for the period January 1, 2020, to December 31, 2020.

Contract Term

As per N.J.S.A. 40A:11-15(6), the Knowlton Township Board of Education shall award a one (1) year contract term from January 1, 2020 to December 31, 2020, with the option of two (2) one (1) year extensions, not to exceed three (3) years.

Board of Education Health Insurance Broker

Copies of this Request for Proposal are on file at the Board Secretary/Business Administrator's office at 80 Route 46, Delaware, New Jersey 07833 and may also be downloaded from the Board of Education's website.

All responses to this RFP must be received by the Board of Education Board Secretary/Business Administrator no later than Wednesday, October 30, at 10:00 a.m. at the Board of Education office located at 80 Route 46, Delaware, New Jersey 07833.

Any questions regarding this Request for Proposal should be directed to Michael Brennan, School Business Administrator of the Knowlton Township School District.

All proposals for professional service contracts shall include at a minimum the following information:

1. Names of individuals who will perform required tasks as well as the listing of their licenses.
2. Identify the person who will be primarily responsible for the services required by the Board of Education and provide a description of the experience of the primary person with projects and issues similar to those more specifically set forth in this proposal and on behalf of the Knowlton Township Board of Education.
3. Identify persons who will serve as back up to the primary person including resumes of all parties.
4. Describe ability to provide services in a timely fashion including a description of your staffing.
5. Provided information related to any applicable fees for your services.
6. Provide copy of Applicant's Certificate of Employee Information Report and/or copy of Applicant's New Jersey Business Registration Certificate if applicable.

Submission

Proposing firms shall provide evidence that the minimum qualifications are met. Proposal should also include cost details including hourly rates of the individuals who perform services and a list delineating the numbers and types of public clients represented by the individual broker and firm.

Evaluation of Proposals

The School District intends to award a extraordinary unspecifiable service contract for the defined scope of work in accordance with N.J.S.A. 40A:11-5(1)(a)(ii) and N.J.A.C. 5:34-2.3(b).

The proposals will be evaluated by a committee of staff and Board Members of the School District based upon information supplied by each Proposer in response to this RFP and the following criteria:

- Ability to meet all minimum qualifications.
- Overall knowledge and familiarity with the operations of the School District.
- Experience of the firm in providing similar services to other public bodies with special emphasis on experience in New Jersey.
- Qualifications and experience of the professional.
- Qualifications and experience of the other members of the professional's firm.
- The hourly rates proposed. The proposal shall identify whether clerical and other overhead costs will be billed separately or included in the hourly labor rate for the broker.

Please submit two (2) copies of the proposal to:

Knowlton Township Board of Education
Attn: Michael Brennan, MBA
80 Route 46 PO Box 152
Delaware, New Jersey 07833
Tel. 908-475-5118 (Ext. 206)

All submissions must be received at the School District's Administrative Office by Wednesday, October 30, 2019, at 10:00 a.m. at which time they will be publicly opened.

Professional Experience

Prospective Brokers must address all of the following points in their proposal for health insurance brokerage services. If you feel that an individual item is not applicable to your proposal, you must clearly indicate this in the proposal.

You must address all of the following points in your proposal for health insurance brokerage services:

1. Name of firm.
2. Location of firm main office and branches.
3. How many years has the firm been in business?
4. Total number of employees dedicated to health insurance clients.
5. Total number of clients for health insurance. Indicate the top 3 largest clients and all public sector and non-profit clients in the State of New Jersey.
6. Include five current client references for health insurance brokerage services.
7. Describe the proposed management of the account as specifically as possible. Your response must indicate that overall coordination of the account will be placed with an identified account manager. This individual's functions should be clearly described and any secondary personnel should also be identified and their roles defined. The credentials and experience of all members of your proposed account management team should be detailed. Also, the number of total clients serviced by the proposed management team must be included.
8. Risk Information Systems: Accurate loss data is necessary to plan for renewals, maximize reimbursement and assess the feasibility of alternative risk financing options. Specify your firm's resources for managing information in the following areas: claims loss reporting; loss control data analysis/trending systems; and loss forecasting models/actuarial services. Address your firm's ability and willingness to provide information that would facilitate measurement of the School System's internal Risk Management and Risk Financing effectiveness.
9. How will the designated account team work with the district administrators and staff in implementing any new and/or existing programs?
10. Describe the services your firm routinely performs for its clients?
 - A. Indicate your firm's involvement with the application process, written communications, employee meetings, etc.
12. Describe how your firm would develop specifications for competitive quotes and provide this information to the Business Administrator and/or Board?
13. Describe what other benefits and/or products your firm could provide the district.
14. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
15. Describe how your firm would review coverage for the district and evaluate its' effectiveness.

