RFP #2021-037

BENEFITS ENROLLMENT SERVICES

REQUEST FOR PROPOSALS

MARK III BROKERAGE, INC.

PREPARED BY:
Mark E. Browder, Vice President

SUBMITTED TO:
District Five of Lexington and Richland Counties

Mark III Brokerage, Inc.
211 Greenwich Road
Charlotte, NC 28211

	District Five of Lexington and Richland Counties **Request for Proposals**	Solicitation #	**2021-037**
		Date Issued	**June 11, 2021**
		Procurement Official	**Lynda Robinson**
		Phone	**(803) 476-8140**
		E-Mail Address	**D5bids@lexrich5.org**

DESCRIPTION	Benefits Enrollment Services

The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY	June 29, 2021 @ 11:00 am
QUESTIONS MUST BE RECEIVED BY	June 17, 2021 @ 12:00 pm
NUMBER OF COPIES TO BE SUBMITTED	**1 original and 5 copies**

Offers must be submitted in a sealed package. Solicitation number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO:

District Five of Lexington and Richland Counties
Purchasing Office
1020 Dutch Fork Road
Irmo, SC 29063

CONFERENCE TYPE: N/A **DATE & TIME**: **(EST)** As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	**LOCATION**: **N/A**

AWARD & AMENDMENTS	The award, this solicitation, and any amendments will be posted at the following web address: www.lexrich5.org/Page/25417

You **must** submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of sixty (60) calendar days after the Opening Date.

NAME OF OFFEROR (Full legal name of business submitting the offer) Mark III Brokerage, Inc.		OFFEROR'S TYPE OF ENTITY: (Check one) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation (tax-exempt) ☒ Corporate entity (not tax-exempt) ☐ Government entity (federal, state, or local) ☐ Other ___________________ (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE (Person signing **must** be authorized to submit a binding offer to enter a contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above) Vice President		
PRINTED NAME (Printed name of person signing above) Mark E. Browder	DATE SIGNED 06/25/2021	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. The entity named as the Offeror **must** be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION North Carolina (If Offeror is a corporation, identify the state of Incorporation.)	TAXPAYER IDENTIFICATION NO. 56-1055004

COVER PAGE

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office / principal place of business) 211 Greenwich Road Charlotte, NC 28211	**NOTICE** ADDRESS (Address to which all procurement and contract related notices should be sent.) 300 W Watauga Ave. Johnson City, TN 37604 Area Code: 704 | Number: 365-4280 | Extension: 204 | Facsimile: E-Mail Address: mark@markiiieb.com
PAYMENT ADDRESS (Address to which payments will be sent. 300 W Watauga Ave. Johnson City, TN 37604 ☐ Payment Address same as Home Office Address ☒ Payment Address same as Notice Address **(check only one)**	**ORDER ADDRESS** (Address to which purchase orders will be sent) 300 W Watauga Ave. Johnson City, TN 37604 Order E-Mail Address: ☐ Order Address same as Home Office Address ☒ Order Address same as Notice Address (**check only one)**

ACKNOWLEDGMENT OF AMENDMENTS: Offerors acknowledge receipt of amendments by indicating amendment number and its date of issue.

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT	10 Calendar Days (%) ____	20 Calendar Days (%) ____	30 Calendar Days (%) ____	______Calendar Days (%)

MINORITY PARTICIPATION

Please answer the following question:

1. Are you certified as a MOB/WOB (minority-owned business/woman-owned business) by the State of South Carolina?
   ☐ Yes ☒ No
   If yes, provide certification number: ______.

ATTACHMENT A

MINORITY PARTICIPATION AFFIDAVIT

Is the bidder a South Carolina Certified Minority Business? [ ] Yes [X] No

Is the bidder a Minority Business certified by another governmental entity? [ ] Yes [X] No

If so, please list the certifying governmental entity: _________________________

Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor? [ ] Yes [X] No

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? _____________

Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor? [ ] Yes [X] No

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor? _____________

If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

[ ] Traditional minority
[ ] Traditional minority, but female
[ ] Women (Caucasian females)
[ ] Hispanic minorities
[ ] DOT referral (Traditional minority)
[ ] DOT referral (Caucasian female)
[ ] Temporary certification
[ ] SBA 8 (a) certification referral
[ ] Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

The Department of Administration, Division of Small and Minority Business Contracting and Certification, publishes a list of certified minority firms. The Minority Business Directory is available at the following URL: http://osmba.sc.gov/directory.html
[04-4015-3]

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Mark III Brokerage, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

211 Greenwich Road

6 City, state, and ZIP code

Charlotte, NC 28211

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

5 6 – 1 0 5 5 0 0 4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person** ▶ Crystal West **Date** ▶ 01/01/2021

General Instructions

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

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

Purpose of Form

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

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

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

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

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RESPONSE LETTER

June 29, 2021

Mrs. Lynda Robinson
District Five of Lexington and Richland Counties
1020 Dutch Fork Road
Irmo, SC 29063

Re: RFP #2021-037; Benefits Enrollment Services

Dear Mrs. Robinson:

We appreciate the opportunity to respond to District Five of Lexington and Richland Counties' Request for Proposal.

We will work diligently to respond quickly to provide the best service and products to you over the tenure of our relationship.

We will work closely with the staff to deliver voluntary benefits and enrollment services that are competitive, creative, and consistent with the desires of the employees and staff.We are innovative with products that we have fashioned for many clients for over 48 years.

Who is Mark III?

With over 150 public sector customers and 48 years of experience in the public-sector market, not only does Mark III have the experience as a consultant to find the best programs available, we also implement and manage these programs throughout the plan year.

Focusing on the public-sector market gives Mark III insight into the special needs of you and your employees.

Mark III provides a professional and committed service staff to support our customers. We do not rely on the insurance companies to service our clients.

We are looking to develop relationships with our customers by providing advice and marketing services on various employee benefit programs, providing communication strategies for the employees,and website development to aid in information and employee self-service.

RESPONSE LETTER

Mark III is offering:

- Best in class voluntary benefits, with Guarantee Issue;
- Proven and usable web-based enrollment platform which integrates seamlessly with payroll systems;
- Salaried enrollment consultants;
- Benefits customized for employers and employees;
- Clear communications, strengthened by written and video strategies; Healthcare and Compliance updates and education; and
- Benefit Administration with voluntary and ancillary products
- Staff to assist with enrollment onsite for new hires and during open enrollment to help employees directly enroll on the PEBA system.

Independence

Mark III is truly an independent consultant. Of the brokers that are working in the public- sector market, Mark III is the only one that doesn't have a "pre-determined" product decision making approach.

Our products and services include:

a. One of the Most Competitive Critical Illness/Cancer Plans in the Market.

b. Disability programs that don't offset with other sources of income with competitive rates that have no differentiation between blue and white-collar classes.

c. Attractive and effective communication material with web, individual one on one, and self- service capabilities.

d. Products that are Guarantee Issue which is critical for your employees.

Experience

Mark III is a firm focused on employee benefits and possesses a knowledge base of operational considerations few can match.

This knowledge translates into results as we design the right solutions for your organization, which are best in class and managed for the long haul.

Most importantly, we know what works for Public Sector employers and what does not. We take care of the organization.

RESPONSE LETTER

Leverage

Our competitive advantage is our volume of business and experience.

Mark III has over $50,000,000 of voluntary benefits premium placed through the organization.

