



## **ADDENDUM #2**

### **RFP #FY 2018-2019-005 GROUP LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMET (AD&D), SUPPLEMENTAL LIFE INSURANCE AND LONG-TERM DISABILITY INSURANCE FOR CITY OF HALLANDALE BEACH**

---

Please ensure you check the City's website for the latest addendum released for this project. Below finds the link to the City's website: [www.cohb.org/solicitations](http://www.cohb.org/solicitations).

**Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #2 and provide with your Firm's response.**

#### **PLEASE NOTE:**

#### **QUESTION #1.**

Request for proposal for group Life, AD&D, Supp. Life and LTD was pulled from the city's website so that United Healthcare can review and submit an proposal.

In reviewing submission however, it was identified that the census provided (exhibit F) was missing these lines of coverage and also did not have the employee coverage column. Can we please ask you to provide an updated census which includes a Life, AD&D, Supp. Life and LTD column as well as employee coverage column?

#### **ANSWER #1.**

See Exhibit F – Census Data.

#### **QUESTION #2.**

Thank you for the opportunity to proposal on this RFP; we have a couple items that we need to request to complete the RFP review process.

Please forward to me the following information: (mainly, the census is missing some important information)

- Occupations
- Salaries
- Supplemental participation / life volumes for Employee, Spouse & Children - and -

**ANSWER #2.**

See Exhibit F -Census Data.

**QUESTION #3.**

Please confirm that you want this quoted net of commissions.

**ANSWER #3.**

See RFP document, page 4, City Hired Consultant.

**QUESTION #4.**

Current renewal if you have

**ANSWER #4.**

This data is not available.

**QUESTION #5.**

Just a note; in addition to the items from my email on Monday, we will also need: census info to show the core and buy-up LTD elections.

**ANSWER #5.**

See answer # 1.

**QUESTION #6.**

Are you able to provide a current Long Term Disability census including Date of Birth, Gender, Occupations, Classes, Salary, Core Elections and Buyup Elections.

**ANSWER #6.**

See answer # 1.

**QUESTION #7.**

By chance, have you been able to secure the below in regards to the ancillary request for proposal for The City of Hallandale Beach?

Request for proposal for group Life, AD&D, Supp. Life and LTD was pulled from the city's website so that United Healthcare can review and submit an proposal.

In reviewing submission however, it was identified that the census provided (exhibit F) was missing these lines of coverage and also did not have the employee coverage column. Can we please ask you to provide an updated census which includes a Life, AD&D, Supp. Life and LTD column as well as employee coverage column?

**ANSWER #7.**

See answer # 1.

**QUESTION #8.**

I am writing you to ask if you consider Voluntary Benefits under the Medical Gap Insurance category. My company, Washington National Insurance offers Voluntary Benefits (similar to AFLAC).

I am wondering what category that would fall under within your system along with any number you might have assigned with this category..

**ANSWER #8.**

See RFP document, pages 3-7 for the Scope of Work for this RFP.

**QUESTION #9.**

Please provide a disability census with the following information:

- a. DOB
- b. DOH
- c. Gender
- d. Salary
- e. Occupation
- f. Core/buy up elections

GROUP LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), SUPPLEMENTAL LIFE INSURANCE AND LONG-TERM DISABILITY INSURANCE FOR CITY OF HALLANDALE BEACH

ADDENDUM # 2

---

**ANSWER #9.**

See answer # 1.

**QUESTION #10.**

Please confirm whether the group participates in Social Security.

**ANSWER #10.**

Yes.

**QUESTION #11.**

Please confirm what (if any) state retirement plan the group participates in, and which classes participate.

**ANSWER #11.**

Chapter 175 and 185 State Retirement Plan for Police and Fire sworn personnel.

**QUESTION #12.**

Please provide paid LTD premium by month for the period of 10/1/2016 through 2/28/2019 and break it down between core premium and buy-up premium if possible.

**ANSWER # 12.**

See addendum # 3.

**QUESTION #13.**

Please confirm there was only one incurred claim (closed) during the time period stated and if this employee participate in the buy-up option.

**ANSWER #13.**

See Exhibit D1 - Group Life, AD&D and Supplemental Life Insurance and Exhibit D2 Group Long-Term Disability Claims 10-1-16 to 3-15-19.

**QUESTION #14.**

Please provide a census with dates of birth, salaries, job titles, and voluntary elections for active employees?

**ANSWER #14.**

See answer #1.

**QUESTION #15.**

Please provide a census with dates of birth for retirees?

**ANSWER #15.**

See answer #1.

**PLEASE NOTE RECEIPT OF ADDENDUM #2 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.**

**I ACKNOWLEDGE RECEIPT OF ADDENDUM #2:**

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department