

TOWN OF PLYMOUTH
PROCUREMENT DIVISION
11 LINCOLN STREET
PLYMOUTH, MASSACHUSETTS 02360

RFP 21519, GROUP INSURANCE CONSULTING SERVICES

Issued: April 6, 2015
Due: April 24, 2015, at 11:30 A.M.

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TOWN OF PLYMOUTH
11 Lincoln Street
Plymouth, Massachusetts 02360

April 2, 2015

REQUEST FOR PROPOSALS 21519

A. INVITATION

Proposals are requested by the Town of Plymouth for group health, and dental consulting services, centralized COBRA administration services, Part D Medicare administration services, claim review, and related services.

This Request for Proposals ("RFP") is issued by the Town of Plymouth, Massachusetts, pursuant to Chapter 30B of the General Laws, as amended, which section is incorporated herein by reference. In the event of any conflict between the terms of this RFP and the provisions of Chapter 30B, the latter provisions shall control.

Specifications are available online at <http://www.plymouth-ma.gov/current-bids> and in the Procurement Office, 11 Lincoln St, Plymouth, MA, 02360. The office hours are M-F 7:30 a.m.-4:00 p.m. Call first for availability at 508-747-1620 x210.

Proposals are to be submitted by 11:30 a.m., Friday, April 24, 2015. Postmarks will not be considered. **Proposers must submit separate non-price (technical) and price proposals.** Six (6) hard copies and one (1) single-file electronic version (in Adobe Acrobat format on a CD-ROM) of the non-price proposal must be submitted in a sealed envelope indicating the proposer's name and address and clearly marked in the lower left hand corner:

Group Insurance Consulting and Medicare Part D Services
Non-Price Proposal 21519

One (1) hard copy and one (1) single-file electronic version (in Adobe Acrobat format on a CD-ROM) of the price proposal must be submitted in a sealed envelope which indicates the proposer's name and address and clearly marked in the lower left hand corner:

Group Insurance Consulting and Medicare Part D Services
Price Proposal 21519

All proposals must be submitted as described above upon forms furnished by the Procurement Division. Proposals submitted on any other form will not be accepted as valid.

B. GENERAL AND SPECIAL PROVISIONS

1. All words, signatures and figures submitted on the proposal shall be in ink. Proposals which are conditional, obscure or which contain additions not called for, erasures, alterations or irregularities may be rejected. More than one proposal from the same proposer will not be considered.
2. Ownership of Documents: All proposals, materials, drawings, plans, etc. shall become the property of the Town and may be disposed of without notification and shall be considered public information. These documents shall be provided in electronic and paper formats.
3. The successful proposer shall comply with all federal, state and municipal laws, ordinances, rules and/or regulations, including labor laws and laws against employment discrimination;
4. Purchases made by the Town are exempt from taxes and bid prices must exclude any taxes. Tax exemption certificates will be furnished upon request.
5. The consideration of all proposals and subsequent selection of the successful proposer shall be made without regard to race, color, sex, age, handicap, religion, political affiliation or national origin.
6. The proposer selected shall adhere to the provisions of the Fair Employment Practices Law of the Commonwealth (Chapter 151B of the M.G.L.).
7. The provisions relating to non-discrimination and affirmative action in employment shall flow through all contracts and subcontracts that the successful proposer may receive or award as a result of this contract.
8. The proposer selected will not be considered an employee of the Town and will not receive any benefits of an employee.
9. Verbal orders are not binding on the Town and work done without formal Purchase Order or Contract are at the risk of the Seller or Contractor and may result in an unenforceable claim.
10. The Town of Plymouth reserves the right to reject all proposals, to waive technicalities, to advertise for new proposals, and to split awards as may be deemed to be in the best interests of the Town. The contract or contracts will be awarded by the Town Manager within thirty (30) business days after opening bids.

C. CONTRACT PERIOD

The agreement shall be for the period July 1, 2015, or as soon thereafter as a contract can be executed, through June 30, 2016. The Town reserves the option of extending this agreement, subject to

appropriation of funds, for the period July 1, 2016, through June 30, 2017, and July 1, 2017, through June 30, 2018.