With our client base and customers such as Durham Public Schools, Guilford County Schools, and Duke University, Mark III has the leverage to negotiate best in class products, guarantee issue,rates, and other important plan provisions.

Service

Mark III uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

We will work with you on the specific products you want to offer through Mark III and are flexible on the delivery of program information to your employees,using all methods to meet your needs to include videos, print, and individual one-on-one meetings. We want your employees to fully understand the benefits to make informed decisions that best meet their needs.

Mark III's proposal is contingent of being named the agent of record for all new voluntary and ancillary products mutually agreed upon.

We look forward to share further what Mark III can offer District Five of Lexington and Richland Counties. Please let me know if you have any questions.

Sincerely,

Mark E. Browder
211 Greenwich Rd.
Charlotte, NC 28211
800-532-1044 x304
Fax: 704-365-1529
mark@markiiieb.com

ABOUT THE COMPANY

Since 1973, Mark III Brokerage, Inc. has been a family owned and operated licensed Brokerage & Consulting firm. Our mission is to provide the best-in-class products, medical consulting, and voluntary benefits to public sector clients across the southeastern United States.

With over 50 full-time trusted employees, we maintain offices in North Carolina, Georgia, Tennessee, South Carolina, Virginia, and Florida. Over the last 48 years, we have become one of the largest ***Independent Public Sector Brokers*** in the markets where we compete.

Mark III's customer base is comprised of public school systems, county governments, municipalities/townships, and local authorities. Currently, we serve over 150 public sector clients and insure over 250,000 employees.

We hold an in depth understanding of public sector employees and are qualified to evaluate, design, implement, manage, and enhance your overall benefits program.

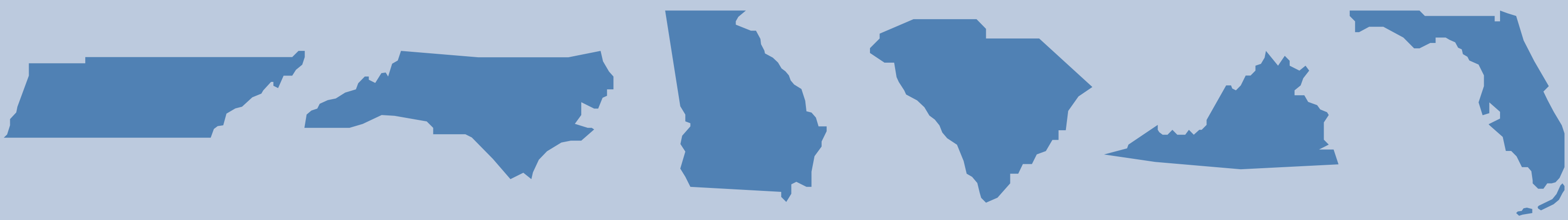
WHAT OUR CLIENTS ARE SAYING

"Our transition to Mark III could not have been smoother. They have been able to offer a strong product line, ancillary services, and excellent customer service. During the COVID-19 stay-at-home, Mark III was able to provide our employees with an educational approach to selecting benefits through their online call center and internet-based enrollment platform. Enrollment went very smoothly, and our employees loved the interaction with their counselors. It was my greatest desire to provide our employees with high quality products at less cost to them. Mark III exceeded my expectations in all areas. I confidently recommend Mark III as the broker of choice, for any public sector employer."

Dr. Kimberly Elliot
Superintendent
Jackson County Public Schools

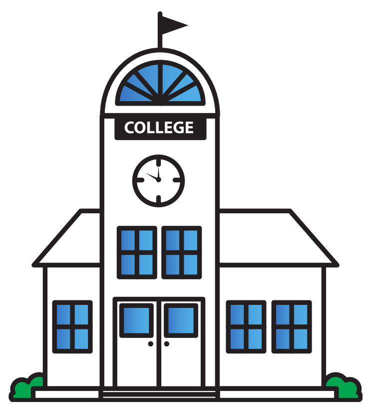
CLIENT OVERVIEW

Our client base ranges in size from 30 to 75,000 employees. A more detailed list of clients is included in this section as well as additional information about our team members. Our company is comprised of 50 dedicated,full-time professionals. We maintain offices in North Carolina, Georgia, Tennessee, South Carolina, Virginia, and Florida while serving over 250,000 public sector employees.

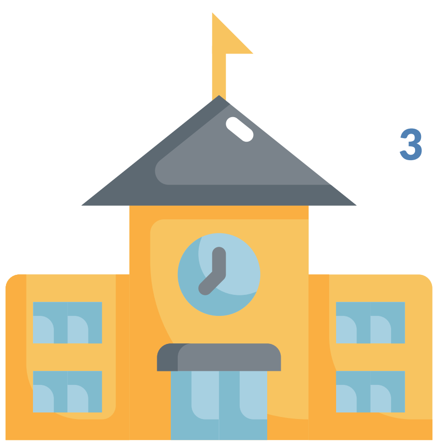


We serve over 150 clients including:

96 GOVERNMENTS



3 COMMUNITY COLLEGES/ UNIVERSITIES



53 SCHOOL SYSTEMS

CLIENT LIST

Alexander County Schools, NC
Ashe County Schools, NC
Asheboro City Schools, NC
Atlanta Public Schools, GA
Barrow County Government, GA
Barter Theatre, VA
Bertie-Martin Regional Jail, NC
Bledsoe County Government, TN
Botetourt County Schools, VA
Bristol VA Utility Authority
Bristol Virginia Public Schools, VA
Burke Catawba Confinement, NC
Burke County Government, NC
Cabarrus County Schools, NC
Caldwell County Government, NC
Caroline County Schools, VA
Carroll County Government, VA
Caswell County Government, NC
City of Asheboro, NC
City of Brevard, NC
City of Dalton, GA
City of Gastonia, NC
City of Graham, NC
City of Henderson, NC
City of Hendersonville, NC
City of High Point, NC
City of Johnson City, TN
City of Kingsport, TN
City of Laurinburg, NC
City of Lawrenceburg, TN
City of Lynchburg, VA
City of McMinnville, TN
City of Monroe, NC
City of Morristown, TN
City of Oxford, NC
City of Raleigh, NC
City of Rocky Mount, NC
City of Salisbury, NC
City of Sanford, NC
City of Sevierville, TN
City of Shelby, NC
City of Washington, NC
City of Winston Salem, NC
Cleveland County Government, NC
Cleveland County Schools, NC
Cleveland County Water & Sewer, NC
Columbus County Government, NC
Culpeper County Schools, VA
Culpepper County Government, VA
Dare County Government, NC
Davidson County Schools, NC
Dinwiddie County Public Schools, VA
Duke University, GA
Durham County Government, NC
Durham County Public Schools, NC
Edgecombe County Government, NC
First TN Human Resources Agency
Floyd County Public Schools, VA
Fluvanna County Schools, VA
Forsyth County Government, NC
Forsyth Tech Community College, NC
Franklin County Schools, NC
Fredericksburg City Schools, VA
Gaston County Government, NC
Gloucester County Government, VA
Gloucester County Schools, VA
Graham County Schools, NC
Grainger County Schools, TN
Greensville County Public Schools, VA
Guilford County Schools, NC
Habersham EMC, GA
Halifax County Government, NC
Hamblen County Government, TN
Hamblen County Schools, TN
Hamilton County Schools, TN
Harnett County Schools, NC
Haywood County Government, NC
Henderson County Government, NC
Herford County Government, NC
Hoke County Government, NC
Huntsville Utilities, AL
Jackson County Schools, NC
Johnson City Schools, TN
Johnson County Government, TN
Johnson County Schools, TN
King William County Public Schools, VA
Kannapolis County Schools, NC
Lancaster County Schools, VA
Laurens County Schools, GA
Lee County Government, NC
Lee County Government, VA
Lee County Schools, VA
Lincoln County Government, NC
Lynchburg City Schools, VA
Martin County Government, NC
Montgomery County Government, VA
Nash County Government, NC
NCRGEA
New Hanover County Schools, NC
Northampton County Government, NC
Northumberland County Schools, VA
Nottoway County Schools, VA
Onslow County Schools, NC
Onslow Water & Sewer Authority, NC
Orange County Government, VA
Orange County Schools, VA
Person County Government, NC
Pitt County Government, NC
Pitt County Schools, NC
Pittsylvania County Government, VA
Polk County Government, NC
Prince George County Government, VA
Rabun County Government, GA
Randolph County Government, NC
Randolph County Schools, NC
Rhea County Government, TN
Rhea County Schools, TN
Richmond County Schools, NC
Robeson Community College, NC
Robeson County Schools, NC
Rowan County Government, NC
Rowan-Salisbury Schools, NC
Salem City Schools, VA
Scotland County Government, NC
Scott County Government, VA
SEANC
Smyth County Schools, VA
Southeastern Regional Health, NC
Spotsylvania County Government, VA
Spotsylvania County Schools, VA
Stafford County Government, VA
Stafford County Schools, VA
Stanly County Government, NC
Sullivan County Government, TN
Sullivan County Schools, TN
Surry County Schools, NC
Surry County Schools, VA
Swain County Government, NC
Sussex County Schools, VA
Town of Boone, NC
Town of Greeneville, TN
Town of Hillsville, VA
Town of Mountain City, TN
Town of Nags Head, NC
Town of Smithfield, NC
Town of Tarboro, NC
Transylvania County Government, NC
Trion City Schools, GA
Unicoi County Government, TN
Vance County Government, NC
W-Salem/Forsyth County Schools, NC
Warren County Government, TN
Washington County Government, VA
Washington County Public Schools, VA
Watauga County Schools, NC
Water & Sewer Authority of Cabarrus County, NC
Wayne County Government, NC
Western VA Water Authority
Wilkes County Government, NC
Wise County Government, VA
Wise County Schools, VA
Yancey County Government, NC

TEAM MEMBERS

Mark III's public sector team is experienced, highly skilled, and knowledgeable benefits experts who specialize in public school systems, county governments, municipalities/townships, and local authorities. Our team has the resources to support all aspects of the Scope of Services set forth by the Request for Proposal.

Meet your *TRUSTED* Mark III Team Members:

President: Dan Browder
Vice Presidents: Mark Browder, Neil Browder
Dan, Mark and Neil Browder bring over 30 years of experience in health, dental, vision, and voluntary benefits. Their focus is on formulating a strategic plan to advance the client and their employees in the right direction. They are skilled in all aspects of the insurance brokerage business including sales, client relationship, personnel matters, agency management, and insurance company relationships.

Benefits Consultants: Blake Spell, Tom Cheswick, Tracy McCarty, Will Campbell
Our benefits consultants have extensive knowledge both on the carrier and brokerage side of the business with over 50 years of combined experience. They are highly experienced subject matter experts with years of experience in wellness planning, plan underwriting, rate development, budget management, plan specifications, development, & marketing, including evaluation & contract review. They provide strategic guidance for both medical, voluntary, and ancillary products. Their focus is on implementing and negotiating top of the line products with carriers/vendors to ensure long-term results that are cost effective to the client. Their skills include but are not limited to providing clients with legislative and compliance resources, coordinating resource allocation to meet the employer's needs, and retaining and maintaining a cost effective benefits package.

State Sales Director: Jarette Sampson
Account Executive: Brett Hooker
Jarette Sampson and Brett Hooker have long-standing experience in the insurance industry and is responsible for growth in the state of South Carolina. They focus on cultivating new client relationships and assisting current clients to provide solutions to their benefits needs and goals. Their responsibilities include maintaining client contact to assess employee benefit needs, researching and facilitating solutions for employee benefit issues, new client product sales, and partnering with consulting staff for client education as needed.

Implementation Manager: Cindy Hayden
Cindy Hayden has been working in the insurance industry for over 11 years. She works closely with new clients to ensure all data and files are collected and completed for a successful setup and enrollment. Cindy will also provide platform training to the client as well as propose solutions to issues that may arise throughout the year. Her skills include but are not limited to, claim resolutions, customer service management, and researching and facilitating solutions for employee benefits.

Director of Operations: Crystal West
Crystal West is responsible for defining and implementing operational policies and guidelines for the organization, supervision and review of the company's revenue margins and conducting budget reviews to maximize profits. She leads the account management team as well as manages bill reconciliation and payroll. She is highly skilled in leadership and organizational abilities, has in-depth knowledge of data analysis software, working knowledge of customerrelationship management (CRM)packages, and outstanding negotiation skills.

TEAM MEMBERS

Account Managers: **Cindy Horton, Claudia Morante, Evan Brigman, Ginger Durbin, Heidi Burke, Kathy Yount, Kim Ward, Kris Lucas, Michelle Love, Sara Kilgore, Sherry McCormick**
Our dedicated Account Managers all have extensive knowledge in the insurance industry. As licensed agents,they are responsible for educating the client on available benefits to assist HR Departments, Plan Administrators, and employees. Their focus is on providing exemplary customer service to each account they manage. They will provide continuous communication to the client to ensure that all of their needs are understood and addressed. Each of our Account Managers are knowledgeable on insurance procedures, efficient in problem solving, and an advocate for the client and its employees.

Director of Enrollment: **Matthew Chapman**
Enrollment Managers: **Angela Johnson, Chris Castanes, Cindy Wilson, Davan Johnson, Pam Cox, Patsy Hooker, Rodger Ramseur, Tom McCabe, Yvette Ulisnik**
Our trusted enrollment managers are responsible for overseeing the entire enrollment process while managing our staff of non-commissioned enrollers. Their responsibilities and duties are to report to management all data on the enrollment, update company records with information relevant to each employee's enrollment, communicate with benefit providers to ensure services are supplied according to agreement, supply employees with documents related to enrolling, maintaining and understanding their benefits coverage,and answering any questions regarding details of their benefits.

Wellness Coordinator: **Makenzie Mullinax Correll**
Makenzie works with existing and new clients to provide wellness solutions that meet the needs and goals of the organization. Because of her close relationships she develops with the client, she is particularly sensitive to the issues that exist for the employer and is committed to finding long-term solutions. Her responsibilities include but are not limited to, creating a culture of wellness in the organization, assist and manages available resources to help the client create a wellness program, creates vendor proposals and provides data analysis, and assists in the implementation or maintenance of a wellness program created by consultant staff.

