

Request for Proposal
For
Health Insurance Brokerage Services

To Be Received on or Before

April 21, 2017 at 2:00 PM prevailing time.

Send to the Attention of:

Mrs. Anne-Marie Fala
School Business Administrator/Board Secretary
Hamilton Township Board of Education
1876 Dr. Dennis Foreman Drive
Mays Landing, NJ 08330

The Hamilton Township Board of Education invites applications for interested insurance brokers to provide health insurance brokerage services as per the following:

Request for Proposal Health Insurance Brokerage Services

The Hamilton Township School District is comprised of three schools, grades Pre-K through 8. The William Davies Middle School, Hess Educational Complex, and the Shaner School currently serve approximately 3,100 students. Students, grade 9 through 12, attend Greater Egg Harbor Regional High School. The district has multiple special education and extra-curricular programs.

I. Award of Services

The Board of Education will award one contract for the services described in this request for proposal.

II. Description of Services

For planning and illustrative purposes for the response to this RFP, the following represent services that will be required on an as needed basis. This list is in no way inclusive of all tasks that may be required, but is intended to alert the bidder to the areas deemed particularly relevant to the duties of the position.

Services to be included:

- The ability to obtain viable quotes from insurance carriers.
- Servicing the needs of the school district during normal business activity.
- Assist the district during open enrollment.
- Assist employees of the district with difficult claims to reach resolution in a timely manner.
- Cooperative interaction with the Personnel Department of the district.
- Review loss ratios on a quarterly basis and make appropriate recommendations for cost savings.
- Assist the district in obtaining a new insurance carrier if needed.
- To perform such other activities as specifically directed by the district.

III. Interview

The Board of Education reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Board reserves the right to request clarifying information subsequent to submission of the proposal.

IV. Selection Criteria

The Board of Education will evaluate proposals using the following criteria:

- 25% Experience with New Jersey public school districts.
- 25% Recommendations from at least three current public school clients.
- 25% Interview.
- 25% Fee proposal.

V. Minimum Qualifications

- Five (5) years' experience working with public school districts in the State of New Jersey, three (3) years of which should be in a similarly-sized school district.
- Be licensed or authorized to transact business in the State of New Jersey and have a favorable record with the New Jersey Department of Banking and Insurance.
- Include a list of any other professional qualifications, experience and/or credentials you feel are relevant to this RFP.

VI. Proposal

Each broker is required to submit the following information in its proposal:

- Form 1 - Recommendations from at least three current public school clients.
- Form 2 - Proposed fee structure.
- Form 3 - Broker Response Form.
- Form 4 - Affirmative Action Statement.
- Form 5 - Political Contribution Disclosure Form.
- Form 6 - Stockholder Disclosure Certification.
- Form 7 - Other services or proposals your firm would offer.
- Exhibit A – Mandatory Equal Employment Opportunity Language
- A list of all current New Jersey public school clients and length of service to each. Please identify the grade level of each school district and identify any that might be regional districts.
- A list of all New Jersey public school clients that have terminated services in the past two years.
- Background information on the broker and staff to be assigned to the Hamilton Township Board of Education.
- Business Registration Certificate
 - N.J.S.A. 52:31-44 requires that each vendor awarded a contract submit proof of business registration with the submission. Proof of registration shall be a copy of the respondents Business Registration Certificate (BRC).
- Information beyond the minimum requirements may also be submitted.

All proposals are to be submitted in writing in a sealed envelope and must be clearly marked “**Health Insurance Brokerage Services**”. Proposals must be received no later than April 21, 2017 at 2:00 PM prevailing time. Proposals are to be submitted to:

Mrs. Anne-Marie Fala
School Business Administrator/Board Secretary
Hamilton Township School District
1876 Dr. Dennis Foreman Dr.
Mays Landing, NJ 08330

Faxed proposals WILL NOT be accepted

The Board of Education intends to appoint the successful firm by May 22, 2017. Services of the selected firm(s) will commence immediately thereafter.