D. RULE FOR AWARD

The price proposals define the breakdown of costs for the group insurance consulting services and Part D Medicare administration services. The contract(s) will be awarded to the proposer(s) offering the most advantageous proposal, taking into consideration all evaluation criteria as well as the aggregate three year prices. This could result in two (2) contracts.

E. BACKGROUND

The Town of Plymouth has approximately 2,900 active and retired subscribers covered under its group insurance program. The group insurance program includes medical coverage options under Blue Cross/Blue Shield of Massachusetts. Blue Cross provided administrative services to the Town of Plymouth's self-funded health insurance program. In addition, has a stop-loss insurance of \$175,000. The employees participating in the Blue Cross coverage are required to contribute 20% of the cost of the program. The Town contributes the remaining 80%. The retiree participation in the Blue Cross coverage are required to contribute 1%, 10%, or 20%. The Town contributes, respectively, 99%, 90%, or 80%.

The following health plans are available to active and retired employees:

Active Employees

BlueCross BlueShield Blue Choice
BlueCross BlueShield Blue Care Elect

Retired Employees

BlueCross BlueShield Blue Choice
BlueCross BlueShield Blue Care Elect

BlueCross BlueShield Medex with OBRA
BlueCross BlueShield Managed Blue for Seniors

F. SPECIFICATIONS

The following scope of services will be expected through the successful bidder:

Consulting Services

1. General consulting and advisory services related to the day to day finance, operation and management of the Town's group

- employee and retiree health insurance programs.
2. Review and analysis of annual renewal proposals by health insurance carriers, reinsurance carriers, health maintenance organizations, and dental providers and other health providers with recommendations to the Town regarding financial arrangement(s), rates, risk levels, payment arrangement, terms and conditions and related matters.
 3. Upon request of the Town, attendance at meetings of Town officials and/or union representatives to explain annual renewal proposals and other insurance related matters.
 4. Negotiate with health insurance carrier(s) regarding rates and terms of contracts, and other relevant matters.
 5. Negotiate with Health Maintenance Organizations regarding rates and terms of contracts and other relevant matters.
 6. Upon request by the Town: solicitation, review, negotiation and recommendations pertaining to proposals for new and replacement programs for health, reinsurance, and other related benefits.
 7. Preparation of materials explaining new or replacement programs which would be suitable for use in education of Town officials, employees, and retirees.
 8. Attendance at meetings of employees, Town officials and other appropriate parties to explain new and replacement programs.
 9. Preparation of bid specifications for stop-loss reinsurance and/or fully insured indemnity and HMO options.
 10. Upon request by the Town: preparation of cost-benefit analysis of various benefit plan designs, and insuring and financing options related to the group health benefit program.
 11. Advise Town of changes in state and federal laws which may impact the cost and/or administration of the Town's benefit program; provide interpretations regarding compliance with these statutes, specifically compliance with the Affordable Care Act.
 12. Advise Town on issues subject to collective bargaining relevant to benefits-related costs, proposals or related matters.
 13. Advise Town on appropriate funding levels for insurance premiums and annual Town budgets, including alternatives to existing carriers.
 14. Monitor rates of expenditure for group health benefits, project anticipated expenditures to year-end, and advise the Town of likely need for supplemental appropriations, employee contribution rate changes, or anticipated surpluses in the appropriation account.

Claims Review Services

1. Provide on a monthly basis regular reports (and special reports, when requested) on claims payments by carrier(s), including at least the following elements:
 - a. Claims in excess of a specified dollar amount by member which were incurred and paid within a specified period;
 - b. Total claims paid by month within the fiscal year;
 - c. Total claims incurred within the policy year in relation to carrier's projected claims;
 - d. Paid claims cost per subscriber for current fiscal period and in comparison with previous fiscal years;
 - e. Paid claims trend analysis.
2. Review claims paid in all self-funded plans and identify claim payments which may be the liability of another party. Prepare and submit forms and paperwork to obtain recovery. Provide regular reports on the amount of claims identified for potential recovery by these categories:
 - a. Excess over reinsurance policy limits;
 - b. Coordination of benefits.
3. Review claims paid by all carriers and identify claim payments which appear to be duplicate or erroneous claim payments or claim payments for ineligible members. Prepare and submit forms and paperwork to obtain recovery. Provide regular reports on the amount of claims identified for potential correction.
4. Provide a report, on an annual basis, which details all amounts identified for recovery and the amounts, which have actually been recovered (credited or refunded), as a result of this activity.
5. Upon request by the Town, prepare special reports which may include claims paid by age group, claims paid by subscribers only; claims paid by dependents only and other combinations of data elements.
6. Identify and verify, on a regular basis:
 - a. The Medicare eligibility status of members turning 65 years of age;
 - b. Handicapped dependent status of members turning 26 years of age;
 - c. A master record of all employees and each dependent, and all related eligibility information. This information will be