Director of Marketing & Technology: **Michael Smith**
Marketing & Communication Specialists: **Caitlyn Jones, Madalyn Lovejoy**
Our marketing team in comprised of highly skilled and qualified professionals. They look for consumer behavior trends and generate creative ideas. Our marketing team is well-versed in specialized marketing concepts, principles and tactics. Their responsibilities include but are not limited to, conducting market research to find answers about consumer requirements, habits and trends, brainstorming and developing ideas for creative marketing campaigns, assisting in outbound or inbound marketing activities by demonstrating expertise in various areas (content development and optimization, social media advertising, web development and digital marketing, etc.), and providing all communication materials to employees throughout the year for continued education and understanding.

Videographer: **David Huff**
David Huff is responsible for planning, filming, and editing benefits and group presentation videos. He uses his creativity and imagination to create customized client videos that are tailored to their employees. In addition, he creates customized benefits videos that educate employees on their benefits offered by their employer. Those videos can be found on the clients personalized microsite where policy information, benefits guides, contact information, and much more can be found.

TEAM MEMBERS

IT/Systems Administrator: **John Dorton**
John Dorton is responsible for the maintenance, configuration, and reliable operation of computer systems and servers in the organization. His duties include but are not limited to, installing hardware and software, and participating in research and development to continuously improve and keep up with the IT business needs of the organization. He also actively resolve problems and issues with computer and server systems to limit work disruptions within the company.

Call Center Manager: **Rob Moss**
Customer Service Specialists: **Elizabeth Guthrie, Laura Koszesza, Melissa Bailey**
Our customer service specialists are dedicated to answering benefits questions, and resolving any concerns employees may have during and after enrollment. They are responsible for providing prompt, accurate, and friendly customer service. Those services include responding to inquiries regarding insurance availability, eligibility, coverages, policy changes, transfers, claim submissions,
and billing clarification.

Bill Reconciliation & Accounting Specialists: **Andrea Mosley, Ashleigh Howard, Betsy Adams, Jennifer Siedlecki, Kelli Sluder**
Our bill reconciliation and accounting specialists help manage all forms of financial accounts within the organization. Our team of specialists keep accurate records of both accounts payable and accounts receivable, ensuring that invoices are paid where necessary, and that clients pay invoices as required. They also communicate with carriers/vendors and the group on any discrepancies between bills and invoices to ensure accurate data is being communicated and received. They exemplify exceptional time management, communication, and problem-solving skills.

Director of Enrollment Technologies: **Warren Wilson**
Enrollment Operations: **Ken Wininger, Sam Browder**
EDI/Data Specialist: **Clint Gwin, Eric Perry, Jessica Jones**
The enrollment technology team create more efficient and effective benefits enrollment results by designing and constructing a customized enrollment platform. They collaborate with internal partners to streamline internal and external processes and interactions, including EOI, billing, communications, claims, and data exchange. They manage the technology platforms as well as design, implement, and maintain data interchange systems between companies or departments. Their focus is on partnering with team members to support new business development, achieveenrollment results, and to develop product growth within existing clients.

CLIENT TESTIMONIALS

“After reviewing all that Mark III does to create value in products offered to our staff, we at Pitt County Schools are delighted to renew our contract!”

Colleen Paramore
Benefits Director
Pitt County Schools

"Mark III has been very helpful with their staff providing our employees with excellent customer services. Mark III has also provided assistance with the interpretation and implementation of some of the legal aspects of the Affordable Health Care Act. We have found the staff and management to be extremely dedicated to timely response and excellent service. Thanks to Mark III our annual enrollment process goes very smoothly and our employees like the interaction and communication from the enrollment process."

Kelly H. Klutz, CPA
Chief Financial Officer
Cabarrus County Schools

“As the Benefits Supervisor for New Hanover County Schools, I have had the pleasure of working with Mark III Employee Benefits for two years. Our transition to Mark III has provided employees with tremendous value in their flexible benefit plans, excellent customer service and guaranteed insurability in every line of coverage. I can highly recommend Mark III as your flexible benefits provider.”

Heather Listebarger
Benefits Supervisor
New Hanover County Schools

BENEFITS & RESOURCES

Our consulting philosophy is one centered on partnership, commitment, and quality service for you and your employees. As a member of your team, we will provide responsive, comprehensive, and quality counsel. We will proactively advise you on plan design, administrative challenges, and compliance/legislation changes throughout the year.

You can expect long-term solutions that are specific to your benefit challenges, and give solid fiscal advice that contributes to the longevity and success of your program and employees.

We have extensive experience in the following coverage lines:

- Medical Programs: Fully Insured & Self-Funded
- Consumer Driven Health Plans (HRAs & HSAs)
- Dental Coverage
- Vision Coverage
- Life Insurance
- Short & Long-Term Disability
- Optional/Voluntary Supplemental Health Policies Section 125 Programs (Flexible Spending Accounts)
- COBRA Administration

By supplying some of the most innovative plan designs to our customers, we are focused on equity, both from a pricing and benefit perspective.

TRANSITION & SERVICE PLAN

Moving from one servicing vendor to a new broker doesn't have to be difficult. That's why we've developed a plan to ensure that you transition to Mark III Brokerage is smooth and seamless. Please note that services and products are dependent upon the client.

Day-to-day issues, open items, and claims management functions will all be addressed early in the process to ensure effective support and guidance of your employee benefits program. As your full-service broker, we will take care of all your insurance needs. Mark III will move quickly to gain familiarity with the client, to include the following:

- Your operations
- Your business and industry environment
- Your employee benefits goals
- Your current coverage/policies
- Your personnel and reporting structure at the various locations
- Your style of operation
- Your claims

This information will allow us to operate effectively as your broker. We will also work with your staff to prioritize aspects of the employee benefits program for the marketing process to alternative carriers.

The following is a tentative transition and service plan designed for the client. We have expanded upon this concept to include a time-table and idea of the services available to the client. This plan and timeline can be revised to reflect other services at your request.

In the first month: With the new broker-of-record (BOR) assignment, the client and Mark III will meet to introduce team members and clarify roles and marketing objectives for the coming months. Mark III will notify carriers of the new BOR and establish a meeting date with them to review open issues. **In the subsequent 12 months, we will take the following actions dependent upon the services purchased and whether medical only or voluntary only are included.**

Information Gathering and Potential Plan Design Changes												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Review historical information in files and request missing information	AB	AB										
Develop a benefits summary matrix		AB										
Review funding alternatives and determine which to include in market specifications	AB	AB										
Run a health care claims analysis option				B								B
Evaluate analysis findings and provide benchmarking data				B								B
Discuss potential changes based on analysis and benchmarking					AB							AB
Decide upon all plan design changes					AB							AB
Update relevant plan documents					AB							AB

A = Client B = Mark III Brokerage, Inc. C = Carrier/service provider

TRANSITION & SERVICE PLAN

Voluntary Benefits												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Evaluate current voluntary benefits	AB											
Examine other potential voluntary benefits		AB										AB
Develop process for administering voluntary benefits		AB										AB
Develop employee communications plan to promote offerings			AB									AB

Vendor Solicitation and Selection												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Review contractual obligations of current vendors	ABC											
Discuss desired vendor services and create a list		AB										
Develop vendor services standards			AB									
Evaluate proposals from third-party vendors and report recommendations		AB	AB									
Negotiate contractual provisions with third-party vendors						BC						BC
Review of renewal policies						B						B

Open Enrollment												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Evaluate past open enrollment and identify areas for improvement	AB											
Discuss options to improve open enrollment		AB										AB
Develop enrollment plan and timeline			AB									AB
Create an employee communications plan			AB									AB

