

Date: 04/22/2019
RFP No: 2019-015
Commodity: Disability Insurance
Purchasing Agent: **Tim Cubos**

Closing Time: 2:00 P.M. CST, Monday, May 6, 2019
Opening Time: 2:01 P.M. CST, Monday, May 6, 2019

RFP Opening Location: Operations Center, Purchasing Services Office, 1415 N. 4th St.,
Waco, TX 76707
Purchasing Agent: Tim Cubos
Tel: 254-750-6616

Addendum No: 2

The above-mentioned RFP invitation has been changed in the following manner. **Sign and return addendum to the Purchasing Office by the closing time and date with your RFP response.** Returning this page signed by your authorized agent will serve to acknowledge this change. All other requirements of the invitation remain unchanged. If you have any questions, please call or stop by the Purchasing Office at the above address.

1. The following pages have answers to questions raised. Please review.

Firm: _____

Address _____

Signature of Person
Authorized to Sign Bid: _____

Signor's Name and Title
(print or type): _____

E-mail Address: _____

Date: _____ Telephone: _____ Fax: _____

Disability RFP Response – Q & A

1. Question:

Please provide LTD Certificate with Summary or Schedule of Benefit showing plan design (The policy was attached in the link, but does not provide this information)

Answer:

Both the STD and LTD contract were uploaded on Friday in the RFP system.

2. Question:

Provide Voluntary LTD elections or prior carrier bill reflecting elections and volumes

Answer:

The LTD is non-contributory – 100% participation required. The 12/01/18 premium bill statement was uploaded to the RFP system on Friday which shows rates, covered volume, # of covered lives and monthly premium.

3. Question:

Please provide STD experience (1-3 years of paid claims and 1-3 years of paid premium by month, if possible)

Answer:

The STD experience was uploaded to the RFP system on Friday. The report was from the time period of 01/02/2015 thru 01/01/19 broken out by month including lives, volume, paid premium and paid claims.

4. Question:

Please provide current rates, renewal rates and rate history.

Answer:

See premium statement for current rates. The rates as of 10/01/16: LTD: .153 per \$100 covered payroll; STD: .29 per \$10 weekly benefit. The City renewed on 10/01/16 for three years with an option for an additional 4th and 5th year tied to incurred loss ratio.

5. Question:

Please provide a census with current STD participation and/or elections, if applicable.

Answer:

Please see STD experience report for # of covered lives on the STD broken out by month. Census with enrolled employees has been requested.

6. Question:

Please confirm whether the group participates in Social Security.

Answer:

The City participates in Social Security

7. Question:

Please confirm whether the premium contributions are paid with pre or post tax dollars.

Answer:

The Voluntary STD plan is paid with post tax dollars

8. Question

Please confirm whether the City prepares W-2s for STD claimants, or if the City requires the carrier to do so.

Answer:

The current carrier prepares both the STD and LTD W-2's

9. Question:

Please confirm whether the group requires the carrier to pay the FICA match for STD claimants or if the group intends to pay the FICA match.

Answer:

FICA match is included in both the STD and LTD.

10. Question:

Please confirm whether the group currently has telephonic claims service on the STD.

Answer:

The City currently is submitting paper claim forms. Please provide an optional cost for telephonic intake

11. Question:

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

Answer:

All employees participate in the Texas Municipal Retirement System (TMRS)