Hamilton Township Board of Education

Request for Proposal for Health Insurance Brokerage Services

Contact Information
Public School Client Recommendation List

1. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____

2. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____

3. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____

Hamilton Township Board of Education

Request for Proposal for Health Insurance Brokerage Services

Fee Structure

Area of Coverage	Insurance Company	Annual Premium 2016-2017	Fee for Brokerage Services 2017-2018
Major Medical/ Hospital and Prescription	NJSEHBP	\$ 8,437,842.03	_____
Dental	Horizon Dental	\$ 315,823.61	_____
Vision	Vision Service Plan	\$ 39,153.48	_____
Annual cost, if any, to provide assistance with claims issues if the district stays with the NJSEHBP			_____
Total			=====

Hamilton Township Board of Education

Request for Proposal for Health Insurance Brokerage Services

Broker Response Form

You must address all of the following points in your 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.

1. Name of firm.
2. Location of firm main office and branches.
3. How many years the firm has been in business.
4. 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.
5. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
6. Describe your knowledge and experience with negotiating health insurance renewals and administrating Health Insurance Contracts.
7. Describe what service you can provide to our employees when a claim dispute arises for denial of a claim by the insurance carrier.

Hamilton Township Board of Education

Request for Proposal for Health Insurance Brokerage Services

Affirmative Action Statement

The following questions must be answered by all prospective firms:

1. Do you have a federally approved or sanctioned Affirmative Action Program?

Yes _____ No _____

- (a) If yes, please submit a copy of such approval.

2. Do you have a State Certificate of Employee Information Report approval?

Yes _____ No _____

- (a) If yes, please submit a copy of such approval.

3. If the firm cannot present #1 or #2, the firm is required to submit a completed Employees Information Report (Form AA-302) at the time of the award only.

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.

Signature

Printed Name

Title

Part II – Contribution Disclosure

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)

No Reportable Contributions (Please check if applicable)

I certify that _____ (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20-26.

**List of Agencies with Elected Officials Required for Political Contribution Disclosure
N.J.S.A. 19:44A-20.26**

County Name: Atlantic

State: Governor, and Legislative Leadership Committees

Legislative District #: 1, 2, & 9

State Senator and two members of the General Assembly per district.

County:

Freeholders	County Clerk	Sheriff
County Executive	Surrogate	

Municipalities (Mayor and members of governing body, regardless of title):

Absecon City	Estell Manor City	Mullica Township
Atlantic City	Folsom Borough	Northfield City
Brigantine City	Galloway Township	Pleasantville City
Buena Borough	Hamilton Township	Port Republic City
Buena Vista Township	Hammonton Town	Somers Point City
Corbin City	Linwood City	Ventnor City
Egg Harbor City	Longport Borough	Weymouth Township
Egg Harbor Township	Margate City	

Boards of Education (Members of the Board):

Absecon City	Folsom Borough	Mainland Regional
Atlantic City	Galloway Township	Mullica Township
Buena Regional	Greater Egg Harbor Regional	Northfield City
Egg Harbor City	Hamilton Township	Pleasantville City
Egg Harbor Township	Hammonton Town	Somers Point City
Estell Manor City	Longport	Weymouth Township

Fire Districts (Board of Fire Commissioners):

Buena Borough Fire District No. 1
Buena Borough Fire District No. 2
Buena Vista Township Fire District No. 1
Buena Vista Township Fire District No. 2
Buena Vista Township Fire District No. 3
Buena Vista Township Fire District No. 4
Buena Vista Township Fire District No. 5

**STOCKHOLDER DISCLOSURE CERTIFICATION
This Statement Shall Be Included with Submission**

Name of Business _____

- I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.
- OR**
- I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

If a corporation owns all or part of the stock of the corporation or partnership submitting the bid, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that owning corporation. If no one owns 10% or more stock, attest to that.

Check the box that represents the type of business organization:

- Partnership
- Corporation
- Sole Proprietorship
- Limited Partnership
- Limited Liability Corporation
- Limited Liability Partnership
- Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Name: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____

Subscribed and sworn before me this ____ day of _____, 2__.

(Notary Public)

My Commission expires:

_____ (Affiant)

_____ (Print name & title of affiant)

(Corporate Seal)

Hamilton Township Board of Education

Request for Proposal for Health Insurance Brokerage Services

Other Services/Variations

The services indicated are those that will be in effect for the duration of the Contract.

1. Any other services or proposals your firm would offer. If there are conditions or charges, please state them:

2. Describe any variations from the required services listed in the Request for Proposals here:

This Page Intentionally Left Blank