Retirement Benefits												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Evaluate current retirement plan offerings and enrollment	AB											AB
Decide on changes to plan structure or type		AB										AB
Review legal obligations as plan sponsors			B									B
Develop an employee communications plan				AB								AB

Compliance												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Discuss any compliance concerns or hurdles	AB					AB						AB
Create a plan for addressing compliance issues and provide compliance materials	AB	B	B	B	B	B	B	B	B	B	B	B
Outline a plan for maintaining compliance in the future								AB				

A = Client B = Mark III Brokerage, Inc. C = Carrier/service provider

TRANSITION & SERVICE PLAN

Total Compensation and HR Support												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Examine how benefits plan fits into employees' total compensation	AB											
Discuss new perks or benefits to potentially add		AB										
Distribute total compensation statements to employees				AB								AB
Identify areas where HR department is falling short and pinpoint tools to remedy issues					AB						AB	
Provide consistent access to relevant HR materials	B	B	B	B	B	B	B	B	B	B	B	B
Evaluate employee handbook and revise as necessary	AB											AB
Discuss hiring goals and evaluate current practices				AB								AB
Create a plan to improve the recruiting process					AB							
Discuss retention goals and evaluate current turnover rates						AB						AB
Create a plan to increase employee satisfaction and retention						AB						

Employee Communications Support												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Review previous and current communications	AB											AB
Identify where communications are lacking and how to improve		AB										AB
Develop a new employee communications plan and provide regular communications			AB	B	B	B	B	B	B	B	B	B

A = Client B = Mark III Brokerage, Inc. C = Carrier/service provider

A GLANCE AT SOME OF OUR CARRIERS

- aetna
- Aflac
- AirMedCare Network
- Allstate – You're in good hands
- ameriflex
- Ameritas
- Anthem
- Assurity
- BlueCross BlueShield
- Boston Mutual Life Insurance Company – 1891 –
- CEC community eye care
- Cigna
- Delta Dental
- eyemed
- Gilsbar
- Guardian
- FlexibleBenefit Administrators
- HealthEquity – Building Health Savings
- Humana
- Legal Resources
- LegalShield | IDShield
- Liberty Mutual
- Lincoln Financial Group
- The Manhattan Life Insurance Company
- MedCost
- MetLife
- Nationwide
- OneAmerica
- PayFlex
- Reliance Standard – A member of the Tokio Marine Group
- Securian Financial
- TexasLife Insurance Company
- SuperiorVision
- The Standard
- Trustmark – benefits beyond benefits
- unum
- UnitedHealthcare
- Voya Financial

Please note that Mark III is not tied to any one carrier.

COMMUNICATION & ENGAGEMENT STRATEGIES

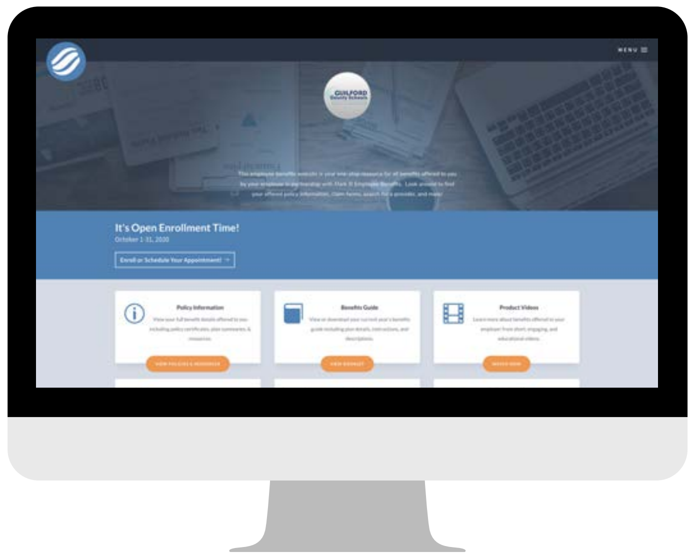
We can work with you to create strong and strategic communication campaigns that increases employee awareness of open enrollment and builds employee engagement.

COMMUNICATION & ENGAGEMENT STRATEGIES

We offer full service, customized employee benefits communications. We partner with your staff to initiate a creative and consistent annual marketing and communication strategy/campaign delivered through various media methods. By developing these communication practices and materials, we are able to promote the benefit packages to your employees. The following communication techniques are available to you for implementation.

Employee Benefits Website

Mark III will create an employee benefits website specifically for the employees to use. Here they can download forms (claim, enrollment, wellness, etc.), view educational videos, and access voluntary insurance information. The benefit booklet is also available for the employee to view and download during Open Enrollment. The customized microsite is also used for employees who are enrolling, either onsite or through our call center, to set an appointment to meet with a benefits counselor.



Enrollment Options

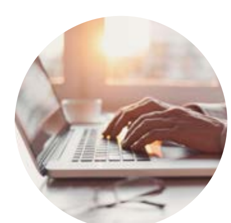
The client and Mark III will work together to determine the best option to enroll employees. There are 3 options made available for your employees.

Benefit Counselors

Mark III provides on-site non-commissioned benefit counselors to enroll your employees in their benefits. Our benefit counselors are required to follow CDC guidelines.

Call Center

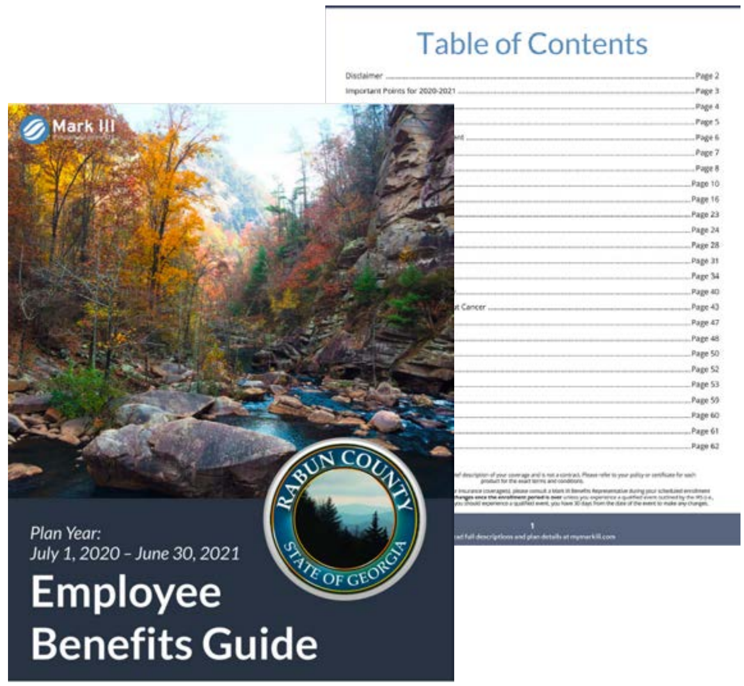
By utilizing Mark III's online scheduler and call center, our non-commissioned benefit counselors are available to assist employees in enrolling in their benefits, virtually.



Self-Service

Employees can utilize our step by step self enrollment process to review and select their benefits. A chat feature with a benefit counselor is available to employees if they have any questions regarding products, enrolling, etc.

COMMUNICATION & ENGAGEMENT STRATEGIES



Employee Benefits Booklet

Mark III will provide each employee with an employee benefits booklet. It will include all of the benefit information administered by Mark III in one concise document with any additional information your staff would like to include. The booklet will be made available to employees in both print and PDF versions.