updated monthly by the proposer;

- d. A claims listing by employee and each dependent on a monthly and year-to-date basis. This listing will include all paid claims under the above listed plans;
7. Maintain a monthly analysis of individual and family participants and calculate the specific reinsurance premium.

Please provide examples of each of the various reports listed in the section above and identify the examples by section number.

Other Related Services

1. Maintain a computerized enrollment eligibility file and provide reports, upon request by the Town that should include the following:
 - a. Subscribers & Subscribers ID number
 - b. Dependents
 - c. Subscribers and Dependents
 - d. Covered members by gender and age Group
 - e. Subscribers/dependents by coverage type (indemnity plan, HMO, Optional Medicare Extension)
 - f. Indemnity plan members (basic employee plan) who have Medicare coverage

Please provide examples of each of the various reports listed in item 1 above and identify the examples by section number.

2. Upon request by the Town, assists benefits staff and subscribers and their families with claim and benefit problems.
3. Identify for Town the appropriate benefit coverage and options and various categories of covered members.
4. Assist the Town with various administrative questions and procedures, with recommendations for improving procedures where appropriate.

Centralized COBRA Administration Services

1. Administer the provision of COBRA benefits to all qualified subscribers on behalf of the Town.
2. Develop a COBRA policy on behalf of the Town. Produce all necessary letters and forms to be used in the provision of this service.

3. Assume COBRA Administration for all current COBRA subscribers.
4. Mail, by first class mail, COBRA election notice to Principal Qualified Beneficiaries (PQB's) (& spouses if family coverage) informing them of their COBRA rights, options, deadlines and rates within fourteen days of receipt of notice from the employer that a qualifying event has occurred.
5. Receive response from Principal Qualified Beneficiary (PQB) and notify the Town of the decision.
6. If Principal Qualified Beneficiary elects COBRA (health and/or dental), Proposer will notify Town of Qualified COBRA beneficiaries to be enrolled and will send COBRA coupon(s) for payments. Payments will be mailed to Proposer. Proposer will record date payment was mailed and will forward to Town.
7. Provide ongoing COBRA services directly to those who elect coverage and will maintain a toll-free number for COBRA eligible and qualified beneficiaries.
8. At annual open enrollment time(s) Proposer will mail packets to PQBs with health (and/or dental, if applicable) plan information explaining plan choices and rates and deadlines for submitting enrollment information.
9. Proposer will subscribe to the Department of Labor updates on COBRA decisions and regulations and will inform employer/qualified beneficiary of any changes.

G. TECHNICAL PROPOSAL INSTRUCTIONS

Adherence to a standardized Technical Proposal format is required. The format of each Technical Proposal must contain the following elements in the order listed below, organized into separate sections:

1. Cover/Title Page
2. Cover Letter
3. Description of Proposed Services
4. Proposer Experience and Qualifications
5. Proposed Contract Team Personnel Qualifications and Experience
6. References
7. Additional Value-Added Elements

These elements of the Technical Proposal shall serve as a basis for the Town's evaluation process. Therefore, the Technical Proposal should contain sufficient information for the Town to evaluate the Proposer's ability to meet the Minimum Quality Criteria. The Town is not responsible for failure to locate, consider, and evaluate qualification factors presented outside of this format. Failure to comply with the standard format may result in the proposal being deemed non-responsive.

The following sections provide guidelines for information to be included in the Proposer's Technical Proposal.

COVER/TITLE PAGE

The cover/title page must contain the name and RFP number for this Project which is: "Group Insurance Consulting" RFP 21519. The cover/title page should state that it is the Technical Proposal and identify the Proposer and any partnering entities by company name and main business location.

