

PLEASE DO NOT REMOVE ANY SHEETS FROM THIS DOCUMENT

TOWN OF VERNON



Request for Proposals (RFP) #2122-11-9-23

Agent of Record/Broker Services for Health Insurance Coverage and Related Ancillary Products for the Town of Vernon and Vernon Public Schools

Submittal Date: Thursday, November 9, 2023, at 10:00 am.

LATE SUBMITTALS WILL NOT BE ACCEPTED

**LEGAL NOTICE
REQUEST FOR PROPOSALS**

Town of Vernon, CT

**CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage
and Related Ancillary Products for the Town of Vernon and Vernon Public Schools**

The Town of Vernon and the Vernon Public Schools are requesting proposals for an Agent of Record/Broker Services with knowledge of self-funding plans to coordinate health insurance coverage and ancillary products from reputable insurance carrier's at the most competitive price.

All questions should be directed to Jeffrey O'Neill, Finance Officer, by e-mail at joneill@vernon-ct.gov, with copies to Nichole Greco, Project Coordinator, by e-mail at ngreco@vernon-ct.gov, no later than **Thursday, October 26, 2023, at 3:00 pm**. Answers to questions received will be posted by **Thursday, November 2, 2023**, on the Town's website at <https://www.vernon-ct.gov/government/bid-opportunities> and at the Connecticut State Department of Administrative Services (DAS) at <https://portal.ct.gov/das> by referencing Contract #2122-11-9-23. It is the sole responsibility of the respondent to review any or all addendum or question responses related to this RFP.

Six (6) hard copies and one (1) electronic copy of the proposal must be submitted in a sealed envelope, clearly marked "BID DOCUMENT DO NOT OPEN - CONTRACT #2122-11-9-23 - AGENT OF RECORD/BROKER SERVICES FOR HEALTH INSURANCE COVERAGE AND RELATED ANCILLARY PRODUCTS FOR THE TOWN OF VERNON AND VERNON PUBLIC SCHOOLS" to Michael J. Purcaro, Town Administrator, 14 Park Place Vernon CT 06066 no later than **Thursday, November 9, 2023, at 10:00 am**, at which time proposals will be opened and read aloud publicly. Emailed, faxed or late proposals will not be accepted.

The selected firm must meet all municipal, state, and federal AA and EEO practices and requirements. MBE's, WBE's, SBE's are encouraged to apply. The Town reserves the right to reject any or all proposals in whole or part, to award any one service or group of services or all services, to negotiate with any or all companies submitting proposals, and to enter into an agreement with any contractor for any services mentioned in this RFP; if it is deemed to be in the best interest of the Town.

Confidentiality - If Respondent believes that any information in its proposal should be treated as confidential that material shall be clearly marked. The Town shall endeavor to protect confidential material from disclosure to non-Town employees to the extent permitted by State or Federal law. In no event will the Town be responsible for the inadvertent disclosure of your response to this RFP.

Michael J. Purcaro, Town Administrator

Town of Vernon, CT
**CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage
and Related Ancillary Products for the Town of Vernon and Vernon Public Schools**

INSTRUCTIONS TO BIDDERS

These instructions are standard for all proposals issued by the Town of Vernon, Connecticut for the purchase of all supplies, materials, equipment, and the furnishing of certain services. The Town may delete, supersede or modify any of these standard instructions for a particular proposal by indicating such change in a section entitled "Special Instructions to Bidders".

