

**NOTICE OF REQUEST FOR PROPOSALS  
FOR HEALTH INSURANCE BROKERAGE SERVICES  
FOR THE MONROE TOWNSHIP BOARD OF EDUCATION  
GLOUCESTER COUNTY**

**UNDER A FAIR AND OPEN PROCESS PURSUANT TO  
N.J.S.A. 18A:18A-5 AND 19:44A-1 et. seq.**

Notice is hereby given that pursuant to the provisions of N. J. S. A 19:44A-20 and Chapter 271 of the laws of the State of New Jersey, the Monroe Township Board of Education, located at 75 E. Academy Street, Williamstown, New Jersey 08094, is seeking RFPs (Request for Proposals) for **Health Insurance Brokerage Services**, to be provided to the Board of Education for a period of one (1) year, beginning **July 1, 2016**.

The Request for Qualifications may be downloaded from the Monroe Township Board of Education's website at **[www.monroetwp.k12.nj.us](http://www.monroetwp.k12.nj.us)**, or obtained at the Board Office, 75 E. Academy Street, Williamstown, NJ 08094. All proposals submitted to the Board must be submitted pursuant to the Request for Qualifications distributed by the Monroe Township Board of Education and in the format required therein and as set forth hereafter.

To be considered, a proposal for the above Request for Proposals for Health Insurance Brokerage Services must be received in the Monroe Township Board of Education Administrative Office on or before **2:00 PM, May 20, 2016**. The envelope shall be marked with the words "PROPOSAL FOR HEALTH INSURANCE BROKERAGE SERVICES FOR THE MONROE TOWNSHIP BOARD OF EDUCATION". The proposal must be mailed or hand-delivered, and said envelope shall be addressed as follows:

Lisa Schulz, Business Administrator/Board Secretary  
Monroe Township Board of Education  
75 E. Academy Street  
Williamstown, NJ 08094

**Monroe Township Board of Education**  
**RFP-Health Insurance Brokerage Services**

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

**Request for Proposal**  
**Health Insurance Brokerage Services**

District Information:

Number of Schools ( 1 High School, 1 Middle School, 4 Elementary Schools, 1 Central Administration Building)

Number of Students (6,083)

Budget (\$98.1 million)

Number of Eligible Employees (647)

Number of Employees covered by Horizon Blue Cross and Blue Shield of New Jersey (519).

Purpose

The purpose of the Request for Proposal is to obtain competitive proposals for Health Insurance Brokerage Services. The Board intends to award a one-year contract pursuant to N.J.S.A.:40A:11-5(1)(a)(ii) with two one year options. Under Title 18A:18A-5, insurance services are not required to be bid or advertised and the Board is not required to award on the basis of lowest price and will award based on criteria as outlined in this request for proposals. The requests are being made to ensure the District receives the highest quality service at a fair and competitive price.

Term

The length of contract term will be from July 1, 2016 through June 30, 2017, with two one year renewal options. The Board reserves the right to exercise renewal thereafter.

Compliance With Laws

The successful offer shall comply with all local, state and federal directives, orders and laws as applicable to this agreement.

**Scope of Services: Health Insurance Brokerage Services**

The Broker must:

1. Assist and manage the budget planning process, including examining and evaluating the impact of expected rate changes.
2. Provide the central administration with reasonable preliminary renewal figures during the budget process.
3. Be responsible for negotiating annual renewal of existing coverage. This includes a review of the New Jersey State Health Benefits Plan as may be applicable from time to time.
4. Provide cost projections for the alternative design of current health benefit programs.
5. Prepare all necessary bid specifications, in the event the coverage is marketed, and evaluate all bids that are received.
6. Assist the District in evaluating and settling employee grievances related to health benefit issues.
7. Provide updates and regulatory bulletins related to potential legislative changes and regulations affecting the Board of Education.
8. Be available to attend Board of Education meetings, committee meetings, and budget and negotiation meetings, whenever necessary.
9. Assist the Business Administrator/Board Secretary with required employee presentations.
10. Broker must provide assistance with open enrollment, new hire meetings, and other employee education and support services.
11. Broker is expected to provide web-based initiatives to supplement employee education and support services.

**Monroe Township Board of Education  
RFP-Health Insurance Brokerage Services**

**GENERAL PROVISIONS**

**1. Submission of Proposal**

- 1.1 One original and two copies of the proposal are due at the office of Lisa Schulz, School Business Administrator, Monroe Township Board of Education, 75 E. Academy Street, Williamstown, New Jersey 08094 **by 2:00 p.m. on May 10, 2016.**
- 1.2 The proposal must be concise and clear. Elaborate brochures or other presentations are not necessary or desired.
- 1.3 The Broker acknowledges that he/she has read this Request for Proposal, understands it, and agrees to be bound by its terms and conditions. Proposals must be submitted prior to the time and date specified, by mail, or hand delivered to the Board of Education. **No facsimile or e-mail proposals will be accepted.**
- 1.4 The Monroe Township Board of Education reserves the right to reject any or all proposals in whole.
- 1.5 Any departures from the specifications must be noted. Any conditions or terms must be written and included with the RFP.
- 1.6 Proposed Brokers shall be licensed or authorized to transact business in the State of New Jersey and have a favorable record with the Department of Insurance.
- 1.7 For all coverages, insurance company claims history shall be required quarterly, if available.
- 1.8 Insurance Plan Administration: For those coverages written, timeliness is essential and the selected broker shall agree to place coverage and issue binders prior to each policy expiration. Policies and/or endorsements are expected to be provided as soon as practicable after inception or renewal of the contract.
- 1.9 Access to Records: The selected broker must agree to provide full and free access to those records maintained with respect to the insured, as well as other books, records, and information reasonably related to the scope of services provided by the producer to the Board of Education.

