

REQUEST FOR PROPOSALS (RFP)
SPECIFICATIONS
FOR
EMPLOYEE BENEFITS INSURANCE PLANS
EFFECTIVE JANUARY 1, 2022
FOR THE
BROWNSVILLE PUBLIC UTILITIES BOARD
1425 ROBINHOOD DRIVE
BROWNSVILLE, TEXAS 78521
P065-21

Proposal Due: August 11, 2021, 5:00 PM
Proposal Acknowledgement: August 12, 2021, 10:00 AM

BROWNSVILLE PUBLIC UTILITIES BOARD
REQUEST FOR PROPOSAL
Employee Benefits Insurance Plans

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NOTE: Exhibits can be obtained through email request to dsolitaire@brownsville-pub.com by completing and signing the Proposal Acknowledgement Form, Page 3.

**LEGAL NOTICE
AND
INVITATION FOR SEALED PROPOSALS
PROPOSAL P065-21**

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) will accept sealed proposals for EMPLOYEE BENEFITS INSURANCE PLANS until **5:00 PM local time, Wednesday, August 11, 2021** in the Brownsville Public Utilities Purchasing Office, 1155 FM 511, Olmito, Texas. Proposals will be opened and acknowledged publicly on **Thursday, August 12, 2021 at 10:00 AM**. This is a procurement for employee benefits insurance in a municipality with population in excess of 100,000 pursuant to the competitive sealed proposal procedure outlined in the Texas Local Government Code Chapter 252, Subchapter B, Sections 252.021 (c); 252.041 (b); 252.042 (a), (b); 252.043 (b); and 252.049 (b). At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The proposals will be forwarded to BPUB's insurance committee for review, tabulation and analysis. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-on negotiation process with short-listed candidates. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will later be made available to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.

Detailed specifications, including the criteria for proposal evaluations, may be obtained at the following website: https://www.brownsville-pub.com/rfp_status/open/

Please mark on the outside of the submitted envelope and on any carrier's envelope: **"P065-21 SEALED PROPOSAL FOR EMPLOYEE BENEFITS INSURANCE PLANS, August 11, 2021, 5:00 PM"** and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

The BPUB reserves the right to reject any or all competitive sealed proposals and waive any irregularities contained therein and to accept any competitive sealed proposals deemed most advantageous to the BPUB. Any competitive sealed proposal received after **5:00 PM, local time, Wednesday, August 11, 2021**, will be automatically rejected and returned to the proposer unopened. **BPUB will not accept faxed or emailed proposals.**

The Brownsville Public Utilities Board will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the sealed proposal to the Brownsville Public Utilities Board, Purchasing Office by the given deadline above.

By:

Diane Solitaire

Purchasing Department
(956) 983-6366



May 24, 2021

TO WHOM IT MAY CONCERN:

Re: Employee Benefit Insurance Plans

The Brownsville Public Utilities Board (BPUB) has engaged Kenneth D. Wethe to review our employee benefit insurance plans for the 2021-22 fiscal year. Mr. Wethe is authorized to obtain information, on our behalf, related to his review and analysis of the BPUB's employee benefit insurance plans.

Mr. Wethe and his firm, Wethe & Associates, Inc., are independent insurance consultants that receive a fee for services rendered directly from the BPUB. They do not receive any type of compensation from the insurance industry.

Please extend to Mr. Wethe every courtesy you would extend to an employee of the BPUB.

Sincerely,

A handwritten signature in blue ink, appearing to read "J S Bruciak", is written over the typed name.

John S. Bruciak P.E.
General Manager & CEO

c: File

1425 Robinhood Drive P.O. Box 3270 Brownsville, TX 78523-3270
(956) 983-6100 Fax: (956) 983-6289

BPUB2105006lg

Please submit this page upon receipt
ACKNOWLEDGEMENT FORM
EMPLOYEE BENEFITS INSURANCE PLANS
P065-21

For any clarifications, please contact Diane Solitaire at Brownsville PUB Purchasing Department at (956) 983-6366 or e-mail: dsolitaire@brownsville-pub.com

Please email this page upon receipt of the RFP package or legal notice. If you only received the legal notice and you want the RFP package mailed please provide a method of shipment with account number in the space designated below.

Check one:

☐ **Yes, I will be able to send a RFP; obtained RFP package from website.**

☐ **Yes, I will be able to send a RFP; please email the RFP package.**

Email: _____

☐ **Yes, I will be able to send a RFP; please mail the RFP package including electronic responses using the carrier & account number listed below:**

Carrier: _____

Account: _____

☐ **No, I will not be able to send a RFP for the following reason:**

If you are unable to send your proposal, kindly indicate your reason above and return this form **via email to: dsolitaire@brownsville-pub.com**. This will ensure you remain active on our vendor list.

EXPANDED EMPLOYEE BENEFITS INSURANCES CLAIM EXPERIENCE

Upon return of this acknowledgement form, the expanded employee benefits claim experience information, census and plan document will be provided to the email address listed below. The company listed below agrees that the information to be provided is confidential and is to only be used in connection with preparing a proposal for employee benefits insurance plans. The company also agrees to comply with Federal and State privacy and insurance laws and regulations.

Company Name

Authorized Signature

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Date

Signatory's Email Address

NOTICE TO PROPOSERS

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may annul the proposal.

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the BPUB.

Proposers are required to submit proposals on the basis of these specifications. Alternative proposals (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

BPUB believes that the data contained in these specifications is sufficient for preparation of a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Diane Solitaire, Purchasing, 1155 FM 511, Olmito, TX 78575; or Email to: dsolitaire@brownsville-pub.com.

THE BPUB SYSTEM

The City, located in Cameron County on the Rio Grande approximately 23 miles from the Gulf of Mexico, is a home rule city organized and existing under the laws of the state of Texas, including the City's Charter, as amended (the "charter"). The City owns and operates a combined electric, water, and wastewater utilities system (collectively, the "system") serving the City and certain areas outside the city. The City's authority with regard to public utility ownership and services is generally exercised through the Brownsville Public Utilities Board (the "Board"). The Board, created and established by Article VI of the Charter as a separate and distinct agency of the city, has authority to control, manage, and operate the system and to expand and apply System revenues, subject to certain limitations. The Charter provides that the power to issue bonds; to encumber, sell, or hypothecate the system; and the city retains to fix rates, fees, and charges of the system. The mailing address of the Board is Post Office Box 3270, Brownsville, Texas 78523-3270, and the telephone number of the Board is (956) 983-6100. The Board's fiscal year is the 12-month period ended September 30 of each year and is referred to herein as the "fiscal year."