COVER LETTER

The cover letter must be signed by an authorized representative of the Proposer's organization who is able to enter into contracts with the Town on the Proposer's behalf. At a minimum, the cover letter shall contain the following information:

- a. Full name of the Proposer (the entity proposing to enter into an agreement with the Town);
- b. Identification of any partnering or subcontracting entities and a discussion of the role for each firm;
- c. A statement confirming that the Proposer meets the Minimum Quality Criteria; and
- d. Acknowledgement of the receipt of any RFP addenda issued by the Town.

H. PRICE PROPOSAL INSTRUCTIONS

As with the Technical Proposal, adherence to a standardized Price Proposal format is required. The format of each Price Proposal must contain the following elements in the order listed below, organized into separate sections:

1. Cover/Title Page
2. Cover Letter
3. Completed Price Forms
4. Completed Delegation of Authority, if applicable

COVER/TITLE PAGE

The cover/title page must contain the name and RFP number for this Project which is: "Group Insurance Consulting" RFP 21519. The cover/title page should state that it is the Price Proposal and identify the Proposer and any partnering entities by company name and main business location.

COVER LETTER

The cover letter must be signed by an authorized representative of the Proposer's organization who is able to enter into contracts with the Town on the Proposer's behalf. At a minimum, the cover letter shall contain the following information:

- a. Full name of the Proposer (the entity proposing to enter into an agreement with the Town);and

PRICE FORMS

Completed with proposer's information and signed by authorized representative of the Proposer's organization. The Delegation of Authority is to be completed if the Proposer is not a corporation.

I. EVALUATION CRITERIA

All technical proposals will be evaluated based upon two sets of criteria - minimum and comparative. Each proposal must address each of the points under the minimum and comparative criteria. Any proposal failing to meet the minimum criteria specified below will be eliminated from further review.

1. MINIMUM QUALITY CRITERIA

Each proposal must meet all the following criteria in order to be considered for further evaluation:

- a. the Proposer must have at least five (5) years experience in providing the consulting, claims review, and other related services described in the Specifications;
- b. the Proposer must have demonstrated experience in providing the services described in the specifications to municipalities in Massachusetts. This experience must include providing consulting and claim review services to at least one Massachusetts community with indemnity plan enrollments of between 50 and 500 subscribers and to at least one Massachusetts community with indemnity plan enrollments greater than 500 subscribers. Provide the names and contact information for clients who meet these minimum criteria;
- c. the Proposer must confirm that the individual who performs reviews of rate and cost proposals or who supervises and approves this work has the Licensed Insurance Advisor(LIA) designation in addition to one or more the following insurance industry designations:

Registered Health Underwriter (RHU)
Certified Insurance Counselor (CIC)
Certified Employee Benefit Specialist (CEBS)
Fellow of the Society of Actuaries (FSA)
Member, American Academy of Actuaries (MAAA)
Certified Health Consultant (CHC)
Other relevant designation indicating completion of an insurance course of study (indicate designation)

- d. the Proposer must include the names and qualifications of

all persons who will be assigned to work on the Town's contract as well as those who will not work directly on the account but who will be involved in a managerial, technical, or legal oversight function. Please submit copies of their current Massachusetts licenses;

e. the Proposer must confirm that the person responsible for claims review functions has a minimum of five (5) years experience in examining and auditing medical claims;

f. the Proposer must submit at least three (3) examples of consulting projects or programs developed and implemented by the proposer which have resulted in reductions in employer group health costs, recovery of health insurance dividends from carrier(s), negotiation of rate reduction with HMO, if applicable, or implementation of new or alternative benefit delivery system;

g. the Proposer must provide satisfactory evidence that they have the ability to obtain alternative reinsurance quotations for consideration by the Town;

h. the Proposer must provide a toll free telephone number for COBRA eligibles and dependents.

2. COMPARATIVE EVALUATION CRITERIA

The following ratings will be used to measure the relative merits of each proposal which has met the Minimum Evaluation Criteria established above. Those proposals that do not meet the Minimum Criteria will be judged Unacceptable.

