



**STATE OF NORTH CAROLINA
OFFICE OF STATE PERSONNEL
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116 WEST JONES STREET
RALEIGH, NC 27699-1331**

**MICHAEL F. EASLEY
GOVERNOR**

**THOMAS H. WRIGHT
STATE PERSONNEL DIRECTOR**

**TITLE: REQUEST FOR PROPOSALS FOR TERM, UNIVERSAL, AND WHOLE
LIFE INSURANCE PLANS BY THE SUPPLEMENTAL BENEFITS
COORDINATION COMMITTEE**

USERS: North Carolina Departments of Administration, Commerce, Correction, Crime
Control & Public Safety, Cultural Resources, Environment and Natural
Resources, Juvenile Justice and Delinquency Prevention, Health and Human
Services, Revenue, and Transportation, and the Offices of the Governor, State
Budget and Management, State Controller, and Information Technology Services

ISSUE DATE: May 1, 2008

ISSUING AGENCY: Brenda Gery Warburton
HR Partner
Office of State Personnel
Administration Building
116 West Jones Street
Raleigh, NC 27603
On behalf of the Supplemental Benefits Coordination Committee

**SEND ALL PROPOSALS DIRECTLY TO THE ISSUING AGENCY ADDRESS SHOWN ABOVE AND
ADDRESSED SEPARATELY TO EACH AGENCY. PLEASE PROVIDE 3 COPIES, ONE FOR THE
SUPPLEMENTAL BENEFITS COORDINATION COMMITTEE AND TWO FOR EACH AGENCY.**

THE BID OPENING WILL BE HELD ON FRIDAY, JUNE 6, 2008, AT 2:00 PM, IN THE OSP LARGE
CONFERENCE ROOM ON THE THIRD FLOOR OF THE ADMINISTRATION BUILDING LOCATED AT 116
WEST JONES STREET IN RALEIGH, NC.

IMPORTANT NOTE: Indicate firm name, and RFP Number on the front of each SEALED proposal envelope or
package, along with the date for receipt of proposals specified above.

Direct all inquiries to: Brenda Warburton, HR Partner, Phone: (919) 807-4848; Fax: (919) 715-9750
E-mail: brenda.warburton@osp.nc.gov

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ON BEHALF OF THE
SUPPLEMENTAL BENEFITS COORDINATION COMMITTEE

Term, Universal and Whole Life Insurance Plan

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Note: Questions concerning the specifications in this request for proposals will be received VIA facsimile to (919) 715-9750 or email (brenda.warburton@osp.nc.gov) until 5:00 p.m. on Monday, May 12, 2008. A summary of all questions asked and answered will be posted on-line at <http://www.osp.state.nc.us/ExternalHome/LifeInsuranceQuestionsandAnswers.pdf> as an Addendum to this document at the same location as the original, not later than 10:00 a.m. on Tuesday, May 20, 2008. It shall be the sole responsibility of the offeror to obtain the questions and answers from the Internet (<http://www.osp.state.nc.us/ExternalHome/LifeInsuranceQuestionsandAnswers.pdf>). It is the offeror's responsibility to assure that all addenda have been reviewed and, if need be, signed and returned. Failure to return addenda requiring the offeror's signature by the date and time designated may subject offeror's proposal to disqualification.

COMMUNICATION WITH ISSUING AGENCY: All offeror communication regarding this RFP must be in writing, and must be submitted per the instructions in preceding paragraphs. Until after the award of the contract, offerors may only contact the above representative, and only in writing. Offerors not in compliance with this provision may be subject to disqualification of their proposal by the participating Employee Insurance Committees.

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SECTION 2: INTRODUCTION

A. INTENT

The North Carolina Office of State Personnel (NCOSP) on behalf of the Supplemental Benefits Coordination Committee (SBCC) is soliciting proposals, through a competitive sealed procurement process, from qualified companies for three separate Life Insurance Products: **Term Life, Universal and Whole Life Insurance Plans**.

The intent of this Request for Proposal (RFP) is to solicit proposals which will allow a larger group of agencies to obtain prices for their employees on life insurance products that are lower than those that the individual agencies might be able to obtain based on smaller numbers of potential employee participants. In addition, the proposal intends to solicit proposals to provide portable life insurance products which will be able to be maintained by a participating employee after employment at the participating agency changes or ends. Such portability includes moves agency to agency, should an employee change employers after enrollment and moves from employment with the State, should an employee leave employment with the State, whether through retirement or otherwise.

Upon selection by the agency Employee Insurance Committees (EIC), these plans will be made available to employees who hold permanent or time-limited positions (hereinafter referred to as regular employees) at the participating agencies. Time-limited employees include those who are eligible for regular state benefits.

B. PROGRAM GOVERNANCE

The EICs of the participating agencies are responsible for offering supplemental insurance programs to all eligible agency employees, which includes the products subject to proposal in this RFP: **Term Life, Universal and Whole Life Insurance Plans**. The administration of Supplemental Insurance Programs is the responsibility of the participating agency EICs, with program support provided by staff of the participating agency Human Resources personnel. The SBCC is providing oversight and coordination of the Request for Proposal (RFP) process at the request of the agency EICs.

C. BACKGROUND

In accordance with General Statute (G.S.) 58-31-60 (a) Employee Insurance Committee, "The head of each State government employee payroll unit offering payroll deduction insurance products to employees shall appoint an Employee Insurance Committee for the following purposes:

- (1) To review insurance products currently offered through payroll deduction to the State employees in the Employee Insurance Committee's payroll unit to determine if those products meet the needs and desires of employees in the Employee Insurance Committee's payroll unit.

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- (2) To select the types of insurance products which reflect the needs and desires of employees in the Employee Insurance Committee's payroll unit.
- (3) To competitively select the best insurance products of the types determined by the Employee Insurance Committee to reflect the needs and desires of the employees of that payroll unit.