GENERAL INFORMATION AND INSTRUCTIONS
STATEMENT OF PURPOSE

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following employee benefit plans:
 - Group Basic Life Insurance & Group Voluntary Life Insurance
 - Group Long Term Disability (LTD) Insurance
 - Group Voluntary Short Term Disability (STD) Insurance
 - Group Voluntary Vision Insurance
 - Group Voluntary Critical Illness Insurance
 - Group Voluntary Cancer/Dread Disease Insurance
2. BPUB reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the BPUB. The BPUB also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, if the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. No telephone, email or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Service, contract carriers, hand delivery, etc. BPUB will not be responsible for missing, lost or late mail. Any proposals received after the deadline will be returned to the proposer unopened.
6. Insurance companies are asked to submit any and or all proposals net of commissions. Please refer to item number 12 of the Qualifications, if an agent/ firm is involved.
7. At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-up negotiation process with short-listed candidates.
8. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award.
9. All proposals will later be made available to the public for inspection after the contract is awarded through email request to the Officer of Public Information at OpenRecords@brownsville-pub.com. If a proposer indicates and justifies in their proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.
10. Wethe & Associates Inc. is the independent insurance consulting firm providing technical assistance to the BPUB during the RFP process. Wethe & Associates, Inc. is compensated by the BPUB on a fee basis, and is not to be compensated by the service provider.
11. Vendors are cordially invited to the proposal opening, but are not required to attend.

TIMELINE

1. These specifications are to be released for action on or about **July 19, 2021**. Please provide your response (s) to this RFP in the same format and/or program the RFP is sent out to all proposers. Do not modify or in any way change the format and or your submissions to the RFP in any manner. Any changes to the RFP or to the requested format of the responses to the RFP, could be grounds for a proposal to be disqualified from consideration.
2. Last day to submit questions is Wednesday, August 4, 2021 by 5:00 PM.
3. **Two (2) hard copies and four (4) thumb drives** containing the proposals are to be delivered or mailed to the BPUB, Diane Solitaire, Purchasing, 1155 FM 511, Olmito, Texas 78575, to arrive by **Wednesday, August 11, 2021, 5:00 PM**.
4. Proposals will be opened and acknowledged at 10:00 AM on August 12, 2021 at BPUB Purchasing Office. At the proposal opening, only the identity of the proposer will be disclosed by BPUB. Vendors may call (956) 214-6020 on August 12, 2021 at 10:00 AM to listen to the proposal acknowledgement.
5. Consideration and action on Employee Benefit Insurance Plans proposals will be presented to the Board **on or about October 11, 2021**.
6. The successful proposer will be notified **on or about October 12, 2021**.
7. Coverages are to be effective January 1, 2022.
8. Policies or contracts are to be provided to the BPUB 30 days after such effective date.
9. The contract term desired is three years with years two and three subject to administration and Board approval.
10. BPUB would like for any proposer to submit any and or all electronic enrollment capabilities available, with all other responses to the RFP.
11. Initial enrollment is to be from BPUB enrollment records as of **December 31, 2021**.

PREPARATION OF PROPOSAL

The proposer shall prepare their proposal in duplicate on the attached proposal form with attachments as necessary to fulfill the specifications contained herein. Unless otherwise stated, all blank spaces on the proposal page or pages, applicable to the subject specification, must be correctly filled. A unit price must be stated for each item, either typed or written in ink. Any exceptions or deviations from the requested services must be clearly indicated in writing and submitted with and form a part of the proposal form. Failure to follow these instructions will be grounds for disqualifications of a proposal. The BPUB will not be liable for any of the proposer's costs or expenses incurred in preparation or presentation of the Proposal(s).

SUBMISSION OF PROPOSAL

The proposal shall be submitted in duplicate in a sealed envelope. On the front of the envelope and on any carrier's envelope shall be written the following words to the left of the address:

“P065-21 PROPOSAL FOR EMPLOYEE BENEFITS INSURANCE PLANS”.

Proposals must be submitted in duplicate to the BPUB, Attn.: Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575, to arrive by **5:00 PM, local time on Wednesday, August 11, 2021.**

WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 60 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of the BPUB, after having been notified that the BPUB has accepted the said proposal.

INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal is in doubt as to the true meaning of any part of these specifications, they may submit to Diane Solitaire, Purchasing Manager, a written request for interpretation of it. Mrs. Solitaire's contact information is as follows:

Mail: Brownsville Public Utilities Board, 1155 FM 511,
Olmito, TX 78575;

Email: dsolitaire@brownsville-pub.com

CRITERIA USED IN EVALUATING PROPOSALS

1. Although insurance proposals will be accepted from insurers despite their Best's Rating, more favorable consideration will be given to those proposals submitted by insurers with ratings of at least an "A-" or better in the most recent edition of A.M. BEST'S LIFE/HEALTH KEY RATING GUIDE. If the insurance company is not rated by Best's, audited financial statements must be provided.
2. Any insurers, agents or third party administrators shall be duly licensed by the State of Texas, and comply with all applicable State insurance laws and requirements or duly constituted applicable insurance regulatory authorities. A local government self-insurance pool organized under the Texas Interlocal Cooperation Act or other State law shall also be an acceptable provider, with satisfactory reinsurance information and audited financial statements.
3. The proposal must be in easily understood format with coverage benefits and exclusions clearly described.
4. Favorable consideration will be given to a proposer that provides insurance coverage for most, if not all requested voluntary insurance plans.

5. Proposals will be first evaluated on technical factors other than cost, including coverage, services and financial stability. After a preliminary evaluation of the technical criteria, cost will be included in the evaluation process. Cost will be evaluated on an equal basis with the technical criteria.