1.10 Expenses: The selected broker will agree that he is responsible for his own expenses including travel and meals incurred in servicing the insured's account. Any extraordinary expenses that the producer expects to incur as the result of providing such special services to the insured should be delineated and agreed to in advance.

1.11 A proposal will not be a valid proposal and will not be read unless the following items are included in the proposal documents:

Statement of Ownership  
Affirmative Action Questionnaire  
Request for Reference  
Business Registration Certificate  
Political Contribution Disclosure Form  
Disclosure of Investment Activities in Iran  
Sample Contract

2. Late Proposals

2.1 Proposals received in the office of the Monroe Township Board of Education after the date and time prescribed shall not be opened and will be returned unopened to the Broker.

3. Period of Proposal Validity

3.1 All proposals shall remain firm for a period of ninety (90) days after the date specified for the receipt of proposals.

4. Basis of Award

4.1 The Business Administrator will review and evaluate all proposals submitted in response to this Request for Proposal. Under N.J.S.A. 18A:18A-5, Insurance services are not required to be bid or advertised and the board is not required to award on the basis of lowest quote and will award based on the criteria as outlined in this Request for Proposals. The request is being made to ensure the district receives the highest quality service at a fair and competitive price.

4.2 All Brokers are required to provide sufficient information in their proposals for evaluation. The Business Administrator shall conduct a preliminary evaluation of all proposals on the basis of the information provided with the proposal, the ability of the Broker to perform, on their past performance, the ability to meet the time requirement and understanding of the work to be performed.

- 4.3 The School Business Administrator may arrange for interviews with Brokers submitting proposals for the purpose of obtaining additional clarification, if necessary. Should proposals submitted require additional clarification and/or supplementary information, Brokers should be prepared to submit same in a timely manner.
- 4.4 Based upon this evaluation and review, the Business Administrator shall recommend a proposed contract with the highest qualified Company classified as “acceptable.”
- 4.5 Each submission shall be evaluated in accordance with the criteria set forth below:
- a. Insurance Carriers/Products from which you can obtain viable quotes
  - b. Services to be provided
  - c. Recommendations of references
  - d. Experience in assisting staff in resolving claims issues.
  - e. Familiarity with the School District
  - f. Specific Compensation Requirements

Final determination will be made by the Monroe Township Board of Education based upon evaluation of the above criteria and what is in the best interest of the District.

- 4.6 The Monroe Township Board of Education reserves the right to contact references provided with the proposal.
- 4.7 The Monroe Township Board of Education intends to award a professional services contract for the defined scope of work under the Fair and Open Process in accordance with N.J.S.A.19:44A-20.4 et seq.
- 4.8 If awarded a contract your company/firm shall be required to comply with the requirements of N.J.S.A.10:5-31 et seq. and N.J.A.C.17:27 et seq.

**Monroe Township Board of Education  
RFP-Health Insurance Brokerage Services**

**SUBMITTING BROKER RESPONSE FORM**

You must address all of the following points in your proposal for Health Insurance Brokerage Services. If you feel that an individual item is not applicable to your proposal, you must clearly indicate this in the proposal.

1. Name of firm.
2. Location of firm main office and branches.
3. How many years the firm has been in business?
4. Total number of employees dedicated to servicing health insurance clients--total number of employees who hold a license with the required authorities.
5. Total number of New Jersey school board clients for health insurance. Indicate the top 5 largest school board clients in the State of New Jersey.
6. Include five current client references for health insurance brokerage services. References should be included on the Request for Reference form.
7. Describe the services your firm routinely performs for its clients.
  - A. Indicate your firm's involvement with the application process, written communications, employee meetings, etc.
8. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
9. Describe your knowledge and experience with negotiating health insurance renewals and administering Health Insurance Contracts.
10. Describe what service you can provide to our employees when a claim dispute arises for denial of a claim by the insurance carrier.
11. Describe any other benefits and/or products your firm could provide the district.
12. Please detail how your firm will be compensated for its services.  
(Based on a fee for services contract for medical insurance. Prescription and dental may be on a commission basis.)
13. Please provide a brief resume of the employees of your firm who will provide insurance services to the Board and include the individual's level of experience in rendering such services. Indicate the role each employee will assume in providing services to the Board.