Further, as promulgated by G.S. 58-31-60, each payroll unit is entitled to not less than four payroll deduction slots to be used for payment of insurance premiums for products selected by the Employee Insurance Committee and offered to the employees of the payroll unit.

D. OVERVIEW OF EMPLOYEE POPULATION AND PAYROLL SYSTEM

There are more than 65,000 employees of the participating agencies statewide who are eligible to purchase supplemental insurance through payroll deduction.

Employees are paid from the State's BEACON System, which is operated by the North Carolina State Controller's Office in Raleigh.

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SECTION 3: SCOPE OF WORK

A. CURRENT LIFE INSURANCE PLAN

Companies currently offering Term, Universal, and Whole Life Insurance may continue to provide insurance to existing clients on an individual basis. However, current Term, Universal and Whole Life Insurance may be replaced by one of the proposed plans that will be available to agency employees as a group or on an individual basis.

B. PLAN DESIGN

Please refer to Attachment A, Proposed Plan Design. Refer to Section 3, Item F, “Instructions,” for specific details regarding the assumptions when submitting a proposal.

C. EMPLOYEE EDUCATION AND ENROLLMENT

1. The Offeror shall be afforded an adequate opportunity to solicit employees at times and places as designated by participating agency HR Directors or designee. Such arrangements shall be made by the Offeror in advance and employees shall be notified by the Offeror in cooperation with the agency HR Director or designee.
2. A toll-free number **MUST** be available from Monday through Friday at a minimum. Please specify your customer service hours.
3. At a minimum, the Offeror **MUST** offer an initial enrollment, annual enrollment, and an opportunity for new employees to enroll.
4. The Offeror shall provide information on how it will inform employees of the terms of the portability of each life insurance product, including how each product will be portable from: agency to agency, should an employee change employers after enrollment; and from employment with the State, should an employee leave employment with the State, whether through retirement or otherwise. Each proposal must include information on how such portability will be communicated to participating employees.
5. Each selected Offeror is responsible for providing insurance plan information, sample forms, and monthly premiums for the participating agency Human Resources Division, Benefits Section staff prior to the beginning of the initial enrollment date. This information will be used to assist the Benefits Section staff in answering employee questions.
6. If requested, the selected Offeror shall participate in the participating agencies’ Benefits/Wellness Fair to be held in the Raleigh area.

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D. ADMINISTRATION/IMPLEMENTATION

1. The enrollment information will be submitted directly to the selected Term, Universal, and Whole Life Insurance Offeror for processing and generating the initial and ongoing eligibility listings. The Offeror shall transmit any premium report or other reports electronically or by hard copy as requested by BEACON. The selected Offeror will be required to use BEACON's standard electronic file layout for any data transfer requirements. The selected Term, Universal, and Whole Life Insurance Offerors will be required to work with participating agencies and BEACON in coordinating the transmission of benefit election and deduction information appropriately.
2. BEACON will process changes to the applicable employee's paycheck and send premiums and a disbursement report to the Offeror. The Offeror must except BEACON's standard remittance and reconciliation reports.
3. The selected Offeror will be responsible for providing participating agency Human Resources Director (Benefits Specialists) with a draft of the employee booklet and/or other materials for review prior to printing and distribution. In addition, the selected Offeror will get approval of the participating Human Resources Division when there is a need or request to provide the participating agencies' employees with information (brochures, memos, e-mails, etc.) related to this insurance product on an ongoing basis.
4. The Offeror is responsible for printing any communication and disseminating the materials regarding the life insurance products to the participating agencies' employees. The selected Offeror is also responsible for paying the cost of any mailings associated with the life insurance products.
5. The selected Offeror will be responsible for printing and distributing summary plan descriptions and ID cards, if applicable, to participants' home addresses.
6. Payroll deductions for the life insurance products will be taken the first of the month for coverage effective the following month.

E. MANAGEMENT REPORTS

The selected Offeror will provide standard management reports on a month and year to date basis by plan and ad hoc reports as requested by participating agencies, BEACON or NCOSP.

F. INSTRUCTIONS

1. Monthly rates are to be provided for employee, spouse and dependent children per unit of coverage (See Attachments E, F and G, Premium Cost Exhibits). The "Premium Cost" Exhibit **MUST** be completed and submitted along with your proposal.

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2. Monthly rates are to be based on the proposed plan design.
3. Any deviations from this request for proposal must be explained in Attachment H, “Deviations,” such deviation may cause rejection of the proposal.
4. A rate guarantee of four (4) years is desired. If not available, indicate the maximum number of years available, or if renewals can be capped in the third or fourth year. After the initial rate guarantee, renewal rates **MUST** be provided on a timely basis, no later than ninety (90) days prior to the rate change.
5. Rates should assume the selected Offeror would provide enrollers during the initial and annual enrollment periods. Refer to Attachments B-D, “Term Life Insurance Plan Questionnaire,” “Universal Life Insurance Plan Questionnaire,” and “Whole Life Insurance Plan Questionnaire” for additional questions regarding enrollers.
6. Proposals are to be based on a January 1, 2009 effective date.
7. The Attachments B-D, “Term Life Insurance Plan Questionnaire,” “Universal Life Insurance Plan Questionnaire,” and “Whole Life Insurance Plan Questionnaire” **MUST** be completed and submitted with the proposal.
8. Sample booklets and plan documents **MUST** be provided with proposal.
9. Premiums for the plan will be paid through payroll deduction. Claims will not be held for premium payment.
10. If the plan participant is on approved leave, which includes Family and Medical Leave and leave without pay (LWOP), and elects to continue premium payments during that period:
 - A. Provide an explanation of how plan participants are billed and remittance handled.
 - B. Specify the payment modes available, i.e., monthly, annually, etc.
11. If the proposed plan design is not available, offer your alternative. If an alternative is offered, the Offeror **MUST** follow the instructions and guidelines as described in the RFP. The participating agencies’ Employee Insurance Committee are under no obligation to accept the alternative and may, after their review of all responses to the RFP, select the plan design most closely matching their objectives.