QUALIFICATIONS

1. All insurance companies and agents submitting proposals must be properly licensed by the State of Texas and have a demonstrated level of good performance with government entities in Texas.
2. The agent must have an errors and omissions policy with a minimum limit of \$1,000,000; satisfactory proof of coverage must be provided to BPUB. **Please enclose a copy of the declaration page for your errors and omissions policy or a certificate of insurance with your proposal.**
3. The proposer must have a willingness to commit to specified levels of performance for service and quality. The insurance company and/or agent must commit to an annual minimum of 10 days at BPUB for employee enrollment.
4. The proposer must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from plan participants as well as BPUB business officials.
5. The insurance company must have the capability to provide loss run reports on a quarterly basis and/or upon request by the BPUB.
6. The proposer must have an organization that has demonstrated the ability to deliver cost-effective enrollment/policyholder service and efficient claims processing.
7. The proposer must have sufficient number of claims representatives including bilingual staff who are available during normal working hours for claims processing and insurance verification. **The BPUB will not verify claims or be involved in the filing of claims except to provide the necessary forms.**
8. The company must provide insurance plans eligible for IRC Section 125, Cafeteria Plans. The company must provide legal opinion that the insurance plans being proposed are eligible for IRC Section 125, Cafeteria Plan and are in compliance with IRS Rules and Regulations. **Participation will be voluntary, and premiums will be paid by employees through payroll deductions.**
9. The successful proposer will conduct the initial enrollment meeting(s) and, as requested, approved with mutual consent of BPUB and proposer(s) thereafter.
10. The enrollment process will include, but is not limited to, scheduling appointments by department, completing enrollment applications, mailing ID cards and insurance certificate booklets **directly** to insured employees, and providing employees summary reports for payroll deductions.
11. The successful company will provide brochures, certificate of insurance booklets, and insurance ID cards at the company's expense.
12. BPUB requests all proposals must include local agent services, the organizations submitting the proposal(s) must disclose the following:
 - a. Name of insurance agent/agency or firm;
 - b. Address for agent/agency or firm;
 - c. Agent's fee whether flat fee or percentage of premium;

- d. Total sum of commissions/fees paid to each broker or firm;
- e. Copy of declarations page or certificate of insurance for errors and omissions policy; and
- f. Copy of agent's Texas Insurance License.
- g. Services provided BPUB by said agent.

DEVIATION FROM SPECIFIED COVERAGE OR SERVICE

Proposals are to be submitted on the basis of the specifications contained herein. Proposer must include the RFP Submission Forms with its proposal. All costs to be incurred and billed to the BPUB will be firm and included in these forms. Alternative proposals will also be considered, provided the alternatives are clearly explained. **All deviations from the specifications must be clearly identified and explained.**

UNDERWRITING DATA

The BPUB has assembled the underwriting exposure, and loss data included in these specifications. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful proposer to review this information and work with the BPUB on an ongoing basis to ensure all relevant exposures are included in the BPUB's program.

If it becomes necessary to revise any part of this proposal, a written addendum will be provided to all proposers. BPUB is not bound by any oral representation, classifications, or changes made in the written specifications by the BPUB employees, unless such classification or change is provided to proposers in a written addendum from an authorized representative of the BPUB Purchasing Department.

COMPLIANCE WITH LAWS

All proposers involved shall observe and comply with all regulations, laws, ordinances, etc., of Local, State, and Federal government as they apply to this proposal process.

TERM OF CONTRACT AND EXTENSION/RENEWAL RIGHTS

The term of the contract for insurances or service shall be for not less than one year, subject to earlier termination as provided by the law and by the terms of the contract. In addition, unless otherwise specified in the proposal, the award of this proposal shall include the right at the option of the BPUB, and contingent upon the agreement by both parties, to any change in premium costs or benefits to renew and extend this contract on a year to year basis as may be permitted by applicable law and Board approval as may be in the best interest of the BPUB; if the maximum term of this contract and all renewals of it shall be not more than three years before such contract must again be offered for competitive proposals.

AUTHORIZED SIGNATURE

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services proposed. **Failure to manually sign the proposal will disqualify it.**

DISQUALIFICATION AND REJECTION OF PROPOSALS

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specification will, in and of themselves, result in disqualification.

CONTINUITY OF COVERAGE

All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a “no loss/no gain” basis for all insurance coverage. In addition, proposers must waive the actively at-work provisions.

ENROLLMENT

The basis for the “take over” of employee benefits for each Provider is to be the BPUB’s enrollment records as of December 31, 2021. Each selected Provider will be expected to provide a knowledgeable person to explain benefit provisions during enrollment meetings. The selected Providers will also be responsible for providing enrollment materials before the employee benefit enrollment meetings.

CONTRACT WITH VENDOR/ENTITY INDEBTED TO BPUB

It is a policy of the BPUB to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to BPUB.

BROWNSVILLE PUB RIGHTS

1. If only one or no proposal is received by "submission date", the BPUB has the right to reject, re-propose, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for 60 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 60-day period prior to an award if agreed upon in writing by both parties and if proposal holds firm.
5. The right to terminate all or any part of the unfinished portion of the project resulting from this solicitation within thirty (30) days written notice; upon default by the vendor, for delay or non-performance by the Vendor, or if it is deemed in the best interest of the Utilities for convenience.

UNAUTHORIZED COMMUNICATIONS

After release of this solicitation, Proposer’s contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing Manager or Purchasing Staff is prohibited and may result in disqualification from this procurement process. No officer, employee, agent or representative of the Proposer shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the RFP evaluation, interview, or selection panels, BPUB

staff, or directly or indirectly through others, seek to influence any BPUB Board member, BPUB staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any Proposer violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the Proposer being disqualified from the procurement process.

GROUP BASIC LIFE INSURANCE
Request for Proposal Submission Form
P065-21

RFP ASSUMPTIONS:

1. Proposal is to be based on current benefits as described in the Summary of Benefits section of the RFP.
2. AD&D is to be 24 hour coverage.
3. Life Insurance is to include Waiver of Premium provision for disability prior to attainment of age 60, same as for current life insurance.
4. Life insurance is to include accelerated benefits for terminal illness.
5. Effective date is January 1, 2022. All participants enrolled in the current group life/AD&D insurance plan as of December 31, 2021, are to be covered on a “no loss/no gain” basis.
6. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
7. Renewal rates must be received by the BPUB at least 90 days prior to date of rate change.
8. BPUB contribution is 100% for active full-time employees, including basic dependent life coverage (\$5,000 Spouse & \$1,500 for each child). Contribution for dependent coverage may change in the future.
9. Coverage for active employees terminates at time of employment termination. Retirees are not eligible for continued coverage after employment termination.
10. Quote is to be based on enclosed census for 572 employees.
11. The Insurance Company must have A.M. Best rating of A- or better.

QUESTIONS:

1. Describe organization submitting proposal.

- a. Insurance Company Name: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email Address: _____
- e. Telephone Number: _____ Fax Number _____
- f. Year Founded (Insurance Company): _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. What is normal processing time? _____
- c. Are interest credits paid to beneficiary from date of death to date of benefit payment?
Yes ☐ No ☐

5. Will the actively-at-work provision be waived for the effective date of the contract?

Yes ☐ No ☐

Comment: _____

6. Does quote include disability waiver of premium? Yes ☐ No ☐
If so please attach complete description.

7. Does quote include accelerated death benefit for terminal illness? Yes ☐ No ☐
If so please attach complete description.