1. All questions should be directed to Jeffrey O'Neill, Finance Officer, by e-mail at joneill@vernon-ct.gov, with copies to Nichole Greco, Project Coordinator, by e-mail at ngreco@vernon-ct.gov, no later than **Thursday, October 26, 2023, at 3:00 pm**. Answers to questions received will be posted by **Thursday, November 2, 2023**, on the Town's website at <https://www.vernon-ct.gov/government/bid-opportunities> and at the Connecticut State Department of Administrative Services (DAS) at <https://portal.ct.gov/das> by referencing Contract #2122-11-9-23. It is the sole responsibility of the respondent to review any or all addendum or question responses related to this RFP.
2. Deviations: Any and all deletions, variations and exceptions to the specifications must be stated in writing at time of bidding and must be attached to the "Proposal" section of contract. The Director of Parks and Recreation will notify the contractor, in writing, of these changes. Terms and conditions of any additions or deletions will be subject to negotiation by both parties.
3. In the event it becomes necessary to revise any part of this RFP, an Addendum will be posted on the town's website and on the State Department of Administrative Services (DAS) website, referencing the contract number.
4. The attached proposal is signed by the bidder with full knowledge of, and agreement with, the general specifications, conditions and requirements of this bid.
5. Not responsible for defects to electronically-mailed contracts.
6. Bids shall be submitted in sealed envelopes which shall be addressed to the Town Administrator, 14 Park Place, Vernon, Connecticut 06066, and shall be clearly marked "BID DOCUMENT - DO NOT OPEN". The bid envelope shall indicate the contract number as shown on the "Request For Proposal". Emailed, faxed or late bids will not be accepted.
7. Bids received later than the time and date specified in the "Request For Proposal" will not be considered. Withdrawal of bids received later than the time and date set for the bid opening, will not be considered.

8. Bids received prior to the advertised hour of opening will be securely kept sealed. The officer whose duty it is to open them will decide when the specified time has arrived and no bid received thereafter will be considered.

Town of Vernon office hours:

Monday, Tuesday, and Wednesday - 8:00 am – 5:00 pm

Thursday – 8:00 am – 7:00 pm

Friday - closed

9. All deliveries of commodities hereunder shall comply in every respect with all applicable laws of the Federal Government and the State of Connecticut. Unless otherwise stated herein, all deliveries made under this contract must consist of new merchandise.
10. The bidder shall insert the price per stated unit and extend a total price for each item. IN THE EVENT THAT THERE IS A DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL PRICE EXTENSION, THE UNIT PRICE WILL GOVERN.
11. In accordance with the provisions of Section 12-412 (a) of the Connecticut General Statutes, the Town of Vernon and Vernon Public Schools are exempt from the payment of Federal or State tax and such tax or taxes shall not be included in bid prices.
12. The Town reserves the right to reject any and all bids, wholly or in part; to waive technical defects, and to make awards in the manner deemed to be in the best interests of the Town.
13. The Town will not accept any additional charges for freight or shipping.
14. Contractor shall agree to maintain in force at all times during the contract the following minimum coverages and shall name Town of Vernon as an Additional Insured on a primary and non-contributory basis to all policies, except Workers Compensation. All policies should also include a Waiver of Subrogation. The successful bidder must carry the following insurance coverages. Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best’s Rating of “A-“ VIII. In addition, all Carriers are subject to approval by the Town of Vernon.

General Liability	(Minimum Limits)
Each Occurrence:	\$ 1,000,000
General Aggregate:	\$ 2,000,000
Product/Completed Operations Aggregate:	\$ 2,000,000
Fire Damage Legal Liability	\$ 100,000
Automobile Liability (Town of Vernon added as additional insured):	
Combined Single Limit	\$ 1,000,000

Umbrella/Excess Liability (following form of general liability, auto liability and employer liability):

Each Occurrence: \$ 1,000,000

Workers' Compensation/Employers Liability

Workers' Compensation Statutory Requirement set forth by State of CT Employers Liability

Each Accident \$ 1,000,000

Disease-Policy Limit \$ 1,000,000

Disease-Each employee \$ 1,000,000

Professional Liability (where required)

Each Claim: \$ 2,000,000

Annual Aggregate \$ 2,000,000

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two (2) years from the completion date of this contract. If the policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the contract for two (2) years from the completion date.

Original, completed Certificates of Insurance must be presented to the Town of Vernon prior to contract issuance. Contractor agrees to provide replacement/renewal certificates at least 30 days prior to the expiration date of the policies. All insurance shall not be cancelled, limits reduced or coverage altered, 30 days written notice must be given to the Town of Vernon, Town Administrator, 14 Park Place, Vernon, CT 06066.

END OF SECTION

Town of Vernon, CT
**CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage
and Related Ancillary Products for the Town of Vernon and Vernon Public Schools**

SPECIFICATIONS

1. INTENT

The Town of Vernon and the Vernon Public Schools (*herein referred to as the "TOWN"*) are requesting proposals for a broker and agent of record to coordinate responses for health insurance coverage and ancillary products from reputable insurance carriers, finding the desired products at the most competitive prices. The Town currently offers health insurance to qualified employees.