## REQUIRED FORMS



**Monroe Township Board of Education  
RFP – Health Insurance Brokerage Services**

**STATEMENT OF OWNERSHIP**

In conformance with N.J.S.A 52:25-24.2, the following listing represents the names and addresses of all stockholders or partners who own ten (10) percent or more of its stock of any class, or of all individual partners in the partnership who own a ten percent or greater interest therein:

<b>NAME</b>	<b>POSITION</b>	<b># OF SHARES/% OF OWNERSHIP</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature and Title of Officer

\_\_\_\_\_  
Name or Corporation or Partnership

**CERTIFICATION OF INAPPLICABILITY OF DISCLOSURE REQUIREMENTS**

The undersigned certifies that he/she is familiar with N.J.S.A. 52:25-24.2 and that said requirements are inapplicable to:

\_\_\_\_\_  
Name or Corporation or Partnership

\_\_\_\_\_  
Signature and Title of Officer

**Monroe Township Board of Education  
RFP – Health Insurance Brokerage Services**

**AFFIRMATIVE ACTION QUESTIONNAIRE**

I. Our company has a federal Affirmative Action Plan approval:

\_\_\_\_\_ YES \_\_\_\_\_ NO

- a. If “Yes”, a photostatic copy of said approval shall be submitted to the board of education within seven (7) working days of the notice of intent to award the contract or the signing of the contract.

II. Our company has a New Jersey State Certificate of Approval:

\_\_\_\_\_ YES \_\_\_\_\_ NO

- a. If “Yes”, a copy of the New Jersey State Certificate shall be submitted to the board of education with seven (7) working days of the notice of intent to award the contract or the signing of the contract.

III. If you answered “No” to both questions above, an Affirmative Action Employee Information Report (AA-302) will be mailed to you. Complete the form and forward it to the Affirmative Action Office, Department of Treasury, CN 209, Trenton, NJ 08625. A copy shall be submitted to the board of education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

I certify that the above is correct to the best of my knowledge.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH RFP**

**EXHIBIT A**  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27**  
**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to **N.J.S.A. 10:5-31 et seq.** as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to afford equal employment opportunities to minority and women workers consistent with Good faith efforts to meet targeted county employment goals established in accordance with **N.J.A.C. 17:27-5.2**, or Good faith efforts to meet targeted county employment goals determined by the Division, pursuant to **N.J.A.C. 17:27-5.2**.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personal testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval  
Certificate of Employee Information Report  
Employee Information Report Form AA302

The contractor and its subcontractor shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the Division from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

(11/08)

**Monroe Township Board of Education  
RFP – Health Insurance Brokerage Services**

**REQUEST FOR REFERENCE FORM**

1.     School District \_\_\_\_\_  
       Address \_\_\_\_\_  
       Telephone \_\_\_\_\_  
       Contact Individual \_\_\_\_\_
2.     School District \_\_\_\_\_  
       Address \_\_\_\_\_  
       Telephone \_\_\_\_\_  
       Contact Individual \_\_\_\_\_
3.     School District \_\_\_\_\_  
       Address \_\_\_\_\_  
       Telephone \_\_\_\_\_  
       Contact Individual \_\_\_\_\_
4.     School District \_\_\_\_\_  
       Address \_\_\_\_\_  
       Telephone \_\_\_\_\_  
       Contact Individual \_\_\_\_\_
5.     School District \_\_\_\_\_  
       Address \_\_\_\_\_  
       Telephone \_\_\_\_\_  
       Contact Individual \_\_\_\_\_

**Monroe Township Board of Education  
RFP – Health Insurance Brokerage Services**

*To be completed and returned with the proposal form.*

**Vendor Questionnaire/Certification**

**Health Insurance Broker**

Name of Company \_\_\_\_\_  
Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Business Phone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

**Vendor Certification**

**Direct/Indirect Interests**

I declare and certify that no member of the **Monroe Township** Board of Education, nor any officer or employee or person whose salary is payable in whole or in part by said Board of Education or their immediate family members are directly or indirectly interested in this Request for Proposal or in the services to which it relates, or in any portion of profits thereof. If a situation so exists where a Board member, employee, and/or officer of the board has an interest in the Request for Proposal, then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

**Gifts; Gratuities; Compensation**

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any school official, board member or employee of the **Monroe Township** Board of Education.

**Vendor Contributions**

I declare and certify that I fully understand N.J.A.C. 6A:23A-6.3(a1-4) concerning vendor contributions to school board members.

I certify that I am not an official or employee of the **Monroe Township** Board of Education.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

\_\_\_\_\_  
President or Authorized Agent

\_\_\_\_\_  
**Signature**

Monroe Township Board of Education  
STATE OF NEW JERSEY – DIVISION OF PURCHASE AND PROPERTY  
**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

Quote Number: \_\_\_\_\_

Bidder/Offeror: \_\_\_\_\_

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX**

**FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE**

Pursuant to public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25Listpdf>. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**PLEASE CHECK THE APPROPRIATE BOX:**

**I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.**

**OR**

**I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES  
IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the box below.

**PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION.**

Name: _____ Relationship to Bidder/Offeror _____	
Description of Activities	
Duration of Engagement _____ Anticipated Cessation Date _____	
Bidder/Offeror Contact Name _____ Contact Phone Number _____	

**Certification:** I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this

certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_