8. For what period of time are quoted rates guaranteed? _____

9. Is a longer rate guarantee available? Yes ☐ No ☐

If so, please describe: _____

Group Basic Life Insurance
RFP Submission Form

10. Please attach statement for any variations to RFP Assumptions or Qualifications.

11. Enrollment / Eligibility Services

a. The initial effective date is January 1, 2022. Will you conduct enrollment meetings in accordance with schedule set by the BPUB? Yes ☐ No ☐

b. Will you provide local service office with hours of operation 8:00 AM to 5:00 PM five days per week? Yes ☐ No ☐

Comment: _____

c. Will you have knowledgeable Company representative available by toll free telephone from 8:00 AM to 5:00 PM five days a week? Yes ☐ No ☐

Comment: _____

d. Will employee benefit booklets be mailed to employees' home address? Yes ☐ No ☐

Comment: _____

12. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:

a. Agent commission formula & estimated annual commission: _____

b. Are agent commissions negotiable? Yes ☐ No ☐

Comment: _____

c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

d. Copy of agent's insurance license.

e. Name/Mailing Address for Agent & Local Service Office: _____

- f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

- g. Agent services to be provided: _____

- h. Agent experience with insurance company: _____

- i. Please attach biographical information for each agent in local service office.

<u>PREMIUM QUOTE:</u>	<u>Insureds</u>	<u>Your Rate</u>	<u>Volume</u>	<u>Monthly Premium</u>
Group Life	572	_____	\$27,427,000	_____
Group AD&D	572	_____	\$27,427,000	_____
Dependent Life	572	_____	—	_____
Total Monthly		_____		_____

 Company Name

 Authorized Signature (failure to sign will disqualify proposal)

 Address

 Type Signatory's Name & Title

 Telephone Number / Fax Number

 Agent Name

 Signatory's Email Address

GROUP VOLUNTARY LIFE INSURANCE

Request for Proposal Submission Form

P065-21

RFP ASSUMPTIONS:

1. Proposals are desired for a plan of voluntary group life insurance with high benefit limits and guarantee issue provisions with minimum participation requirements.
2. Proposals are desired for a plan of voluntary group dependent life insurance with high benefit limits and guarantee issue provisions for spouse and children.
3. Sponsorship by the BPUB will include payroll enclosure educational material.
4. At completion of enrollment, the BPUB is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable. Two lists are to be provided; one for biweekly employees and one for monthly employees.
5. All employees are to have the opportunity to enroll in the BPUB sponsored group life insurance plan during an open enrollment period on a guarantee issue basis.
6. Current enrollment consists of 291 active full-time employees.
7. Effective date is January 1, 2022. All participants enrolled in the voluntary group life insurance plan as of December 31, 2021 are to be allowed to continue current coverage on a “no loss/no gain” basis. Employees not currently enrolled are to be given the opportunity to enroll during an open enrollment period.
8. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
9. Renewal rates must be received by the BPUB at least 90 days prior to the renewal date.
10. The Insurance Company must have an A.M. Best Rating of “A-” or better.
11. Life insurance benefits are to include waiver of premium, portability option, conversion option, and accelerated benefit option.

QUESTIONS:

1. Describe organization submitting proposal:

- a. Insurance Company Name: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email Address: _____
- e. Telephone Number: _____ Fax Number _____
- f. Year Founded (Insurance Company): _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities).

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. What is normal claim processing time? _____
- c. Are interest credits paid to beneficiary from date of death to date of benefit payment?
Yes ☐ No ☐

5. Will the actively-at-work provision be waived for the effective date of the contract? Yes ☐ No ☐

Comment: _____

6. Does quote include waiver of premium? Yes ☐ No ☐
If so please attach complete description.

7. Does quote include accelerated death benefit for terminal illness? Yes ☐ No ☐
If so please attach complete description.

8. Does quote include "Portability" to allow payment of premium at group rates following employment termination? Yes ☐ No ☐
If so please attach complete description.

9. Describe "guarantee issue" underwriting guidelines:

10. Describe underwriting guidelines for applicants subject to medical review:

11. Describe initial enrollment procedures. (Include sample of education materials.):

12. Will a Master Contract be issued to the BPUB? Yes ☐ No ☐
If so, please provide specimen contract.

13. Please attach statement for any variations to RFP Assumptions or Qualifications.

14. Enrollment / Eligibility Services

- a. The initial effective date is January 1, 2022. Will you conduct enrollment meetings in accordance with schedule set by the BPUB? Yes ☐ No ☐

- b. Will you provide local service office with hours of operation 8:00 AM to 5:00 PM five days per week? Yes ☐ No ☐

Comment: _____

- c. Will you have knowledgeable Company representative available by toll free telephone from 8:00 AM to 5:00 PM five days a week? Yes ☐ No ☐

Comment: _____

- d. Will employee benefit booklets be mailed to employees' home address? Yes ☐ No ☐

Comment: _____

15. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:

a. Agent commission formula & estimated annual commission: _____

b. Are agent commissions negotiable? Yes ☐ No ☐

Comment: _____

c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

d. Copy of agent's insurance license.

e. Name/Mailing Address for Agent & Local Service Office: _____

f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

g. Agent services to be provided: _____

h. Agent experience with insurance company: _____

i. Please attach biographical information for each agent in local service office.

16. For what period of time are the rates used in the rate table guaranteed? _____

17. Is a longer rate guarantee available? Yes ☐ No ☐

If so, please describe:

18. Please attach schedule of rates and complete description of benefit provisions, including exclusions, for the following benefit plans:
- a. Group Voluntary Life - High Maximum Benefit
 - b. Group Voluntary Dependent Life - High Maximum Benefit

Company Name

Authorized Signature (failure to sign will disqualify proposal)

Address

Type Signatory's Name & Title

Telephone Number / Fax Number

Agent Name

Signatory's Email Address

GROUP LONG TERM DISABILITY INSURANCE
Request for Proposal Submission Form
P0065-21

RFP ASSUMPTIONS:

1. Proposal is to be based on current benefits and as described in the Summary of Benefits section of the RFP.
2. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
3. Renewal rates must be received by the BPUB at least 90 days prior to the renewal date.
4. Effective date is January 1, 2022. All participants enrolled in the current group LTD insurance plan as of December 31, 2021, are to be covered on a “no loss/no gain” basis.
5. BPUB contribution is 100% for active full-time employees. Quote is to be based on enclosed census for 572 employees.
6. The Insurance Company must have an A.M. Best rating of “A-” or better.