Highly Advantageous (HA) - Proposal excels on a specific criterion;

Advantageous (A) - Proposal fully meets the evaluation standard which has been specified;

Not Advantageous (NA) - Proposal does not fully meet the evaluation standard, is unclear and/or incomplete.

The criteria to be used for comparative purposes are the following:

		HA	A	NA	U
1	Number of years in health insurance consulting	10 or more	6-9	5	less than 5
2	Number of municipal clients for consulting services in	5 or more	2-4	1	0

	Com. of MA				
3	Number of municipal clients for health claims review in Com. of MA	5 or more	2-4	1	0
4	Number of municipal clients for COBRA admin. services in Com. of MA	5 or more	2-4	1	0
5	Number of municipal clients for negotiations (rate renewal & terms of contract) w/carriers and HMO's in Com. of MA	5 or more	2-4	1	0
6	On staff clinical nurses to assist in case management review	more than 1	1	1	none
7	Experience in assisting other municipal clients in implementing new health care plans	5 or more	2 - 4	1	0

J. MISCELLANEOUS ARTICLES

1. Questions

All questions regarding the project or the specifications must be submitted in writing to Pamela D. Hagler, Procurement Officer, via email to phagler@townhall.plymouth.ma.us or faxed to 508-830-4133. At the discretion of the Town, questions will be answered by written addenda. Proposers are instructed not to contact staff with questions and may not rely upon oral responses to questions.

2. Withdrawal of Proposals

Except as hereinafter expressed provided, once a proposal is submitted and received by the town, the proposer agrees that he may not and will not withdraw it within thirty (30) calendar days after the actual date of the opening of proposals.

Upon proper written request and identification, proposals may be withdrawn only as follows:

- a. at any time prior to the designated time for the opening of proposals;
- b. provided the proposal has not been accepted by the town, at any time subsequent to thirty days following the actual date of proposal opening.

Unless a proposal is withdrawn as provided above, the proposer agrees that it shall be deemed open for acceptance until a contract has been executed by both sides or until the town notifies the proposer in writing that his proposal is rejected or that the town does not intend to accept it, or returns his bid surety. Notice of acceptance of a proposal shall not constitute rejection of any other proposal.

3. Bid Status Information

Addenda: If you received bid documents from the Town and provided the Town with an accurate email address for delivery of addenda, the Town intends to deliver notification of each addendum to you at such address, but the Town shall not be responsible for any failure of a bidder to receive any addenda. Notwithstanding the foregoing, bidders are solely responsible to check for and confirm their receipt of any addenda in advance of the bid deadline. All addenda will be available on the Town's website at <http://www.plymouth-ma.gov/current-bids>.

Bid results will be available on the Town's website at <http://www.plymouth-ma.gov/current-bids/pages/bid-results> will not be provided over the phone.

Notification of award of contract will be mailed to all bidders.

4. Non-Discrimination

The Successful Proposer shall not discriminate against any person on the grounds of race, color, marital status, physical disability, age, sex, sexual orientation, religion, ancestry, or national origin in any manner prohibited by the laws of the United States, the Commonwealth, or the Town of Plymouth.

5. Insurance

The Successful Proposer shall maintain liability and property damage insurance, including medical liability insurance, sufficient to satisfy any and all claims arising out of the service rendered under this contract including but not limited to the following:

a. General Liability of at least \$1,000,000 Bodily Injury and Property Damage Liability, Combined Single Limit with a \$3,000,000 Annual Aggregate Limit. The Town should be named as an "Additional Insured". Products and Completed Operations should be maintained for up to 3 years after the completion of the project.

b. Automobile Liability of at least \$1,000,000 Bodily Injury and Property Damage per accident. The Town should be named as an "Additional Insured".

c. Professional Liability of at least \$1,000,000/occurrence, \$3,000,000 aggregate. The Town should be named as an Additional Insured.

d. Workers' Compensation Insurance for all its employees in accordance with Massachusetts General Laws.

The Successful Proposer shall deposit with the Town evidence of such insurance upon signature of contract. All policies of insurance shall require a thirty (30) day notice of cancellation to the Town of Plymouth. The Town of Plymouth shall be an additional insured on all policies.