16. Describe what insurance carriers and their financial ratings you will be able to obtain quotes for competitive coverage from and show proof of obtaining competitive quotes from those carriers with current clients.
17. Describe your knowledge and experience with negotiating health insurance renewals and administrating Health Insurance Contracts.
18. Describe what service you shall provide to our employees when a claim dispute arises for denial of claim by the insurance carrier.

Scope of Services

The Knowlton Township Board of Education desires to appoint a Health Insurance Broker who has experience negotiating health insurance renewals, administering health insurance contracts, and handling claim disputes.

Required Forms

STATEMENT OF OWNERSHIP

TO: Knowlton Township Board of Education

In conformance with N.J.S.A 52:25-24.2, the following listing represents the names and addresses of all stockholders in the bidding corporation or partnership who own ten (10) percent or more of its stock of any class, or of all individual partners in the partnership who own a ten percent or greater interest therein:

NAME POSITION NO. OF SHARES

_____ Signature and Title of
Officer Name or Corporation or Partnership

CERTIFICATION OF INAPPLICABILITY OF DISCLOSURE REQUIREMENTS

The undersigned certifies that he/she is familiar with N.J.S.A. 52:25-24.2 and that said requirements are inapplicable to:

_____ Name or Corporation or Partnership Signature and
Title of Officer

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY KNOWLTON TOWNSHIP BOARD OF EDUCATION

COUNTY OF WARREN

I, of the Municipality of in the County of and the state of of full age, being duly sworn according to law on my oath depose and say that:

I am of the firm of : the bidder making the proposal for the above named project and that I executed the said proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct and made with full knowledge that the state of New Jersey and the owner relies upon the truth of the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by:

(Name of
Contractor)

Subscribed and sworn
to:

(Also, type or print name of affidavit under signature.)

before me on this day of
Notary Public of My commission expires , 20 .

AFFIRMATIVE ACTION SUPPLEMENT

P.L. 1975, C. 127 (N.J.A.C. 17:27) MANDATORY AFFIRMATIVE ACTION LANGUAGE PROCUREMENT, PROFESSIONAL AND SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows: The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. The contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause;

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or worker's representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, college, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable federal law and applicable federal court decisions.

The contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable federal law and applicable federal court decisions. The contractor and its subcontractors shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (NJAC 17:27).

Name of Firm _____ Date _____

Signature _____ Title _____

REQUEST FOR REFERENCE FORM
Health Insurance

1. Name _____

Address _____

Telephone _____ Email address _____

Contact Individual _____

2. Name _____

Address _____

Telephone _____ Email address _____

Contact Individual _____

3. Name _____

Address _____

Telephone _____ Email address _____

Contact Individual _____

4. Name _____

Address _____

Telephone _____ E-mail address _____

Contact Individual _____

5. Name _____

Address _____

Telephone _____ E-mail address _____

Contact Individual _____

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM Required Pursuant To
N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit
no later than 10 days prior to the award of the contract.**

Part I – Vendor Information Vendor Name: Address: City:
State: Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Printed Name Title **Part II – Contribution Disclosure** _____ Signature

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.

Contributor Name Recipient Name Date Dollar Amount

\$

☐ Check here if the information is continued on subsequent
page(s)