QUESTIONS:

1. Describe organization submitting proposal:

- a. Insurance Company Name: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email Address: _____
- e. Telephone Number: _____ Fax Number: _____
- f. Year Founded: (Insurance Company) _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities).

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. Is a toll free telephone number available for checking status of claims? _____

- c. Can insured or BPUB's Personnel Department speak directly to claim examiner for questions related to payment of claims? _____

- d. What is normal claim processing time? _____

5. Does quote include waiver of premium benefit? Yes ☐ No ☐

If so, please describe: _____

6. Describe definition of disability:

a. Employee's own occupation: _____

b. Any occupation or employment for wage or profit: _____

7. Describe integration/coordination with other sources of income:

a. Sick Leave: _____

b. Workers' Compensation: _____

c. Other Sources of Income: _____

d. Minimum Benefit Provisions: _____

8. Is disability that is eligible for Workers' Compensation benefits excluded? Yes ☐ No ☐

Comment: _____

9. Does your proposal include survivor benefits? Yes ☐ No ☐

Comment: _____

10. Describe claim management services to control costs: _____

11. Will a Master Contract be issued to the BPUB? Yes ☐ No ☐

12. Will the BPUB be provided with semi-annual claim experience reports
If so please provide sample of reports. Yes ☐ No ☐

Group LTD Insurance
RFP Submission Form

13. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:

a. Agent commission formula & estimated annual commission: _____

b. Are agent commissions negotiable? Yes ☐ No ☐

Comment: _____

c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

d. Copy of agent's insurance license.

e. Name/Mailing Address for Agent & Local Service Office: _____

f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

g. Agent services to be provided: _____

h. Agent experience with insurance company: _____

i. Please attach biographical information for each agent in local service office.

14. For what period of time are the rates used in the rate table guaranteed? _____

15. Is a longer rate guarantee available? Yes ☐ No ☐

If so, please describe:

(Duplicate Current Benefits)

Premium Quote	Insureds	Your Rate	Volume	Monthly Premium
Group LTD	572	_____	\$2,125,940	\$_____

Company Name

Address

Agent Name

Authorized Signature (failure to sign will disqualify proposal)

Type Signatory's Name & Title

Telephone Number / Fax Number

Signatory's Email Address

GROUP VOLUNTARY SHORT TERM DISABILITY INSURANCE
Request for Proposal Submission Form
P0065-21

RFP ASSUMPTIONS:

1. Proposals are to be based on current benefits as described in the Summary of Benefits section of the RFP. Alternate benefit proposals will also be considered.
2. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
3. Renewal rates must be received by the BPUB at least 90 days prior to date of rate change.
4. At completion of enrollment, the BPUB is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
5. Current enrollment is 212 employees.
6. The BPUB will sponsor only one company for voluntary Short Term Disability.
7. Sponsorship by BPUB will include payroll enclosure educational material.
8. The Insurance Company must have an A.M. Best rating of A- or better.
9. Effective date is January 1, 2022. All participants enrolled in the current insurance plan as of December 31, 2021, are to be covered on a “no loss/no gain” basis.

.

QUESTIONS:

1. Describe organization submitting proposal:

- a. Insurance Company Name: _____
- b. Address: _____
- c. Contact Person: _____
- d. Email Address: _____
- e. Telephone Number: _____ Fax Number: _____
- f. Year Founded (Insurance Company): _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. Is a toll free telephone number available for checking status of claims? _____

- c. Can insured or BPUB's Personnel Department speak directly to claim examiner for questions related to payment of claims? _____

- d. What is normal claim processing time? _____

5. Will rate changes occur on policy anniversary date for the following:

- a. Age bracket change due to age increase Yes ☐ No ☐

Group STD Insurance
RFP Submission Form

b. Benefit change due to salary change

Yes ☐ No ☐

Comment: _____

6. Describe definition of disability:

a. Employee's own occupation: _____

b. Any occupation or employment for wage or profit: _____

7. Describe integration/coordination with other sources of income:

a. Sick Leave: _____

b. Workers' Compensation: _____

c. Other Sources of Income: _____

d. Minimum Benefit Provisions: _____

8. For sick leave benefit coordination, are disability benefits reduced only if sick leave benefits received?

Comment: _____

9. Is disability that has been approved for Workers' Compensation benefits excluded? Yes ☐ No ☐

Comment: _____

10. Describe "guarantee issue" underwriting guidelines: _____

11. Describe underwriting guidelines for applicants subject to medical review: _____

12. Describe initial enrollment procedures. (Include sample of education material.): _____

13. Will company agree to follow BPUB rules for procedures to be used for enrollment of employees?

Yes ☐ No ☐

Comment: _____

14. Will a Master Contract be issued to the BPUB?

Yes ☐ No ☐

15. Will the BPUB be provided with semi-annual claim experience reports?

Yes ☐ No ☐

If so please provide sample of reports.

16. Describe agent commission structure for quoted rates: _____

17. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE
FOLLOWING AGENT INFORMATION:

a. Agent commission formula & estimated annual commission: _____

b. Are agent commissions negotiable?

Yes ☐ No ☐

Comment: _____

c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

d. Copy of agent's insurance license.

e. Name/Mailing Address for Agent & Local Service Office: _____

f. Agent's relationship with insurance company (length of time, number of groups, amount
of premium): _____

g. Agent services to be provided: _____

h. Agent experience with insurance company: _____

i. Please attach biographical information for each agent in local service office

18. For what period of time are the rates used in the rate table guaranteed? _____

19. Is a longer rate guarantee available? Yes ☐ No ☐

If so, please describe: _____

20. Please attach schedule of rates and complete description of benefit provisions, including exclusions.

Company Name

Authorized Signature (failure to sign will disqualify proposal)

Address

Type Signatory's Name & Title

Telephone Number / Fax Number

Agent Name

Signatory's Email Address

GROUP VOLUNTARY VISION INSURANCE
Request for Proposal Submission Form

P065-21

RFP ASSUMPTIONS:

1. Proposals are to be based on providing benefits comparable to current benefits. Alternate benefit plans will be considered provided all benefit variations are explicitly stated.
2. The vision insurance plan will be eligible under the BPUB's IRC 125 cafeteria plan.
3. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
4. Renewal rates must be received by the BPUB at least 90 days prior to the date of rate change.
5. The BPUB will sponsor only one company for voluntary vision insurance. Sponsorship by the BPUB will include payroll enclosure education material.
6. Current enrollment is 386 Employees.
7. At completion of enrollment, the BPUB is to be provided with a master payroll deduction list that includes coverage and premium for each insured.
8. All participants enrolled in the vision insurance plan as of December 31, 2021 are to be eligible for coverage on a "no loss/no gain" basis. All vision services incurred on or after January 1, 2022 for enrolled insured are to be eligible expenses. The BPUB's enrollment records are to be the basis for "take-over".
9. "No loss/no gain" for participants are to include credit for accumulated deductible, coinsurance and calendar year benefits. The BPUB will provide hard copy data for this information.
10. Minimum monthly reports are to include earned premium, paid claims and incurred claims by type of benefit.