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12. Provide your procedures to service this product should you receive authorization to market this product to State agency employees. A careful forthright explanation of your expectations relating to both the State agencies and your company should be given. This explanation should include, but is not limited to, your experience in selling and administering payroll deduction plans and the location of your regional and service offices in North Carolina. Additional considerations of the Committee will be your procedures to handle policy owner claims and questions, e.g., availability and complexity of claim forms, toll free numbers, web site, adequate staff to provide timely response to questions or concerns, etc. In addition, life insurance products offered must be portable from: agency to agency, should an employee change employers after enrollment; and from employment with the State, should an employee leave employment with the State, whether through retirement or otherwise. Each proposal must include information on how such portability will be accomplished.

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SECTION 4: PROPOSAL CONTENT

A. EXECUTIVE SUMMARY

The Executive Summary will consist of a cover letter highlighting the contents of the proposal, and bearing the authorized representative's signature.

B. CORPORATE BACKGROUND AND EXPERIENCE

This section will include background information on the organizational structure of the firm, including its relationship to any parent firms, sister firms, subsidiaries, or any firms that may have an interest in any participating agency's fringe benefits program. Also, a list of the names of the firm's Board of Directors, where applicable, must be provided and indicate any relation to any participating agency's employees to any administrator or Board member.

If the Offeror is incorporated, show the state in which the firm is incorporated. In order to execute the contract, the firm must be licensed in North Carolina. The Offeror **MUST** provide in its proposal verification that they are licensed to do business in North Carolina.

C. FINANCIAL STATEMENT

The Offeror must provide the last three (3) years audited financial statements, annual reports, ratings, and/or any other similar information documenting the financial stability of the firm. Also, provide the most recent A.M. Best Rating, Standard and Poor's, and other industry rating information. The selected carrier must have an A.M. Best rating of "A-" or above.

D. PROJECT ORGANIZATION

This section must include the proposed staffing, deployment, and organization of personnel to be assigned to this project.

E. PROPOSAL SUBMISSION

Each Offeror is required to submit sealed proposals bearing the RFP number, the name of firm, and closing date for the proposal on the outside of the package. The proposal must be signed and dated by an appropriate official with the authority to bind the firm. Three sealed proposals must be submitted for each agency, one for the SBCC and two for the agency.

F. MULTIPLE PROPOSALS

Agents and brokers requesting multiple proposals from Offerors are required to select and submit the most competitive proposal received. Only one (1) proposal per agent or broker will be accepted. Should the Committee receive duplicate Offerors' proposals from different agents/brokers, those proposals will be evaluated on their own merit.

SECTION 5: SELECTION PROCESS

A. GENERAL

The following is a general description of the process by which a firm will be selected to perform the project:

1. RFPs are available to prospective Offerors via the Office of State Personnel website at <http://www.osp.state.nc.us/ExternalHome/index.htm>.
2. All proposals must be received by the deadline specified.
3. At the date and time of the proposal opening, the package containing the proposal from each responding firm will be opened and the name of the firm announced publicly.
4. At their option, the evaluators may request oral presentations or discussions with any or all Offerors for the purpose of clarification or to amplify the material presented in any part of the proposal. However, Offerors are cautioned that the evaluators are not required to request clarification; therefore, all proposals must be complete and concise and reflect the most favorable terms available from the Offeror. If presentations are planned, more details will be given in a separate letter.
5. Prospective contractors are cautioned that this is a request for proposals, not a request to contract, and the participating agencies reserves the unqualified right to reject any and all offers when such rejection is deemed to be in the best interest of the employees of the participating agencies and/or program participants.

The award of a contract to one Offeror does not mean the other proposals lacked merit but that all factors considered, that proposal was deemed to provide the best value to the employees of the participating agencies and/or program participants.

6. Proposals will be evaluated according to the following categories.
 - Executive Summary
 - Corporate Background and Experience
 - Company's Financial Statement and Best rating
 - Project Organization
 - Voluntary Term Life Insurance Plan Questionnaire
 - Monthly Premium Cost
 - Instructions
 - Plan Design
 - Ease of Administration
 - Deviations

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Primary emphasis will be placed on the plan design, ease of administration and monthly cost.

7. In the evaluation process, participating agencies reserve the right to consider any available information concerning the firm's qualifications.
8. The Offeror is solely responsible for submitting information related to the evaluation categories and the participating agencies are under no obligation to solicit such information if it is not included with the Offeror's proposal. Failure of the Offeror to submit such information may cause an adverse impact on the evaluation of the Offeror's proposal.

B. OFFEROR'S EXPERIENCE AND RELIABILITY

1. Experience and reliability of the Offeror's organization are considered in the evaluation process. Therefore, the Offeror is advised to submit any information that documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.
2. The Offeror must provide a list of at least four current and/or previous contracts including details as to experience in providing the same or similar services to other firms or agencies. Recent contracts with other large State systems or large governmental agencies will be favorably considered. Include the following information:
 - a. The name, address, and telephone number of the contracting agency and a contact person who may be contacted for verification of all data submitted.
 - b. The dates of the contracts identified above.
 - c. A brief, written description of the specific prior services performed and requirements thereof.