The Successful Proposer shall, to the maximum extent permitted by law, indemnify and save harmless the Town of Plymouth, its officers, agents and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims demands, losses, costs and expenses (including reasonable attorney's fees) that may arise out of or in connection with the work being performed or to be performed by the Contractor, his employees, agents, sub-contractors or material men. The existence of insurance shall in no way limit the scope of this indemnification. The Contractor further agrees to reimburse the Town of Plymouth for damage to its property caused by the Contractor, his employees, agents, sub-contractors or material men, including damages caused by his, it's or their use of faulty, defective or unsuitable material or equipment, unless the damage is caused by the Town of Plymouth's gross negligence or willful misconduct.

SAMPLE AGREEMENT

This Agreement made this the 1st day of July, 2015, by and between the Town of Plymouth, a municipal corporation having an office at 11 Lincoln Street, Plymouth, Plymouth County, Massachusetts, acting by and through its Town Manager, thereunto duly authorized, hereinafter referred to as TOWN, and (vendor), with an office at (address), hereinafter referred to as CONTRACTOR.

The parties to this Agreement, in consideration of the mutual covenants and stipulations set out herein agree as follows:

1. The CONTRACTOR shall provide group health, and dental, insurance consulting services, centralized COBRA administration services, Part D Medicare administration services, claim review, and related services, in accordance with and upon the terms and prices outlined in the proposal submitted by the CONTRACTOR for Request for Proposal 21519, incorporated by reference and specifically made a part of this Agreement.
2. The TOWN shall pay the CONTRACTOR (amount) for these services from the date of this Agreement through June 30, 2016. The TOWN reserves the right to cancel this Agreement, with ninety (90) days notice.
3. At the sole option of the TOWN, and subject to appropriation of funds in each fiscal year, this Agreement may be extended for two (2) twelve (12) month periods, commencing July 1, 2016, and July 1, 2017. In the event that the TOWN utilizes this option, the fee will be (amount) per year. All other provisions of this Agreement shall remain the same unless amendments are agreed upon by both parties.
4. Nothing in this Agreement shall preclude the TOWN from purchasing said services from other vendors should the CONTRACTOR fail to provide the Town with the specified services herein.
5. This Agreement merges and supersedes all prior understandings, agreements, discussions and correspondence and sets forth the entire understanding of the parties. This Agreement is to be construed as a Massachusetts contract, and is to take effect as a sealed instrument. It shall be binding upon the respective heirs, devisees, executors, administrators, successors and assigns of the parties, and may be canceled, modified or amended only by a written instrument executed by both the CONTRACTOR and the TOWN. The CONTRACTOR may not assign this Agreement or any rights hereunder without the prior written consent of the TOWN and any such attempted assignment shall be void ab initio.
6. In no case shall the CONTRACTOR act, hold itself out as or permit

anyone to consider it the employee of the TOWN. No agency shall be created between the CONTRACTOR and the TOWN as a result of the CONTRACTOR's performance of services hereunder and the relationship between the parties at all time shall be based on the CONTRACTOR being an independent contractor.

7. The CONTRACTOR acknowledges and agrees that it is responsible as an independent contractor for all operations under this Agreement and for all the acts of its agents and employees, and agrees that it will indemnify and hold harmless the TOWN, its officers, boards, committees and employees from any and all loss, damage, cost, charge, expense and claim which may be made against it or them or to which it or they may be subject by reason of any alleged act, action, neglect, omission or default on the part of the CONTRACTOR or any of its agents or employees and will pay promptly on demand all reasonable costs and expenses of the investigation and defense thereof including attorney's fees and expenses. This indemnification is not limited by a limitation on the amount or type of damages, compensation or benefits payable by or for the CONTRACTOR under the Worker's Compensation Act, Disability Benefits Act or other employee benefit act.

IN WITNESS WHEREOF, the parties hereto have duly affixed their hands and seals on the day and year first above written.

THIS PAGE INTENTIONALLY LEFT BLANK.

NAME OF BIDDER

Prices must be submitted on this form and submitted in a sealed envelope separate from the non-price (technical) proposal. Prices submitted on any other form will not be considered valid. Please return this form and the non-price proposal to:

Procurement Division
ATTN: Procurement Officer
Town Office Building
11 Lincoln Street
Plymouth, MA 02360

Technical proposals and bid proposals must be received by 11:30 a.m., Friday, April 24, 2015. Postmarks will not be considered. All offers are subject to Specifications 21519. This contract may be extended for up to thirty (30) calendar days at the request of the Town of Plymouth.