2. GENERAL INFORMATION

The Town is seeking a qualified expert professional Agent/Broker/Firm (*herein referred to as the "FIRM"*) to provide the following professional services:

- a. Annual marketing of the Town's health insurance, dental insurance, Employee Assistance Programs, Group Life Insurance, and Long-Term Disability for approximately 270 Town of Vernon and 415 Vernon Public Schools' qualified employees and retirees.
- b. Identification of ancillary products and or services that may offer cost savings or provide additional benefit to employees.
- c. Coordination of carriers replies for coverage.
- d. Respond to the daily services needs of the Town in the areas of health insurance.

3. SCOPE OF SERVICES

The purpose of this Request for Proposals ("RFP") is to select a Firm qualified to represent the Health insurance interests of the Town as an Agent/Broker. The selected Firm is expected to provide expert professional services, including but not limited to:

- a. Periodic review (not less than quarterly) of the Town's health insurance programs, specific coverage(s), loss data, and risk management measures; and make recommendations to the Town with respect to the need for ancillary insurance services, additional coverage and modifications, updating or upgrading of existing coverage(s). Make annual recommendations concerning changes in terms, conditions, and limits of coverage; based on best industry practices.
- b. Consult and advise the Town on matters related to the Affordable Care Act, and advise the Town on new developments in the field of insurance.

- c. Upon approval by the Town, annual marketing of Town's health insurance program, including, a negotiation of carrier contract extension or change(s). This service will include comprehensive assistance and guidance in completing the insurance application process in a timely fashion, and coordinating the transition of carriers for fiscal year enrollments.
- d. Solicitation of proposals from qualified insurance carriers on an annual or as needed basis who are experienced and familiar with writing policies for Connecticut municipalities, both the Town and Board of Education; including:
 - i. Development of bid specifications to be submitted to the municipal marketplace for which proposals are sought.
 - ii. Evaluation of proposals submitted by insurance carriers relative to compliance with insurance specifications, cost, and ability of each carrier to perform as required including relative solvency.
 - iii. Detailed report of solicited policy renewal options available to the Town.
 - iv. Examination and approval of issued policies and bonds for conformance with the Town's specifications and the carrier's proposal.
- e. Provision of an annual stewardship report, including insurance schedule, policy summaries, review of past year's activities and outlook for coming year's market conditions.
- f. Additional Services
 - i. Assistance to the Town in drafting insurance specifications for contracts and agreements, as requested.
 - ii. Provision of insurance certificates, pertaining to the Town's coverage as requested.

4. EXPECTATIONS OF THE SELECTED FIRM

The selected Firm will be expected to work in partnership with Town and to perform the following:

- a. Maintain in good standing all the necessary licenses and certifications as required by Connecticut General Statutes and regulations for insurance agents and/or brokers and shall provide copies of the same to the Town.
- b. Attend meetings, as needed, and requested by the Town.
- c. Provide recommendations for the proposed benefit components, including self-funding specifically in the area of design, funding, cost, and administration.

- d. Conduct renewal negotiations with the carrier(s) and vendors and prepare a complete and detailed accounting of all claim costs, provider access fees, administrative expenses, risk charges, etc.
- e. Provide general problem-solving throughout the plan year.
- f. Perform other duties critical to the proper formation of a health insurance plan and its optimal operation and participation.

5. SUBMISSION AND INFORMATION REQUIREMENTS

a. Proposal Submissions

Six (6) hard copies and one (1) electronic copy of the proposal must be submitted in a sealed envelope, clearly marked "BID DOCUMENT DO NOT OPEN - CONTRACT #2122-11-9-23 - AGENT OF RECORD/BROKER SERVICES FOR HEALTH INSURANCE COVERAGE AND RELATED ANCILLARY PRODUCTS FOR THE TOWN OF VERNON AND VERNON PUBLIC SCHOOLS" to Michael J. Purcaro, Town Administrator, 14 Park Place Vernon CT 06066 no later than **Thursday, November 9, 2023, at 10:00 am**, at which time proposals will be opened and read aloud publicly. Emailed, faxed or late proposals will not be accepted.

b. The Town is not liable for any costs incurred by Broker/Consultant/Firm in the submission of a proposal, and/ or prior to the issuance of a contract and receipt of all necessary approvals. All information and material returned with proposals shall become part of any contract, which results from this proposal.