Educational Videos

Our in-house media production team produces customized educational videos that are specific to your employee benefits. These videos highlight information regarding insurance products, flexible spending accounts, HSAs, new hire orientation, open enrollment, wellness programs, and any other topics you would like to be shared with your employees.

COMMUNICATION & ENGAGEMENT STRATEGIES

Social Media Marketing

Mark III uses our Facebook and Instagram platforms to communicate to employees in a way that is convenient for them. By using targeted and/or generic audiences, we are able to remind employees about open enrollment by sharing an ad with them. We also provide a link that directs them to the enrollment page on their customized microsite where they can choose to schedule an appointment or self-enroll in their benefits.

Pre-Enrollment Reminder

OE Reminder

Text Message Marketing

Mark III offers our clients the option to utilize our text message marketing in the effort to communicate various messages (open enrollment, wellness program information, etc.) to your employees. Messages are customizable and can be scheduled when desired.

COMPLIANCE

There are countless rules and regulations governing employee benefit plans, many of which are complex. Our resources will help you meet your compliance obligations and keep you up to date on laws and regulations that affect your employee benefits program.

Our easy-to-read articles will help you find answers to your common COBRA, FMLA, health care reform, HIPAA, Medicare Part D and Section 125 questions. Our monthly and quarterly newsletters provide concise, attorney-reviewed summaries of benefits rule changes to keep you up to date with the latest regulations.

Health Care Reform
Health care reform is a primary concern for employers. We have a vast array of materials on health care reform to make it easy to stay on top of the ever-changing laws associated with health care reform.

FMLA Compliance
Complying with the Family Medical Leave Act (FMLA) is an important responsibility for HR and benefit managers. We have easy-to-understand informational materials and forms you need to administer FMLA within the law.

COBRA Compliance
Administering the Consolidated Omnibus Budget Reconciliation Act (COBRA) is another vital HR responsibility. Access numerous employer- and employee-facing educational pieces, as well as model forms and notices to help you remain compliant.

DOL Compliance
Over the past few years, the Department of Labor (DOL) has ramped up its enforcement of federal laws, such as the Fair Labor Standards Act (FLSA). Attorney-created resources can help you learn about DOL compliance obligations and make sure you are following all of the rules.

HIPAA Compliance
Plan sponsors know the importance of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and HIPAA Privacy and Security regulations, but sometimes the implications of those laws on a business can be unclear. We can help our clients understand HIPAA laws and stay current with updates, as well as make administration easier with notices and forms.

ENROLLMENT PLATFORM

A comprehensive benefits enrollment solution including software, maintenance, and data integration.

Our benefits platform offers Benefits-Selection, a secure, Internet-based platform that enables web or laptop-based benefit communications, self-service or agent-assisted enrollment, comprehensive reporting, and simplified administration.

Integration
Offers connectivity to other web-based enrollment platforms. This enables carrier/vendor products, tools and content to be integrated easily into other systems

Flexible Business Rules
The system can be configured to support any combination of open enrollment, new hire enrollment, and year-round qualified status changes.

Customizable User Interface
From logos and color schemes to complete employer branding, the Benefits-Selection user interface provides the flexibility to meet the demands of the most discerning employer groups. Plus, carrier/vendor product videos are available on the system.

Enrollment Setup and Administrator Tools
The enrollment website accommodates self-service and agent-assisted enrollment via co-browse sessions.Employees can enroll in core and voluntary benefit plans, review current benefits, and access forms and other documents.

Free Enrollment of Products
Enroll products with no technology cost via laptop,call center or online with employee self-service.

Administrator Tools
Administrator functionality enables the HR staff and/or enrollment case managers to monitor enrollment activity and process enrollments on behalf of employees requiring assistance, as well as view enrollment history for employees.

Online or Offline Deployment
The system is currently available for Web-based enrollments via the Internet for employee self-service or agent-assisted co-browse sessions. The system can also be used offline on disconnected laptops if a worksite enrollment process is desired.

ENROLLMENT PLATFORM

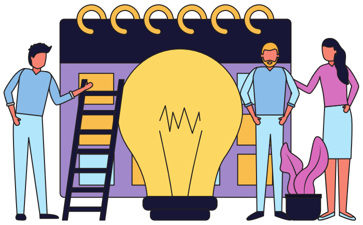
Post-Enrollment Data Integration
The data integration capabilities enable updates of employee and enrollment data to most back-office HRIS/payroll systems and carrier eligibility systems. After electronic interfaces are established, the system automatically manages all data transmissions, schedules, and data formats, ensuring each recipient receives the right data in the right format at the right time.

Case Building with Enrollment Platform

By simply answering questions in the online interview guide on the enrollment platform and importing key information, Mark III has the capability of publishing customized electronic enrollments, produce customized benefit statements, and create a variety of reports for their clients – all at the push of a button.

Step-by-Step Case Building Guide

A case-builder walks you through a wide range of information such as enrollment dates, benefit plans, rates, eligibility rules and payroll details, and census information.



Client Customization

Meet the needs of employer groups by using their logos, color schemes, communications, and presentations to brand the enrollment website. Videos can also be added.

Single or Multiple Sessions

You have the flexibility of completing the guided interview in one session, or logging out of the website and finishing it later. A check mark identifies the next step to complete on the outline.

One-Click Development

When all steps are completed and automatically reviewed for errors, you simply publish the case directly to Benefits-Selection with the press of a button.

ENROLLMENT PLATFORM

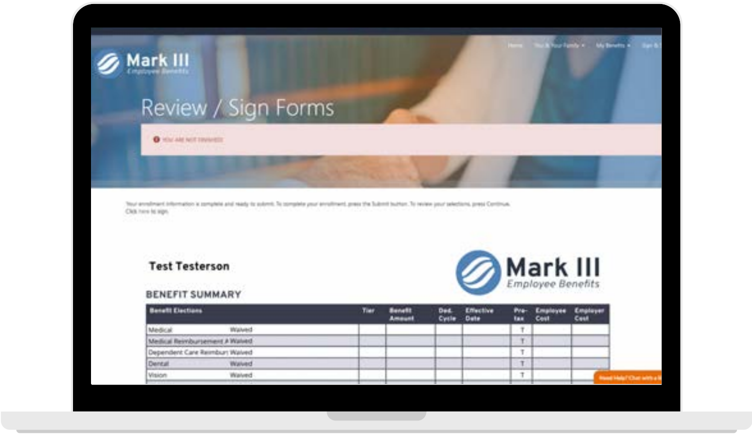
Engage. Manage. Simplify.
The enrollment platform provides industry-leading flexibility to meet your organization's needs. The platform includes a library of insurer products, easily configured to fit each client needs. From enrollment to ACA compliance, the unique blend of technology and service is something clients can expect from the Mark III enrollment platform.

A Quick Glance at the Platform

Below are samples screenshots of the Mark III Enrollment Platform.

ENGAGE.

MANAGE.



SIMPLIFY.

COMPANY PROFILE

a) State whether your firm is local, regional, or national.

Since 1973, Mark III Brokerage, Inc. has been a family owned and operated licensed Brokerage & Consulting firm. Our mission is to provide the best-in-class products, medical consulting, and voluntary benefits to regional public sector clients across the southeastern United States.