QUESTIONS:

1. Describe organization submitting proposal.

a. Name of Vision Insurance/Discount Provider: _____

b. Address: _____

c. Contact Person: _____

d. Email Address: _____

e. Telephone Number: _____ Fax Number: _____

f. Year Founded (Insurance Company): _____

2. Describe financial stability of Insurance Company.

a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)

b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.

c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references, preferably public entities:

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is your vision proposal a stand-alone program or a rider to another program? Yes ☐ No ☐

5. Does your proposal have minimum participation requirements? Yes ☐ No ☐

If yes, describe these requirements: _____

6. Please describe claim payment procedures:

a. Must a claim form be used? Yes ☐ No ☐

If so, please provide sample.

b. Describe claim payment procedures: _____

7. Please provide a copy of your vision provider network for the Brownsville area.

8. Do you have a toll-free telephone number for customer service issues? Yes ☐ No ☐

Group Vision Insurance
RFP Submission Form

If Yes, what are the operating hours of this toll free number: _____

9. Describe procedure & estimated time for issuing identification cards:

10. Describe special features of your program: _____

11. Will a "Hold Harmless Agreement" with provisions comparable to those presented in the RFP Specifications be executed? Yes ☐ No ☐

12. Describe renewal Underwriting procedures: _____

13. For what period of time are quoted rates guaranteed? _____

14. Is a longer rate guarantee available? _____

If so, please indicate other rate guarantee periods and applicable adjustment to rates: _____

15. Describe renewal underwriting procedures: _____

16. For the group vision insurance plan being proposed, please provide schedule of rates and complete description of benefit provisions, exclusions and providers in Brownsville area.

17. For the group vision discount program being proposed, please provide complete description of benefit provisions, providers in Brownsville area, and exclusive provisions for BPUB.

18. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:

a. Agent commission formula & estimated annual commission: _____

b. Are agent commissions negotiable? ☐ Yes ☐ No

Comment: _____

c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

d. Copy of agent's insurance license.

e. Name/Mailing Address for Agent & Local Service Office: _____

- f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

- g. Agent services to be provided: _____

- h. Agent experience with insurance company: _____

- i. Please attach biographical information for each agent in local service office.

Company Name

Address

Agent Name

Authorized Signature (failure to sign will disqualify proposal)

Type Signatory's Name & Title

Telephone Number / Fax Number

Signatory's Email Address

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE
Request for Proposal Submission Form
P065-21

RFP ASSUMPTIONS:

1. Proposals are desired for a plan of Group Voluntary Critical Illness Insurance. It is to be based on current benefits and as described in the Summary of Benefits section of the RFP.
2. Employee participation will be voluntary, and premiums will be paid by employees through payroll deduction on an after tax basis. Critical illness insurance will not be eligible for BPUB IRC Section 125 Cafeteria Plan.
3. A complete description of benefits, exclusions and rates for the proposed insurance plan must be included with the proposal. The insurance plan to be offered through payroll deduction must be approved in advance by the BPUB.
4. The BPUB will sponsor only one company for Group Voluntary Critical Illness insurance.
5. Sponsorship by the BPUB will include payroll enclosure educational material.
6. Current enrollment is 157 employees.
7. At completion of enrollment, the BPUB is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. The Insurance Company must have an A.M. Best rating of A- or better.
9. Effective date for payroll deductions & initial coverage will be January 1, 2022.
10. BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).

QUESTIONS:

1. Describe organization submitting proposal:

- a. Name of Firm: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email address: _____
- e. Telephone Number: _____ Fax Number: _____
- f. Year Founded (Insurance Company: _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. What is normal claim processing time? _____
- c. Describe procedure and documentation needed for payment of claim: _____

5. Describe Enrollment / Customer Services

- a. The initial effective date is January 1, 2022. Will you conduct enrollment meetings in accordance with schedule set by the BPUB? Yes ☐ No ☐
Comment: _____

- b. Will you provide local service office with hours of operation 8:00 AM to 5:00 PM five days per week? Yes ☐ No ☐
Comment: _____

- c. Will you have knowledgeable Company representative available by toll free telephone from 8:00 AM to 5:00 PM five days a week? Yes ☐ No ☐

Comment: _____

- d. Will employee benefit booklets/policies be mailed to employees' home address? Yes ☐ No ☐

Comment: _____

6. Describe Underwriting/Policy Issue:

- a. Is there a minimum enrollment requirement? Yes ☐ No ☐

If yes, describe: _____

- b. Is there guarantee issue for employee coverage? Yes ☐ No ☐

If yes, describe: _____

- c. Is there guarantee issue for spouse coverage? Yes ☐ No ☐

If yes, describe: _____

- d. Provide complete description of medical underwriting requirements and procedure for employee coverage and spouse coverage.

- e. Will waiting period, if applicable, be waived for initial enrollment to allow payroll deduction for January 1, 2022 effective date? Yes ☐ No ☐

Comment: _____

7. Premium Rates

- a. Can lifetime rates that are based on insured's age at time of enrollment and do not change during insured's lifetime be used? Yes ☐ No ☐

Comment: _____

- b. Is spouse rate based on employee's age? Yes ☐ No ☐

Comment: _____

- d. Is coverage portable at time of employment termination? Yes ☐ No ☐

If yes, provide procedure & rate information.