c. Any proprietary information should be submitted in a separate sealed envelope plainly marked as "proprietary information." The Town will disclose this information only to those involved in the selection process.

d. Responding Firms must be capable of performing Agent of Record/Broker Services in full compliance with all federal and state statutes and regulations. Responding Firms will provide the following information:

i. Each proposer must submit qualifications and a Fee proposal (See Appendix A). A detailed breakdown of broker fees.

ii. The proposer must agree to forgo any sales commissions or other type of funding that may be provided by vendors in the form of after-award compensation for the health insurance.

iii. Information About Your Firm

a. Name of firm and parent company, if applicable.

b. Contact information of persons to receive notifications and reply to Town's inquiries.

- c. Total number of employees of the firm, servicing office(s), and their respective addresses.
- d. Number of Connecticut public entity clients and their total annual health insurance premium.
- e. Principal public entity markets utilized and premium volume written with them.
- f. Description of the insurance marketing expertise of the servicing office with regard to Connecticut towns and school districts and a sample marketing plan.
- g. A list of all personnel who would be involved with the Town's account including: Name, Title, primary responsibilities, municipal experience, and credentials.
- h. Description of the Firm's performance monitoring and measurement of insurance carriers, negotiation of policy provision interpretations and possible intervention in claims processing.
- i. Description of the Firm's involvement with municipal and education associations in Connecticut.
- j. Confirm that you are an actuary, licensed consultant, or broker in Connecticut and provide documentation. An AM Best Rating of -A or better is highly preferred.
- k. Confirm that you serve as a consultant or broker, independently, and are not affiliated with any insurance company, via third party administrative agency or provider network.
- l. Explain any existing or potential relationships between your firm and insurance carriers and/or vendors that could lessen your independence and objectivity because of a perceived or actual conflict of interest.
- m. Describe any prior business relationships you/your firm have held with the Town as an agent of record and broker.
- n. Provide a detailed outline how the broker will be compensated, now and in the future. **NOTE:** The Town requires complete disclosure of all fees /commissions / contingent commissions / overrides / bonuses your organization receives each year as a result of your firms work on its behalf.

- o. Describe your Firm's ability to provide expertise and experience in the areas of health benefit plan analysis and design. Detail your ability to advise municipal government on health care cost containment strategies. Give examples of your work with other companies, similar in size to the Town.
- iv. A Detailed Scope of Services including a detailed description of any special, in-house, services or systems available to the Town.
 - a. Detail other ancillary insurance products or services your firm might recommend to the town. *For Example: Aflac, full or self-insurance, Medical, Dental, Employee Assistance Programs, Life Insurance, Short and Long Term Disability Insurance.*
 - b. Provide the names of three (3) prior clients that your firm coordinated services related to health plan and ancillary benefits, analysis and design. For each prior client, specify the type of work performed, the size of the client's group and the period retained as a client. Also include a contact name, title, mailing address, email address and phone number for the Town to contact as a reference.
 - c. Provide the names of (3) three current clients, that your firm coordinates services related to health plan and ancillary benefits, analysis and design. For each current client, specify the type of work performed, the size of the client's group and the period retained as a client. Also include a contact name, title, mailing address, email address and phone number for the Town to contact as a reference.
 - d. Explain your company's training strategy that ensures the latest and most accurate information is conveyed to your customers.
 - e. Describe your firm's involvement in resolving problems with claims, etc., between an insured and the insurance carrier.
 - f. For Budgetary purposes, the Town expects the annual cost for coverages to be provided in DRAFT form by the end of each calendar year of the agreement. Finalized numbers are expected no later than March of each year.

6. EVALUATION OF PROPOSALS

The Town shall be the sole judge as to whether a proposal complies with these instructions and specifications, and such a decision shall be final and conclusive.

Proposals submitted in response to this RFP become the sole property of the Town. Proposals may not be withdrawn for sixty (60) days from the proposal due date. The Town reserves the right to reject any or all proposals received, and further reserves the right to waive non-material deficiencies in any proposal.

Firm(s) may be asked to present and explain their proposals before a panel comprised of the Town and/or committee. If selected, key personnel assigned to this project must be present at the interview.