C. RECOMMENDED PROPOSAL FORMAT

1. It is highly recommended that the Offeror's proposal follow the same order of the RFP's table of contents.
2. The Offeror **MUST** specifically provide the following information in the proposal:
 - a. The name of the Offeror, address, telephone number, and name of the official who will coordinate all activities related to the contract.
 - b. A description of how the Offeror would propose to conduct enrollments and whether the enrollers are employees of the vendor or subcontractors.

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- c. A description of how the Offeror would handle a typical enrollee's and participant's inquiries and complaints.
- d. A summary of any additional information that should be considered by THE PARTICIPATING AGENCIES in making its decision.

D. EXPERTISE OF THE OFFEROR'S PERSONNEL

- 1. The qualifications of the personnel proposed by the Offeror to perform the requirements of this RFP will be considered in the evaluation. Therefore, the Offeror **MUST** submit detailed information related to the experience and qualifications of the staff proposed.
- 2. It is preferred that the Offeror provide the following information:
 - a. An organizational chart of the company, showing principal officers and staff members to be associated with this contract.
 - b. What administrative and marketing staff and facilities presently exist in North Carolina? If staff or facilities do not presently exist, when would the Offeror propose to establish such operations? Provide the staff qualifications of those persons who would be located in North Carolina and the proposed location of those employees.
 - c. With whom would the participating agencies conduct day-to-day contacts on behalf of the company? Describe the qualifications and authority of this person.

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SECTION 6: GENERAL GUIDELINES FOR SUBMITTING PROPOSALS

A. ADVERTISING

In submitting its proposal, the prospective contractor agrees not to use the results there from as a part of any news release or commercial advertising without prior written approval of the participating agencies' Human Resources Director or designee.

B. AWARD OR REJECTION

All qualified proposals will be evaluated. It is fully anticipated that an award will be made to the vendor whose combination of plan design, cost, responses to questionnaires and service/administrative capabilities is deemed to be in the best interest of the participating agency. Participating agencies reserve the unqualified right to reject any or all offers if it is determined to be in the participating agency's best interest.

C. HISTORICALLY UNDERUTILIZED BUSINESSES

Pursuant to General Statute (G. S.) 143-48, the participating agencies invite and encourage participation in this procurement process by businesses owned by minorities, women, disabled, disabled business enterprises, and non-profit work centers for the blind and severely disabled.

D. COMPETITIVE PROPOSALS

Pursuant to provisions of G.S. 143-54 and under penalty of perjury, the signer of any proposal submitted in response to the RFP certifies that the proposal has not been arrived at collusively or otherwise in violation of federal or North Carolina antitrust laws.

E. CONFIDENTIALITY OF PROPOSALS

In submitting its proposal, the Offeror agrees not to discuss or otherwise reveal its technical or cost information to any source outside of the using or issuing agency, government or private, until after the award of the contract. At the option of the participating agencies, Offerors not in compliance with this provision may be disqualified from contract award.

F. COST FOR PROPOSAL PREPARATION

Any costs incurred by the Offeror in preparing or submitting offers are the sole responsibility of the Offeror. Participating agencies will not reimburse any Offeror for any costs incurred prior to award.

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G. ELABORATE PROPOSALS

Elaborate proposals in the form of brochures or other presentations beyond that necessary to present a complete and effective proposal are not desired and may be considered detrimental in the evaluation process.

H. EXCEPTIONS

All proposals and responses are subject to the terms and conditions outlined herein. Price lists, catalogs, and/or other documents as part of the Offeror's response will be waived and will have no effect either on this RFP or on any contract that may be awarded resulting from this solicitation. The attachment of other terms and conditions by an Offeror may be grounds for rejection of the Offeror's proposal. Offeror specifically agrees to the conditions set forth herein by signature to the proposal.

I. FORM OF PROPOSAL

Each proposal should be submitted in a form that, at the option of the participating agencies, may be incorporated verbatim into a contract.

J. OFFEROR'S REPRESENTATIVE

Each Offeror must submit with its proposal the name, address, and telephone number of the person(s) with the authority to bind the vendor and answer questions or provide clarification concerning the vendor's proposal.

K. ORAL EXPLANATIONS

The participating agencies will not be bound by oral explanations or instructions given at any time during the competitive process or after award.

L. PROJECT MANAGEMENT

The Offeror shall assume that it must provide all project management, personnel, office space, secretarial assistance, printing, supplies, data processing, postage, and any other overhead associated with the administration of this contract.

M. PROPRIETARY OR OTHER "CONFIDENTIAL" INFORMATION

Any trade secrets or other proprietary data that the Offeror does not wish disclosed to other than the personnel involved in the evaluation or contract administration will be kept confidential to the extent permitted by NCAC T01: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in bold-face at the top and bottom as "Confidential." Any section of the proposal that is to remain confidential should, in addition, be so marked in boldface on the title section of that section. Net cost information may not be deemed confidential.

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N. REFERENCE TO OTHER DATA

Only information that is received in response to this RFP will be evaluated. Reference to information previously submitted will not suffice.

O. RIGHT TO SUBMITTED MATERIAL

All responses, inquiries, or correspondence relating to or in reference to this RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the Offerors will become the property of the participating agencies when received.

P. SUBCONTRACTORS

The successful Offeror may propose to subcontract portions of the work to subcontractors that meet the same standards as those imposed on the prime contractor. Offerors desiring to subcontract portions of the work shall insure that their proposals clearly indicate what work they desire to subcontract and with whom.

Q. SERVICE CONTRACTS PERFORMED OUTSIDE THE UNITED STATES

In accordance with N.C. General Statute 143-59.4 (Session Law 2005-169), effective with all bids/offers pertaining to Service Contracts submitted after October 1, 2005, state agencies must identify where services will be performed under a proposed contract. This includes any services that will be performed under subcontracts. If any of the services under the proposed contract are to be performed outside of the United States, including any subcontracted services, the Contractor shall identify where such services are anticipated to be performed. If the Contractor will not perform services (contract or subcontract) outside the United States, so indicate with an "N/A" where appropriate.