- e. For what period of time are the rates used in the rate table guaranteed? _____

- f. Is a longer rate guarantee available? Yes ☐ No ☐
If so, please describe: _____

8. Will Master Contract be issued to BPUB? Yes ☐ No ☐
Comment: _____

9. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:
- a. Agent commission formula & estimated annual commission: _____
 - b. Are agent commissions negotiable? Yes ☐ No ☐
Comment: _____
 - c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.
 - d. Copy of agent's insurance license.
 - e. Name/Mailing Address for Agent & Local Service Office: _____

 - f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

 - g. Agent services to be provided: _____

 - h. Agent experience with insurance company: _____

 - i. Please attach biographical information for each agent in local service office.
10. Please attach description of Plan that includes the following:
- a. Schedule of Rates
 - b. Complete Description of Benefits
 - c. Complete Description of All Limitations & Exclusions
 - d. Specimen Policy

Company Name

Address

Agent Name

Authorized Signature (failure to sign will disqualify proposal)

Type Signatory's Name & Title

Telephone Number / Fax Number

Signatory's Email Address

GROUP VOLUNTARY CANCER / DREAD DISEASE INSURANCE
Request for Proposal Submission Form
P065-21

RFP ASSUMPTIONS:

1. Proposals are desired for a plan of voluntary Group Cancer / Dread Disease Insurance. This plan is to meet the requirements of the IRC Section 125 for all benefit provisions. Thus, plans offering return of premium, or other form of deferred compensation, will not be considered.
2. A complete description of benefits, exclusions and rates for each insurance plan must be included with the proposal. All insurance plans to be offered through payroll deduction must be approved in advance by the BPUB.
3. The BPUB will sponsor only one company for voluntary Group Cancer / Dread Disease insurance.
4. Sponsorship by the BPUB will include payroll enclosure educational material.
5. At completion of enrollment, the BPUB is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable. Two lists are to be provided; one for biweekly employees and one for monthly employees.
6. Current enrollment is 277 employees
7. The Insurance Company must have an A.M. Best rating of A- or better.
8. Effective date January 1, 2022. All participants enrolled in the current insurance plan as of December 31, 2021, are to be covered on a “no loss/no gain” basis.
9. BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
10. Renewal rates must be received by the BPUB at least 90 days prior to date of rate change.

QUESTIONS:

1. Describe organization submitting proposal:

- a. Name of Firm: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email address: _____
- e. Telephone Number: _____ Fax Number: _____
- f. Year Founded (Insurance Company: _____

2. Describe financial stability of Insurance Company.

- a. What is current A.M. Best rating for your Company? _____
(Please provide financial size category.)
- b. If not rated by A.M. Best, please provide audited financial statements for the most recent fiscal year.
- c. Is Insurance Company authorized to do business in Texas? Yes ☐ No ☐

3. Provide three Texas client references (preferably public entities):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

- a. Where will claims be paid? _____
- b. What is normal claim processing time? _____
- c. Describe documentation needed for payment of claim: _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan? Yes ☐ No ☐

If so, please describe: _____

6. Describe “guarantee issue” underwriting guidelines: _____

7. Describe underwriting guidelines for applicants subject to medical review:

8. Will medical underwriting be waived for current insureds: Yes ☐ No ☐
If there are any limitations on complete take-over for all current insureds, please describe:

9. Will waiting period, if applicable, be waived for initial enrollment to allow payroll deduction for January 1, 2022 effective date? Yes ☐ No ☐

10. Enrollment / Eligibility Services

- a. The initial effective date is January 1, 2022. Will you conduct enrollment meetings in accordance with schedule set by the BPUB? Yes ☐ No ☐

Comment: _____

- b. Will you provide local service office with hours of operation 8:00 AM to 5:00 PM five days per week? Yes ☐ No ☐

Comment: _____

- c. Will you have knowledgeable Company representative available by toll free telephone from 8:00 AM to 5:00 PM five days a week? Yes ☐ No ☐

Comment: _____

- d. Will employee benefit booklets/policies be mailed to employees' home address? Yes ☐ No ☐

Comment: _____

11. Will Master Contract be issued to BPUB? Yes ☐ No ☐

12. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE FOLLOWING AGENT INFORMATION:

- a. Agent commission formula & estimated annual commission: _____

- b. Are agent commissions negotiable? Yes ☐ No ☐

Comment: _____

- c. Copy of agent's E&O Insurance Declaration Page or Certificate of Insurance.

- d. Copy of agent's insurance license.

- e. Name/Mailing Address for Agent & Local Service Office: _____

- f. Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

- g. Agent services to be provided: _____

- h. Agent experience with insurance company: _____

i. Please attach biographical information for each agent in local service office.

13. For what period of time are the rates used in the rate table guaranteed?

14. Is a longer rate guarantee available?

Yes ☐ No ☐

If so, please describe: _____

15. Please attach description of Plan that includes the following:

- a. Schedule of Rates
- b. Complete Description of Benefits
- c. Complete Description of All Limitations & Exclusions
- d. Specimen Policy

Company Name

Address

Agent Name

Authorized Signature (failure to sign will disqualify proposal)

Type Signatory's Name & Title

Telephone Number / Fax Number

Signatory's Email Address

IRC 125 CAFETERIA PLAN ADMINISTRATION SERVICES
Request for Proposal Submission Form
P065-21

QUESTIONS:

1. Describe organization submitting proposal:

- a. Name of Firm: _____
- b. Address: _____

- c. Contact Person: _____
- d. Email Address: _____
- e. Telephone Number: _____ Fax Number: _____
- f. Year Founded: _____
- g. Type of Business Entity: (check one) ☐ Corporation; ☐ General Partnership;
☐ Registered Limited Liability Partnership; ☐ Limited Liability Company;
☐ Sole Proprietorship.
- h. Please provide jurisdiction for corporation or partnership charter: _____
- i. Please provide date corporation or partnership chartered: _____
- j. Is the business entity licensed by the state of Texas as a Third Party Administrator?
Yes ☐ No ☐
If yes, please provide a copy of the Certificate of Authority.
- k. How many full-time employees does the business entity have? _____

2. Pending Lawsuits/Claims:

- a. Has the business entity been a defendant in any lawsuit in any state or federal court during the preceding 5 Years? Yes ☐ No ☐
If yes, identify each lawsuit by party, case number, court, subject matter, and disposition.
- b. Does the business entity have any claims filed against it which are unresolved and presently pending before any state of Texas administrative agency? Yes ☐ No ☐
If yes, please provide a full description of the matter.

3. Financial Information:

- a. Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding 7 years? Yes ☐ No ☐
If yes, provide the name of the court and the case number(s).

- b. Has any owner, member, or partner of the business entity filed a petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding 7 years? Yes ☐ No ☐

If yes, provide the name of the court and the case number(s).

- c. Please provide an audited financial statement for the preceding fiscal year.