The selected Firm must meet all municipal, state, and federal AA and EEO practices and requirements. The Town reserves the right to reject any or all proposals in whole or part, to award any one service or group of services or all services, to negotiate with any or all companies submitting proposals, and to enter into an agreement with any company for any services mentioned in this RFP; if it is deemed to be in the best interest of the Town.

The contents of the successful proposal may, at the Town's option, become part of the contract entered into by the selected Firm and the Town. Selection as the preferred proposal does not provide any contract rights to that Firm. Any such rights shall accrue only when the Town and the Firm execute a binding contract. The Town reserves the right to negotiate with the successful Firm in any manner necessary to best serve the interests of the Town. If the Town fails to reach an agreement with the successful bidder, the Town may commence negotiations with an alternative bidder or reject all bids and reinstate the RFP process.

Proposals will be evaluated based on what is deemed to be in the best interests of the Town, including such factors as the bidder's experience in providing Insurance Advisory and Brokerage services for municipalities Town and Board of Education in the State of Connecticut, an AM Best Rating of –A or better, the clarity and completeness of the proposal, recommendations of clients for which the bidder has previously provided services, the persons to be assigned to the project by the bidder, and total cost. The cost will not be the sole factor in evaluating bids.

Additional criteria for the selection of the consultant will be as follows:

- a. A submitted Fee Proposal
- b. The qualifications of the company.
- c. Experience of key personnel to be assigned to the Town.
- d. The Scope of Services offered.
- e. Strength and ability to work with and act as an ambassador to major health insurance carriers.
- f. The ability of the Firm to commence work in a timely manner.
- g. Knowledge and experience in wellness programs.

7. INDEPENDENT CONTRACTOR

The selected firm is an independent contractor and is not an employee, partner, or co-venturer of, or in any other service relationship with the Town. The firm is not authorized to speak for, represent, or obligate the Town in any manner without the prior expressed written authorization from the Town.

8. INDEMNIFICATION/HOLD HARMLESS

The selected firm agrees to defend, indemnify and hold harmless the Town, its respective officers, employees, elected officials, agents, servants and volunteers from and against any and all claims, liabilities, obligations, causes of action of whatsoever kind and nature for damages, including but not limited to damage to the premises or other property, and costs of every kind and description arising from its entry upon the premises, or arising from work or other activities conducted thereon, alleging but not limited to bodily injury, personal injury, medical malpractice, property damage caused by the firm and its employees, contractor, sub-contractors and agents, this indemnification includes the firm's duty to defend the Town from any such claims except that the firm shall not be responsible or obligated for claims arising out of the sole negligence of the Town, its elected officials, officers, department heads, employees or agents, or its predecessors in interest in the premises.

9. WAIVER OF SUBROGATION REQUIREMENT

The selected firm will require all insurance policies in any way related to the work and secured and maintained by the firm to include clauses stating each carrier will waive all rights of recovery, under subrogation and otherwise, against the Town, and its respective officers, employees, agents, servants, elected officials, and volunteers. The selected firm shall require of subcontractors, by appropriate written agreements, similar waivers each in favor of the Town.

10. CONTINGENT UPON AVAILABILITY OF FUNDS

The town's obligation under this Agreement is contingent upon the availability of appropriated funds from which payment for Agreement purposes can be made. No legal liability on the part of the Town for any payment may arise until funds are made available and approved for this Agreement and until a Purchase Order has been issued.

NO INTEREST TO BE PAID. No interest is to be allowed or paid by the Town upon any monies retained under the provisions of this contract.

11. TERMINATION

TERMINATION FOR CAUSE: If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner his obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the Municipality shall, thereupon, have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract shall, at the option of the Municipality, become its property and the Contractor shall be entitled to

receive just and equitable compensation for any satisfactory work completed prior to the effective date of termination.

TERMINATION FOR CONVENIENCE: Either party to this Contract may terminate this Contract at any time by a notice in writing, effective not less than fourteen (14) days prior to the termination date. If the Contract is terminated by the Municipality as provided herein, the Contractor will be paid for services performed up to the date of termination.