R. TIME FOR ACCEPTANCE

Each proposal must state that it is a firm offer that may be accepted within a period of ninety (90) days and that its proposal meets the requirements, terms, and conditions of the RFP. Although the contract is expected to be awarded prior to that time, the ninety (90) day period is requested in order to allow for unforeseen delays.

S. TITLES

Titles and headings in this RFP and any subsequent contract are for convenience only and shall have no binding force or effect.

T. UNSOLICITED PROPOSAL CHANGES

Any changes to a proposal that are received after the closing date indicated on the cover page of this RFP and are not specifically solicited as a clarification by the participating agencies will be rejected.

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U TABULATION/AWARD INFORMATION

Call Brenda Warburton at (919) 807-4848 to obtain the names of vendors submitting proposals, prices offered, and a verbal status of contract award. **Note:** Contract award notices are sent only to those actually awarded contracts, not to every person or vendor responding to this solicitation.

V. PROTEST PROCEDURES

A party wanting to protest a contract awarded pursuant to this solicitation must submit a written request to Brenda Warburton, 116 W. Jones Street., Office of State Personnel, Administration Building, 116 West Jones Street, Raleigh, NC 27603. This request must be received within thirty (30) consecutive calendar days from the date of the contract award, and must contain specific sound reasons and any supporting documentation for the protest. **Note:** Contract award notices are sent only to those actually awarded contracts, and not to every person or vendor responding to this solicitation. Offerors may call (919) 807-4848 to obtain a verbal status of contract award. All protests will be handled pursuant to the North Carolina Administrative Code, Title 1, Department of Administration, Chapter 5, Purchase and Contract, Section 5B.1519.

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SECTION 7: CONTRACT TERMS AND CONDITIONS

Following are standard terms and conditions of the resulting contract, although others may be later added.

A. CONTRACT PERIOD

The contract will be effective for a period of four (4) years, to begin with the date of execution of the contract, with provisions for up to two (2) contract extensions of one (1) year each, unless otherwise terminated as provided herein.

The contract period and the cost specified herein may be changed only with the express agreement in writing of both parties.

B. ASSIGNMENT PROHIBITED

The Contractor shall not assign or transfer any interest in this agreement.

C. TERMINATION OF THE CONTRACT

The contract shall be subject to termination under any of the following conditions:

- *On Anniversary Date:* The contract expires at the end of the initial four (4) year contract period unless both parties agree to a one (1) year extension as provided in paragraph A above. To extend the contract both parties will be requested to signify their intentions as follows: (a) the carrier will be required to signify its intention in writing at least 180 days prior to the anniversary date; and (b) a participating agency will be required to signify its intention in writing at least sixty (60) days prior to the anniversary date. Any extension shall be subject to a participating agency's approval.
- *By a participating agency for Cause:* Upon failure to comply with the terms and conditions of the contract, provided that a participating agency shall give the contractor at least thirty (30) days prior written notice stating the specific areas of nonperformance or noncompliance with the contract. Termination, at the option of a participating agency, shall be effective thirty (30) days, after mailing of such notice unless the Contractor shall have remedied said failure(s), or, if such failure cannot be remedied in thirty (30) days, the Contractor shall have begun a good faith effort to remedy the failure within thirty (30) days and shall continue to remedy the failure with reasonable diligence, as satisfactory to a participating agency. This provision will apply during the initial four (4) year contract and thereafter.

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- *By a participating agency for Convenience:* A participating agency may terminate the contract at any time upon sixty (60) days prior written notice to the Contractor whenever a participating agency determines that such termination would serve the best interests of the participating agency or its employees. In the event of termination for a convenience of a participating agency, the Contractor shall be reimbursed for specific terms or services to which the Contractor has out of necessity obligated itself beyond the termination date. The actual amount(s) of reimbursement under this provision will be as negotiated between the Contractor and the participating agency. This provision will apply during the initial four (4) year contract and thereafter.
- *Bankruptcy:* Upon the Contractor becoming insolvent or being adjudged as bankrupt, the State may terminate the contract immediately.
- *Legislative Changes:* A participating agency may terminate the contract upon the failure of the General Assembly to allocate or appropriate funds necessary for a participating agency to carry out the terms of the contract. A participating agency may also terminate the contract because of a change in federal or state law regulations, which materially change a participating agency's need for the services to be provided under this contract or a participating agency's authority to continue this contract.

D. EQUAL OPPORTUNITY

The Contractor shall comply with all applicable federal, state, and local laws and regulations concerning Equal Employment Opportunity, Affirmative Action, and Employment of the Handicapped.

E. AUDIT

Contractor agrees that the participating agency Human Resources Director, or designee, will have the right to audit the records of the Contractor both during performance and after completion. The Contractor will retain all records for a period of six (6) years following completion of the contract.

F. SITUS

The place of the contract between the participating agency and the Contractor, its situs and forum, shall be Wake County, North Carolina, and in said County and State shall matters whether sounding in contract or tort relating to the validity, construction, interpretation, and enforcement of this agreement, be determined.

G. DATA

The contract shall contain certain conditions relative to data under the following:

- *Right to Data:* As to all original books, manuals, films, or any other patentable or copyrightable material developed with contract funds, the State has a non-exclusive, irrevocable, royalty-free license to reproduce, translate, or otherwise use and to authorize other governmental agencies to publish and use such material. Also, within 30 days upon termination of contract, the Contractor shall hand over any data, files, records, or other information to Brenda Warburton, for forwarding to the participating agency Human Resources Director.
- *Care of Data:* The Contractor shall take all steps necessary to safeguard any data, files, reports or other information from loss or destruction. Liability for any costs or expense of replacing or damages resulting from the loss of such data shall be borne by the Contractor unless at the time of loss said data was in the exclusive custody of the participating agency.
- *Confidentiality:* Any information, data, instruments, documents, studies, or reports given to, prepared, or assembled by the Contractor under this agreement shall be kept confidential by the Contractor and shall not be divulged or made available to any individual or organization without prior written approval of the participating agency's Human Resources Director.
- *Access:* Participating agencies shall have access in a timely manner to all materials, data, information, criteria, etc., in whatever form, prepared by the Contractor under this contract or otherwise pertaining to this contract.