Mark III's customer base is comprised of public school systems, county governments, municipalities/townships, and local authorities. Currently, we serve over 150 public sector clients and insure over 300,000 employees.

We hold an in depth understanding of public sector employees and are qualified to evaluate, design, implement, manage, and enhance your overall benefits program. We are committed to becoming Your Trusted Benefits Partner

b) Provide the location of the office from which the work is to be performed and the number of partners, managers, supervisors, seniors and other professional staff employed at that office. One company representative must be clearly assigned to the District as the point of contact for all performance and contract issues. Include representative's name, telephone number, email address and any other appropriate means for contact for the representative.

Over the last 48 years, we have become one of the largest Independent Public Sector Brokers in the markets where we compete. With over 50 full-time trusted employees, we maintain offices in Tennessee, North Carolina, Georgia, South Carolina, and Florida.

The address of the servicing office is the following:

South Carolina
94 Percival Road
Columbia, SC 29206

The appointed company representative for District Five of Lexington and Richland Counties is Brett Hooker, South Carolina Account Executive. His contact information is the following:

Brett Hooker
(803) 265-8060
brett@markiiieb.com

TECHNICAL RESPONSE

(a) Background and Organizational Information

1) Briefly furnish your organization’s history, legal form (sole proprietorship, partnership, corporation and State of incorporation), number and location of offices, number of employees, days/hours of operation and other pertinent data.

Since 1973, Mark III Brokerage, Inc. has been a family owned and operated licensed Brokerage & Consulting firm. Our mission is to provide the best-in-class products, medical consulting, and voluntary benefits to public sector clients across the southeastern United States.

With over 50 full-time trusted employees, we maintain a total of five offices in North Carolina, Georgia, Tennessee, South Carolina, and Florida. Over the last 48 years, we have become one of the largest *Independent Public Sector Brokers* in the markets where we compete.

Mark III's customer base is comprised of public school systems, county governments, municipalities/townships, and local authorities. Currently, we serve over 150 public sector clients and insure over 250,000 employees between the operating time of Monday - Friday: 8:00 a.m. - 5:00 p.m.

2) Disclose any conditions (e.g. bankruptcy or other financial problems, pending litigation, planned office closures, impending merger) that may affect your organization’s ability to perform contractually.

Mark III does not have any conditions that will affect our organization's ability to perform contractually.

3) Describe your professional liability insurance, including the type and level of coverage. Confirm you will notify the District at least thirty (30) days in advance of any material changes to this coverage.

Please see enclosed.

TECHNICAL RESPONSE

4) Describe how your organization is properly licensed, bonded, and/or insured (both fidelity insurance and errors and omissions insurance).

Please see enclosed.

5) Certify that your organization and any principal of the organization is not prohibited, suspended or otherwise declared ineligible to contract or provide any services required hereunder by any federal, state, or local public agency.

Mark III confirms that our organization and our principals of the organization are not prohibited, suspended or otherwise declared ineligible to contract or provide any services required hereunder by any federal, state, or local public agency.

TECHNICAL RESPONSE

(b) Response to the Scope of Work and Technical Capabilities

1) Respond to the requirements of the Scope of Work

Mark III confirms that we are able to assist with benefits enrollment, presentations, individual meetings with employees, voluntary products, enrollment, training, and annual open enrollment.

2) Include a preliminary implementation plan consisting of a sequential listing of all steps necessary to provide the requested services

Please refer to the 'Transition and Service Plan' section.

3) State the responsibilities of the vendor and the District

Mark III's responsibilities include:

- **Prepare and market the request for proposals. Once the responses have been received, evaluate the responses. The specifications will be developed with the input from the customer.**
- **The criteria for the requests for proposal will be based on, but not limited to the following:**
  - **Outstanding service, including but not limited to, strong client service support, home office underwriting, contracts and legal service departments, claims processing, and related customer service.**
  - **Competitive plan designs.**
  - **Competitive rates or fee structure.**
  - **Future stability of rates.**
  - **Providing comprehensive experience reports to the client so that an evaluation can be made as to the plan performance.**
  - **Carrier flexibility when plan design changes are necessary to meet the needs of the employees and the employer.**
  - **Provides ongoing quality service and a service team that is dedicated to solving problems that arise during the plan year.**

TECHNICAL RESPONSE

Mark III Brokerage will provide an employee benefits web site. The web site will include the following:

- **Description of the Section 125 benefits.**
- **Forms available online for the employees to download.**
- **Product information online for all products we manage.**
  - **If the enrollment data is available from the customer in an electronic file format, Mark III Brokerage will provide an electronic enrollment for the appropriate benefits for included in the plan. The elections collected will be:**
    - **Group Life Coverage**
    - **Disability Coverage**
    - **Medical and Dependent Care Spending Account Elections**
    - **Various Payroll Deduction Elections**

If an electronic enrollment is conducted, Mark III Brokerage will return the enrollment results back to the employer in Excel, which can be down loaded in to your payroll system. This is not a requirement, but it is available if you wish to take advantage of the system.

- **The communication will be handled in two phases;**
  - **Group Meetings - At the group meetings, the employees are given information concerning all of the benefits. To review all of the benefits, the meeting will last approximately thirty minutes. The amount of content communicated during the group presentation is up to the employer.**
  - **Individual Meeting - The employees are given time to meet with an enroller on a one-on-one basis. These meetings will be held at specific times and at the work locations. At this time, questions may be asked and forms completed. A copy of the election form is given to the employee as a confirmation.**
  - **Mark III Brokerage will coordinate the Section 125 program. This includes premium conversion and flexible spending accounts.**
  - **Non-commissioned Enrollment Team - All of the Mark III enrollment team are non-commissioned benefits counselors.**
  - **Mark III will produce Section 125 booklets for all of your employees. The information is in a concise and informative format. The brochure will give your employees all of their benefits information in one document.**
  - **Mark III will provide full time service personnel to answer questions that your employees and staff might have. Our service staff's core responsibility is only to address the needs of our customer. They are not responsible for marketing. We are advocates for the employer and its employees, not the insurance company.**

TECHNICAL RESPONSE

At the school district's request, Mark III will provide budget projections throughout the plan year, to help the school district plan for financial considerations.

- **COBRA Administrative Services - Mark III will assist in identifying a COBRA administrator for the school district**
- **Market and Evaluate Section 125 Services – As directed, Mark III will market and evaluate the Section 125 program.**
- **Market and Evaluate Voluntary Benefits – As directed, Mark III will market and evaluate the Voluntary Benefits.**

Responsibilities of the third-party administrator:

- **The Third Party Administrator with whom Mark III coordinates for the Section 125 program shall design the Plan Document and keep updated as necessary.**

- **The Third Party Administrator with whom Mark III coordinates will adjudicate the claims incurred by the employees and dependents of the customer.**

Responsibilities of Employer:

- **District Five of Lexington agrees to support Mark III Brokerage's efforts to collect information necessary to bid the various employee benefits programs. This information would include census and payroll information.**

- **District Five of Lexington agrees to support Mark III Brokerage's efforts to communicate the employee benefits and Section 125 program by making the employees available during working hours.**

- **District Five of Lexington agrees to take and remit the payroll deductions for the various firms involved in the employee benefits programs.**

TECHNICAL RESPONSE

4) Describe the firm's resources to service this contract

We provide comprehensive services that include:

- **Benefit Booklets**
- **Healthcare Reform Education and Human Resources Portal**
- **Benefit Statements**
- **Employee Surveys**
- **Client Specific Videos as well Product Overview Videos**
- **Web enrollment process**

Mark III is a firm focused on employee benefits. This focus and years of experience with Public Sector clientele give us an insight to the needs and solutions for the school district.