END OF SECTION

Town of Vernon, CT
**CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage
and Related Ancillary Products for the Town of Vernon and Vernon Public Schools**

PROPOSAL

TO: Town of Vernon
14 Park Place
Vernon, CT 06066

Sirs:

THE UNDERSIGNED HEREBY DECLARES that:

- A. No person or persons other than those named herein are interested in this Proposal or in the Contract proposed to be taken; it is made without any connection with any other person or persons making any proposal for the same work, and is in all respects fair and without collusion or fraud; that no person acting for or employed by the Town of Vernon (the Town) is now or will hereafter be directly or indirectly interested therein, or in any portion of the profits thereof in any manner which is unethical or contrary to law;
- B. He has read the information contained herein relating to the work;
- C. That in the event a Contract, as contemplated by this Proposal, is awarded to him, he will enter into a written Contract with the Town, and agrees that in case he fails to do so, the Town may determine that the bidder has abandoned the Contract, and thereupon the acceptance of this Proposal and the award shall be null and void, and that the proposal guarantee may be forfeited in whole or in part to the Town as the Town may determine, and he will, by such Contract, agree to furnish all materials herein required, within the time stipulated by the Town, will perform all services and will assume all liabilities and obligations connected therewith, all in accordance with the Contract, Specifications, and Instructions to Bidders, all of which are made a part hereof, and will accept in full payment therefore the following sums, to wit:

BID PROPOSAL

The undersigned representative of _____ hereby submits the following bid proposal on the equipment and/or work as specified:

- 1. Tax Exemption - The Town is tax-exempt and will provide appropriate documentation as needed.
- 2. BID BOND ATTACHED PER SPECIAL INSTRUCTIONS:
YES _____ NO _____
- 6. The undersigned declares that the signer of this proposal is:
 - (a) INDIVIDUAL doing business as
 - (b) PARTNERSHIP doing business as
 - (c) CORPORATION entitled

organized under the laws of the State of _____ and having its Principal offices at _____.

The names of all partners of a partnership or the principal offices of a corporation will be submitted upon request.

Firm Name: _____

Representative (printed): _____

Representative (**signed**): _____

Address: _____ City, State and Zip Code: _____

Email Address: _____

Telephone: _____
Area Code and Telephone Number

I, _____, hereby certify that I do not hold any executive or appointive office in the government of the Town of Vernon; furthermore, I do not anticipate holding or seeking office in the Town of Vernon for the duration of this contract. I further certify that the firm, which I represent, as named above, is an Equal Opportunity Employer.

Date

Signature

Town of Vernon, CT
CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage
and Related Ancillary Products for the Town of Vernon and Vernon Public Schools

APPENDIX A

FEE PROPOSAL FORM MUST BE COMPLETED BY BIDDER AS PART OF SUBMISSION

<i>Full Contract Price for 3 year Agreement</i>	\$ _____				
<i>Brokerage Service Fees (annual), if not included in price above</i>	\$ _____				
<i>Consultation Fees (annual), if not included in price above</i>	\$ _____				
<i>List any additional fees, based on the Firms Criteria of Approach</i> _____ _____ _____	\$ _____ \$ _____ \$ _____				
<i>List any recommended ancillary products/services and costs, if any.</i> _____ _____ _____	\$ _____ \$ _____ \$ _____				
<i>Availability to commence services with Town (Date)</i>	_____				
<i>Does your firm have experience in transitioning from full to self-insured?</i>	<table style="margin: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<i>Experience in Wellness Programs (yes or no) and Fee if any</i>	<table style="margin: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<i>Provide Affordable Care Act Consultation (yes or no) and Fee if any</i>	<table style="margin: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<i>Number of years in Municipal field with Town and Vernon Public Schools</i>	_____				
<i>Proposed Timeline for implementing Services</i> _____ _____ _____	_____ _____ _____ _____				

PROPOSAL EVALUATION CRITERIA

CONTRACT #2122-11-9-23 Agent of Record/Broker Services for Health Insurance Coverage and Related Ancillary Products for the Town of Vernon and Vernon Public Schools

	Points possible
Bidder experience with municipalities (<i>Town and Vernon Public Schools</i>)	10
Scope of Services: Clarity/completeness of Proposal	10
Ability to work with Insurance Carriers to Implement Full or Self-Insurance	10
Firms' Qualifications	10
Experience of key personnel assigned to Town	10
Ability to commence work in a timely manner	10
Proposed timeline for providing final numbers to town for budgetary purposes	10
Knowledge/experience in wellness programs	5
AM Best Rating of –A or better	5
Total Cost	20
Total Points Possible	100