H. PERSONNEL

The Contractor represents that it has, or will secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with any participating agency.

The Contractor shall not substitute key personnel assigned to the performance of this contract without prior approval by a participating agency. The individuals designated as key personnel for purposes of this contract are those specified in the Contractor's proposal.

I. HOLD HARMLESS

The Contractor shall indemnify all participating agencies, their agents, employees and officials, and the State of North Carolina and hold them harmless against any and all loss, damage, and expense, including attorney's fees, occasioned by claims, demands, lawsuits or administrative proceedings brought against any participating agency by reason of providing services or performing any of its obligations pursuant to the terms of this Agreement, including a participating agency's reliance, in performing its administrative services, on the

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recommendations of any other entity utilized by Contractor to provide services to the Plan.

J. GENERAL

The Contractor agrees that it shall not use, or sell, or make available to any third party, the name(s) or social security numbers of eligible participants under this plan for any purpose.

The Contractor shall be required to comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, or to the performance of this contract, including those of federal, state, and local agencies having jurisdiction and/or authority.

The Contractor shall be considered to be an independent contractor and as such, shall be wholly responsible for the work to be performed and for the supervision of its employees.

The contract and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

This contract may be amended only by written amendments duly executed by a participating agency and the Contractor, with prior written approval from the participating agency's Employee Insurance Committee.

Any notice under this contract to an individual participating agency shall be mailed to Brenda Warburton at the Office of State Personnel, 116 West Jones Street, Raleigh, NC 27603 and will be delivered to the designated agency.

All promises, requirements, terms, conditions, provisions, representatives, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable federal or state statutes of limitation.

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ATTACHMENT A

PROPOSED PLAN DESIGN

TERM, UNIVERSAL, AND WHOLE LIFE INSURANCE PLANS

- Eligibility:* These plans will be made available to employees who hold permanent or time-limited positions with the participating agencies. Time-limited employees include those who are eligible for regular state benefits.
- Effective Date:* Effective date is always the first day of a calendar month. During the initial enrollment period, the coverage will be January 1, 2009. New hire enrollment information, family status changes, additions and deletions should be submitted each month by the 12th for the enrollment or change to be effective on the first day of the following month.
- Changes During Year:* Employees electing coverage will be able to drop or add coverage during the calendar year.
- Rating:* Your company must have no less than an “A-” rating from A. M. Best.

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ATTACHMENT A (Continued)

TERM, UNIVERSAL, AND WHOLE LIFE INSURANCE PLANS

Coverage Categories:	Coverage Amounts:
Employee Spouse Dependent Children	(Employee selects one of the available coverage amounts) \$10,000 \$20,000 \$30,000 \$40,000 \$50,000 \$60,000 \$70,000 \$75,000 \$80,000 \$90,000 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000 \$400,000 \$500,000

1. Indicate your plan's minimum and maximum amount if it is not illustrated in the proposed plan design above.
2. A copy of all plan provisions is required. A copy of the policy and certificate of coverage or Summary Plan Description (SPD) **MUST** be submitted along with your proposal.

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ATTACHMENT B

TERM LIFE INSURANCE PLAN QUESTIONNAIRE

1. From what location would you provide account/management services?
2. From what location would you provide claims processing services?
3. Does your company control its own services (claims, data processing and claims analysis) or do you use another's system or services for support?
4. Submit detailed examples of standard management reports produced by your system.
5. How often are your standard reports generated? Can quarterly and year-to-date reports be generated?
6. To what extent can you assist with plan documents and summary plan descriptions?
7. How can you assist with the announcement and communications related to benefit changes and introduction of new plans?
8. Do you provide an on-site "dedicated" service representative to handle customer service related issues (enrollment, claims, etc.)? If so, please explain in what manner.
9. Will you use your own staff or an outside vendor to assist with enrollment meetings? If an outside vendor is used, please provide information related to the vendor as required under the Subcontractor provision on page 15.
10. Explain how premium billings will be handled. For example, the account will generate a list bill each month for the agency.
11. How are additions and deletions handled during the year?
12. Submit the procedure for filing a claim.
13. If the Principal Sum reduces at a future point based on age, does the employee pay premiums on the reduced Principal Sum or the original Principal Sum selected? Indicate at what age the Principal Sum is reduced and provides the percentage. For example, at the age of 70, the Principal Sum is reduced by ____%.

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14. Does the plan offer a guaranteed issue benefit?
 - If yes, what is the maximum amount of insurance offered at guaranteed issue?
 - If no, explain the requirements for the employee, spouse, or dependent children to become insured (i.e. qualified issue requirements, simplified issue requirements, etc.)
15. Does the plan have a maximum age limit for renewal? If yes, at what age?
16. Are there provisions in your plan to convert the term life policy to a permanent whole life policy? If yes, what are the stipulations?
17. Does your proposal include a participation requirement? If yes, what is the requirement?
18. Define eligibility for dependent children.
19. Do you require the employee to work a certain number of hours per week to be eligible for enrollment? If yes, how many hours are required?
20. Does your plan have a pre-existing conditions clause? If yes, explain.
21. Does the plan offer a waiver of premiums? If yes, explain.
22. Does the plan have minimum and maximum benefit amounts? If yes, what are the minimum and maximum for employee only, spouse, and dependent coverage types?
23. What are the terms of portability for employees who leave their participating agency's employment and 1) become employed at another State agency; 2) retire; and 3) do not continue in an employment relationship with the State?