4. Describe Cafeteria Plan Administration experience:

- a. Number of Clients: _____
- b. Number of Employees Enrolled in Cafeteria Plans: _____
- c. Other: _____

5. Provide three Texas client references (preferably governmental entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

6. Describe government compliance services:

- a. Plan Document (Include specimen document): _____
- b. Employee Summary Plan Description (Include sample): _____
- c. Discrimination Testing: _____
- d. Other: _____

7. Describe Enrollment/Communication services:

- a. Describe educational programs and materials that are provided to enrollees, including electronic enrollment education material. _____

- b. Do you offer electronic enrollment services? Yes ☐ No ☐

- c. If electronic enrollment services are offered, please describe: _____

8. Describe Flexible Spending Account Services:

a. Describe enrollment/communication services (Include samples of communication documents).

b. Describe claim payment services:

1. Where will claims be paid? _____

2. Is toll free telephone number available? Yes ☐ No ☐

3. Can insured speak directly to claim examiner? Yes ☐ No ☐

4. What is normal claim processing time? _____

5. Will you accept claim submission by fax or other electronic transmission?

Yes ☐ No ☐

Comment: _____

6. Describe claim payment system, including degree of automation: _____

7. Provide sample of claim form.

8. Provide sample of monthly, quarterly and annual reports.

9. Describe Debit Card administration.

c. Describe procedure for election confirmation (Include sample of election form & confirmation form):

d. Describe procedures for reporting forfeitures to participants and the BPUB

1. Prior to end of Plan Year: _____

2. Following end of Plan Year: _____

e. Describe banking arrangements: _____

f. Describe procedures used for HIPAA Privacy Compliance: _____

g. Do you currently use a Web site to allow employee access to their account information online? Yes ☐ No ☐

Comment: _____

9. Describe Fee Structure:

a. Enrollment/Communication Services: _____

- b. Flexible Spending Accounts:
 - 1. Health Care Reimbursement: (No Debit Card) _____
 - 2. Dependent Care Reimbursement: (With Debit Card) _____
- c. Annual Discrimination Testing: _____
- d. Plan Document Mediation: _____

- e. Additional costs:
 - 1. Custom Claim Reports: _____

 - 2. Other: _____

Company Name

Authorized Signature (failure to sign will disqualify proposal)

Address

Type Signatory's Name & Title

Telephone Number / Fax Number

Date

Signatory's Email Address

FORMS CHECKLIST

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (Will be provided to awarded vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided		<input type="checkbox"/>
Addenda		<input type="checkbox"/>	<input type="checkbox"/>

ETHICS STATEMENT (Complete and Return this form with Proposal)

The undersigned firm, by signing and executing this proposal, certifies and represents to the Brownsville Public Utilities Board that firm has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the firm also certifies and represents that the firm has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the firm certifies and represents that firm has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this proposal on the basis of any consideration not authorized by law; the firm also certifies and represents that firm has not received any information not available to other firms so as to give the undersigned a preferential advantage with respect to this proposal; the firm further certifies and represents that firm has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that firm will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Brownsville Public Utilities Board in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the firm certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the Brownsville Public Utilities Board in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

The vendor shall defend, indemnify, and hold harmless the Brownsville Public Utilities Board, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this proposal.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

FEDERAL ID#: _____ AND/OR SOCIAL SECURITY #: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY:

NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE PROPOSAL SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED PROPOSAL MAY ALLOW THE OWNER TO REJECT A PROPOSAL AS NON-RESPONSIVE.

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS (Complete and Return this form with Proposal)

Name of Entity:_____

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency:

Have not within a three year period preceding this proposal been convicted of, had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may b22e grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY & SUBMITTED WITH BID RESPONSE

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>		OFFICE USE ONLY <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
1 Name of vendor who has a business relationship with local governmental entity.	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
3 Name of local government officer about whom the information is being disclosed.		
<div style="border-bottom: 1px solid black; width: 60%; margin: 0 auto;"></div> Name of Officer		
4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.		
<div style="margin-bottom: 20px;"> <p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <div style="display: flex; justify-content: center; gap: 50px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <div style="display: flex; justify-content: center; gap: 50px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.		
6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
7		
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of vendor doing business with the governmental entity		<div style="border-bottom: 1px solid black; width: 100%;"></div> Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

BROWNSVILLE PUBLIC UTILITIES BOARD
RESIDENCE CERTIFICATION

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that

(Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: _____

Print Name: _____

I certify that _____ (Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

(City and State)

Signature: _____

Print Name: _____

Previous Customer Reference Worksheet

Name of Customer:		Customer Contact:
Customer Address:		Customer Phone Number:
		Customer Email:
Name of Company Performing Referenced Work:		

What was the Period of Performance?		What was the Final Acceptance Date?
From:		
To:		
Dollar Value of Contract?		What Type of Contract?
\$_____		<input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Time and Material <input type="checkbox"/> Not to Exceed <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other, Specify:_____

[illegible]

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **W-8BEN-E**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident **W-9**
- A foreign individual **W-8BEN (Individual) or Form 8233**
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) **W-8ECI**
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) **W-8IMY**
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) **W-8ECI or W-8EXP**
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) **W-8IMY**

Instead use Form:**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization															
3 Name of disregarded entity receiving the payment (if applicable, see instructions)																
4 Chapter 3 Status (entity type) (Must check one box only): <table style="width: 100%;"><tr><td><input type="checkbox"/> Simple trust</td><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> Central Bank of Issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td></tr><tr><td colspan="5"><input type="checkbox"/> Private foundation</td></tr></table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> Private foundation				
<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership												
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government												
<input type="checkbox"/> Private foundation																
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width: 100%;"><tr><td style="vertical-align: top;"><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.</td><td style="vertical-align: top;"><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. 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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). <table style="width: 100%;"><tr><td style="width: 60%;">City or town, state or province. Include postal code where appropriate.</td><td style="width: 40%;">Country</td></tr></table>		City or town, state or province. Include postal code where appropriate.	Country													
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7 Mailing address (if different from above) <table style="width: 100%;"><tr><td style="width: 60%;">City or town, state or province. Include postal code where appropriate.</td><td style="width: 40%;">Country</td></tr></table>		City or town, state or province. Include postal code where appropriate.	Country													
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8 U.S. taxpayer identification number (TIN), if required	9a GILIN	b Foreign TIN														
10 Reference number(s) (see instructions)																

Note: Please complete remainder of the form including signing the form in Part XXX.**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 7-2017)