In compliance with the above, the undersigned offers and agrees, if this offer is accepted within thirty (30) business days from date of receipt of offers specified above, to furnish all such services described in the Specifications 21519 for the following prices.

THE UNDERSIGNED BIDDER HEREBY CERTIFIES:

Proposer has carefully read and examined all the documents herein referred to and knows and understands the terms and provisions therein.

Proposer and any parent, subsidiary, or affiliate of proposer has not been within the last three (3) years and is not currently associated or otherwise affiliated, directly, or indirectly, with any health insurance company or health reinsurance company licensed or otherwise qualified to do business in the Commonwealth of Massachusetts.

Proposer and any parent, subsidiary, or affiliate of proposer has not earned or received within the last three (3) years and does not currently earn or receive any commission, broker's fees, over-ride, compensation in any form or other discernable benefit, directly or indirectly, from any health insurance company or health reinsurance company licensed or otherwise qualified to do business in the Commonwealth of Massachusetts.

No person in the employ of the Town of Plymouth has any pecuniary interest in this proposal or in the contract for the work which is proposed.

THE UNDERSIGNED BIDDER HEREBY CERTIFIES UNDER THE PAINS AND PENALTIES OF PERJURY THE FOLLOWING:

This bid in all respects is bonafide, fair, and made without collusion or fraud with any other person. As used in this paragraph, the word PERSON shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity.

In accordance with Massachusetts General Laws Chapter 62C, Section 49A, the Contracting Party has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

**GROUP INSURANCE CONSULTING, CLAIM REVIEW, AND RELATED SERVICES,
as specified**

Year 1 - July 1, 2015 - June 30, 2016	\$ _____
Year 2 - July 1, 2016 - June 30, 2017	\$ _____
Year 3 - July 1, 2017 - June 30, 2018	\$ _____

PART D MEDICARE ADMINISTRATION SERVICES, as specified

Year 1 - July 1, 2015 - June 30, 2016	\$ _____
Year 2 - July 1, 2016 - June 30, 2017	\$ _____
Year 3 - July 1, 2017 - June 30, 2018	\$ _____

Please note any exceptions on separate contractor letterhead.

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF ADDENDA # _____ *

*To be filled in by bidder if addenda are issued.

OFFEROR _____

COUNTY _____

PHONE _____

FAX _____

STATE OF INCORPORATION _____

TAX I.D. NUMBER _____

AUTHORIZED SIGNATURE

Printed Name and Title

Date Offered

TOWN OF PLYMOUTH
REFERENCES OF BIDDER

By signing this page, the Proposer certifies that it meets the minimum qualifications specified in the MINIMUM QUALITY CRITERA.

Please also provide the requested reference information specified in MINIMUM QUALITY CRITERA.

Signed:

Name of Person Authorized to Sign for the Bidder

Title

Date

DELEGATION OF AUTHORITY

At a meeting of the Board of Directors of the _____
(Name of Corporation)

_____ duly called and held on _____
(Date)

at which a quorum was present, and acting throughout, the following vote

was duly adopted: VOTED: That _____
(Name of Individual)

the _____ of the Corporation, hereby is authorized
(Title)

to affix the Corporate Seal, sign and deliver in the name and on behalf of the Corporation, bids, proposals, contracts, bills of sale, conditional sale agreements, chattel mortgages, leases, bonds, applications, affidavits, certificates, and any other similar documents required in connection with the sale of the Corporation's products to any purchaser, including assignments and satisfactions of any such documents.

Any and all applications, affidavits, statements, certificates, and similar documents required by law in connection with the licensing of the Corporation or its representatives for the sale, distribution, and servicing of its commercial products.

The authority is hereby delegated and shall be exercised by the aforesaid person in connection with the duties as

_____ of _____
(Title) (Name of Corporation)

and not otherwise.

ATTEST: _____ DATE: _____

NOTE: This form must be completed if the contractor is a corporation.