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ATTACHMENT C

UNIVERSAL LIFE INSURANCE PLAN QUESTIONNAIRE

1. From what location would you provide account/management services?
2. From what location would you provide claims processing services?
3. Does your company control its own services (claims, data processing and claims analysis) or do you use another's system or services for support?
4. Submit detailed examples of standard management reports produced by your system.
5. How often are your standard reports generated? Can quarterly and year-to-date reports be generated?
6. To what extent can you assist with plan documents and summary plan descriptions?
10. How can you assist with the announcement and communications related to benefit changes and introduction of new plans?
11. Do you provide an on-site "dedicated" service representative to handle customer service related issues (enrollment, claims, etc.)? If so, please explain in what manner.
12. Will you use your own staff or an outside vendor to assist with enrollment meetings? If an outside vendor is used, please provide information related to the vendor as required under the Subcontractor provision on page 15.
12. Explain how premium billings will be handled. For example, the account will generate a list bill each month for the agency.
13. How are additions and deletions handled during the year?
12. Submit the procedure for filing a claim.
16. If the Principal Sum reduces at a future point based on age, does the employee pay premiums on the reduced Principal Sum or the original Principal Sum selected? Indicate at what age the Principal Sum is reduced and provides the percentage. For example, at the age of 70, the Principal Sum is reduced by ____%.

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17. Does the plan offer a guaranteed issue benefit?
 - If yes, what is the maximum amount of insurance offered at guaranteed issue?

If no, explain the requirements for the employee, spouse, or dependent children to become insured (i.e. qualified issue requirements, simplified issue requirements, etc.)
18. Does the plan have a maximum age limit for renewal? If yes, at what age?
24. Are there provisions in your plan to convert the term life policy to a permanent whole life policy? If yes, what are the stipulations?
25. Does your proposal include a participation requirement? If yes, what is the requirement?
26. Define eligibility for dependent children.
27. Do you require the employee to work a certain number of hours per week to be eligible for enrollment? If yes, how many hours are required?
28. Does your plan have a pre-existing conditions clause? If yes, explain.
29. Does the plan offer a waiver of premiums? If yes, explain.
30. Does the plan have minimum and maximum benefit amounts? If yes, what are the minimum and maximum for employee only, spouse, and dependent coverage types?
31. Illustrations of your plan using, the following criteria:
 - a. Face amount of \$100,000 and \$200,000.
 - b. Interest Rate of 4%.
 - c. Ages of 25, 35, 45 and 55.
 - d. Male, Nonsmoker; Male, Smoker; Female, Nonsmoker; and Female, Smoker.
 - e. Separate rates for:
 - i. 10 year guaranteed level premium products
 - ii. 15 year guaranteed level premium products
 - iii. 20 year guaranteed level premium products
32. The guaranteed interest rate, the current interest rate, and average interest rate over the past five years.
33. The minimum premiums (minimum amount of insurance, e.g., entry level).
34. Surrender charges (years and amounts) and charges that might be applicable for the portability (conversion) of a group product.
35. Policy language and all associated costs (COI and Administrative).

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ATTACHMENT C, continued

36. Underwriting concessions during the life of the plan on the:

- a. Employee,
- b. Employee's spouse, and
- c. Employee's children

37. What are the terms of portability for employees who leave their participating agency's employment and 1) become employed at another State agency; 2) retire; and 3) do not continue in an employment relationship with the State?

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ATTACHMENT D

WHOLE LIFE INSURANCE PLAN QUESTIONNAIRE

1. From what location would you provide account/management services?
2. From what location would you provide claims processing services?
3. Does your company control its own services (claims, data processing and claims analysis) or do you use another's system or services for support?
4. Submit detailed examples of standard management reports produced by your system.
5. How often are your standard reports generated? Can quarterly and year-to-date reports be generated?
6. To what extent can you assist with plan documents and summary plan descriptions?
13. How can you assist with the announcement and communications related to benefit changes and introduction of new plans?
14. Do you provide an on-site "dedicated" service representative to handle customer service related issues (enrollment, claims, etc.)? If so, please explain in what manner.
15. Will you use your own staff or an outside vendor to assist with enrollment meetings? If an outside vendor is used, please provide information related to the vendor as required under the Subcontractor provision on page 15.
14. Explain how premium billings will be handled. For example, the account will generate a list bill each month for the agency.
15. How are additions and deletions handled during the year?
12. Submit the procedure for filing a claim.
19. If the Principal Sum reduces at a future point based on age, does the employee pay premiums on the reduced Principal Sum or the original Principal Sum selected? Indicate at what age the Principal Sum is reduced and provides the percentage. For example, at the age of 70, the Principal Sum is reduced by ____%.

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20. Does the plan offer a guaranteed issue benefit?
- If yes, what is the maximum amount of insurance offered at guaranteed issue?
 - If no, explain the requirements for the employee, spouse, or dependent children to become insured (i.e. qualified issue requirements, simplified issue requirements, etc.)
21. Does the plan have a maximum age limit for renewal? If yes, at what age?
37. Are there provisions in your plan to convert the term life policy to a permanent whole life policy? If yes, what are the stipulations?
38. Does your proposal include a participation requirement? If yes, what is the requirement?
39. Define eligibility for dependent children.
40. Do you require the employee to work a certain number of hours per week to be eligible for enrollment? If yes, how many hours are required?
41. Does your plan have a pre-existing conditions clause? If yes, explain.
42. Does the plan offer a waiver of premiums? If yes, explain.
43. Does the plan have minimum and maximum benefit amounts? If yes, what are the minimum and maximum for employee only, spouse, and dependent coverage types?
44. What are the terms of portability for employees who leave their participating agency's employment and 1) become employed at another State agency; 2) retire; and 3) do not continue in an employment relationship with the State?

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ATTACHMENT E

PREMIUM COST EXHIBIT

VOLUNTARY TERM LIFE INSURANCE PLAN

Monthly Premiums for a \$50,000 Term Life Insurance Policy

Non-Smoker	Monthly Premium	Smoker	Monthly Premium
< 20	\$	< 20	\$
20 - 24	\$	20 - 24	\$
25 - 29	\$	25 - 29	\$
30 - 34	\$	30 - 34	\$
35 - 39	\$	35 - 39	\$
40 - 44	\$	40 - 44	\$
45 - 49	\$	45 - 49	\$
50 - 54	\$	50 - 54	\$
55 - 59	\$	55 - 59	\$
60 - 64	\$	60 - 64	\$
65 - 69	\$	65 - 69	\$
70 - 74	\$	70 - 74	\$
75 - 79	\$	75 - 79	\$
80+	\$	80+	\$

Monthly Premiums for a \$100,000 Term Life Insurance Policy

Non-Smoker	Monthly Premium	Smoker	Monthly Premium
< 20	\$	< 20	\$
20 - 24	\$	20 - 24	\$
25 - 29	\$	25 - 29	\$
30 - 34	\$	30 - 34	\$
35 - 39	\$	35 - 39	\$
40 - 44	\$	40 - 44	\$
45 - 49	\$	45 - 49	\$
50 - 54	\$	50 - 54	\$
55 - 59	\$	55 - 59	\$
60 - 64	\$	60 - 64	\$
65 - 69	\$	65 - 69	\$
70 - 74	\$	70 - 74	\$
75 - 79	\$	75 - 79	\$
80+	\$	80+	\$

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ATTACHMENT E (Continued)

Monthly Premiums for a \$10,000 Term Life Insurance Policy

Dependent Child (Non-Smoker)	Monthly Premium	Dependent Child (Smoker)	Monthly Premium
At age 5	\$	At age 5	Not applicable
At age 18	\$	At age 18	\$
At age 21	\$	At age 21	\$

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ATTACHMENT F

Monthly Premiums for a \$50,000 Universal Life Insurance Policy

Employee (Non-Smoker)	Monthly Premium	Employee (Smoker)	Monthly Premium
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Spouse (Non-Smoker)	<i>Monthly Premium</i>	Spouse (Smoker)	<i>Monthly Premium</i>
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Monthly Premiums for a \$100,000 Universal Life Insurance Policy

Employee (Non-Smoker)	Monthly Premium	Employee (Smoker)	Monthly Premium
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Spouse (Non-Smoker)	<i>Monthly Premium</i>	Spouse (Smoker)	<i>Monthly Premium</i>
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Monthly Premiums for a \$10,000 Universal Life Insurance Policy

Dependent Child (Non-Smoker)	<i>Monthly Premium</i>	Dependent Child (Smoker)	<i>Monthly Premium</i>
At age 5	\$	At age 5	Not applicable
At age 18	\$	At age 18	\$
At age 21	\$	At age 21	\$

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ATTACHMENT G

PREMIUM COST EXHIBIT

Monthly Premiums for a \$50,000 Whole Life Insurance Policy

Employee (Non-Smoker)	Monthly Premium	Employee (Smoker)	Monthly Premium
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Spouse (Non-Smoker)	<i>Monthly Premium</i>	Spouse (Smoker)	<i>Monthly Premium</i>
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Monthly Premiums for a \$100,000 Whole Life Insurance Policy

Employee (Non-Smoker)	Monthly Premium	Employee (Smoker)	Monthly Premium
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Spouse (Non-Smoker)	<i>Monthly Premium</i>	Spouse (Smoker)	<i>Monthly Premium</i>
At age 30	\$	At age 30	\$
At age 40	\$	At age 40	\$
At age 50	\$	At age 50	\$

Monthly Premiums for a \$10,000 Whole Life Insurance Policy

Dependent Child (Non-Smoker)	<i>Monthly Premium</i>	Dependent Child (Smoker)	<i>Monthly Premium</i>
At age 5	\$	At age 5	Not applicable
At age 18	\$	At age 18	\$
At age 21	\$	At age 21	\$

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ATTACHMENT H

DEVIATIONS

Any deviations from this RFP must be outlined in this section. Such deviation may cause rejection of the proposal.

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ATTACHMENT I

COST PROPOSAL/ACCEPTANCE OF PROPOSAL

By submitting this proposal, the potential contractor certifies the following:

This proposal is signed by an authorized representative of the contractor. It can obtain insurance certificates as required within ten (10) calendar days after notice of award. The cost and availability of all equipment, materials, and supplies associated with performing services described herein have been determined and included in the proposed cost. All labor costs, direct and indirect, have been determined and included in the proposed cost. The offer can and will provide the specified performance bond or alternate performance guarantee (if applicable).

The potential contractor has read and understands the conditions set in this RFP and agrees to them with no expectations. Therefore, in compliance with this Request For Proposal, and subject to all conditions herein, the undersigned offers and agrees, if this proposal is accepted within ninety (90) days from the date and opening, to furnish the subject services at no cost to the participating agency.

OFFEROR:

ADDRESS:

CITY, STATE, ZIP

TELEPHONE NUMBER:

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

BY: _____ TITLE: _____ DATE: _____
(Typed or printed name)

(Signature)

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ACCEPTANCE OF PROPOSAL

[participating agency]

BY:

TITLE:

HR DIRECTOR:

DATE:

(Typed or printed name)