Communication:

- **Mark III is a leader in Enrollment, Administration, and Communication.**
- **Mark III has developed the following for District Five of Lexington and Richland Counties:**
    - **Videos (Promotion, HR, product videos, customized to your needs)**
    - **Enrollment Services (in-person, web, & call center)**
    - **Benefits Statement (listing of deductions applied during enrollment)**
    - **Website (view all benefits, download forms, view booklet, & contact info)**
    - **Benefits Booklet (summaries & rate handbook)**
    - **Posters (dates and enrollment/benefits info)**
    - **Employee Enrollment Letters**

As an innovator, Mark III began enrolling using the web since 2005.

Benefit Administration Offered:

- **Internet-based**
- **Secure System**
- **24/7 Access**
- **User-friendly**
- **Benefit/Deduction Summary**
- **New Hire Self-Enrollment**
- **Through Benefit Administration, new hires and employees have the ability to self enroll.**
- **Self-enrollment is supported with call center and chat options.**
- **Manages carrier files with weekly submission, relieving the staff of that workload.**

TECHNICAL RESPONSE

Voluntary Benefits:

Mark III provides a best in class voluntary benefits solution for the school district and employees.

- **Our leverage delivers the following for employees:**
- **Guarantee Issue each contract year**
- **Non-offset with other contracts**
- **Many contracts don't include pre-existing condition limitations**
- **Block pricing and stability**
- **Composite rates**
- **Our underwriting and pricing typically saves employees 20%.**

Value:

Mark III Brokerage welcomes the opportunity to further expand our relationship with the school district with leadership and vision required for your organization.

Today, Mark III absorbs the following costs:

Mark III will also provide Benefit Administration.

We are an excellent partner for the school district

We deliver:

- **Healthcare Consulting/Creativity**
- **Wellness Coordinator**
- **Population Health Improvement**
- **Service – Dedicated Account Manager**
- **Benefit Administration**
- **Voluntary Benefits**
- **Enrollment – Experienced COVID-19 Team**
- **Communication – Social Media and Text**
- **Flexible Spending Accounts**
- **Health Reimbursement Accounts**
- **COBRA**
- **Benefits Website**
- **Benefits Booklet**
- **Videos**
- **Compliance Information**
- **Health Care Reform Guidance**

TECHNICAL RESPONSE

5) Describe the firm's philosophy for servicing an account and commitment to customer service and quality assurance

Mark III Brokerage uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

Mark III was founded in 1973 as a firm focused on the insurance needs of the individual. In the process of working with our individual clients, we concluded many of the individual needs we were satisfying could be accomplished by the employer. The group purchasing power of an employer can be leveraged to help its employees acquire coverage and services more cost effectively than the employee can on an individual basis. We felt that we could best serve our individual customers by serving the large employer. This is how Mark III developed into a firm focused on employee benefits.

Mark III does not have any contractual relationship with any organization necessary to our proposal's implementation, except that we use:

- WeCare Solutions and Selerix Systems for our online enrollment vendor and data feeds
- Worxtime for ACA reporting (costs vary dependent upon size and products selected)

6) Describe the firm's resources or methods to provide education on best practices, trends or hot topics.

Mark III partners with experts for ACA reporting should a client require those services. Reporting only services are $3,500; however, that is dependent upon products and services selected.

Mark III educates clients on a variety of topics year-round through meetings, webinars, and conference calls.

We also have available an online library of topics and memos on human resources and benefits-related topics.

We present timely topics to keep clients abreast of legislative requirement as well as disseminate compliance and trend information to clients as the developments occur.

TECHNICAL RESPONSE

Topics in the past have included:

- Healthcare Reform
- Debit Card Capabilities - Enhanced Data Capture
- Web Based Enrollment Opportunities
- Contrarian Point of View - Consumer Driven Health Care
- Dental Insurance Trends
- FSA Grace Period – Operational Pros and Cons
- Compliant Wellness Plan Incentive Strategies and Legal Updates
- Multi-layered Approach to Controlling Healthcare Costs
- Employer Based Wellness Strategies and Population Health Management
- Consumer Driven Health Trends
- Section 403b Regulation Changes and Implementation Strategies
- Section 125 Regulation Changes and the Impact of IIAS
- An Employers Strategies for Wellness and Cost Management
- Children's Health Insurance Program
- Healthcare Reform
- Mental Health Parity
- Early Retiree Subsidy

ACA updates are provided by Mark III on a regular basis, including instructions and guidance on completion of federal government requirements as they arise (HPID, Reinsurance Fee, and PCORI, American Recovery Act).

7) Describe the firm's capabilities with regard to communication. Include ongoing employee communication/open enrollment and web-based communications

We offer full service, customized employee benefits communications. We partner with your staff to initiate a creative and consistent annual marketing and communication strategy/campaign delivered through various media methods. By developing these communication practices and materials, we are able to promote the benefit packages to your employees.

The following communication techniques are available to the District Five of Lexington and Richland Counties for implementation:

- Employee Benefits Website
- Multiple Enrollment Options
  - Benefit Counselors
  - Call Center
  - Online Self-Service
- Employee Benefits Booklet
- Educational Videos
- Social Media Marketing
- Text Message Marketing

TECHNICAL RESPONSE

The communication techniques work in conjunction with the enrollment process. After discussion and development of the enrollment plan and timeline, Mark III will communicate with the client how they would like to utilize the communication techniques listed above.

The following enrollment process will be discussed with District Five of Lexington and Richland Counties for implementation:

- Creating an effective communication process
- Multiple Enrollment Options
  - Benefit Counselors (On-site)
  - Call Center
  - Online Self-Service
- Making resources available online and onsite
  - Employee Benefits Website
  - Employee Benefits Booklet
  - Educational Videos
  - Open Enrollment Flyers/Posters
  - Group Benefits Overview & Open Enrollment Presentations
- Making employees aware of important dates as soon as possible
  - Social Media Marketing
  - Text Messaging Marketing
  - Email Campaigns

Please keep in mind products/services vary by contract. Implementation discussion will help mold the strategy.

8) Detail how the firm protects sensitive personnel information derived from providing services under this contract.

Mark III and Selerix monitor all legislative activity related to benefits, such as ACA compliance, healthcare reform, etc.Selerix adheres to guidelines specified by HIPAA Security Rule Standards 164.308, 164.310 and 164.312 (Administrative, Physical and Technical Safeguards). Data is encrypted at all times.Selerix uses strong public networks as well as data at rest. A minimum of 128-bit DES encryption and Transport Layer Security (TLS) is used for all sensitive information transmitted over public networks.Sensitive data at rest is protected at both the database field level and disk drives are encrypted utilizing 3DES an AES256 encryption standards. Data retention timelines are held to both federal and state guidelines as well as contractual agreements set at the time of data collection.

TECHNICAL RESPONSE

(c) Qualifications and Experience

1) Describe the responsibility, experience and qualifications of the individual(s) who would comprise the service team for this project. Describe the role each member will play. Include a simple organizational chart.

Account Management

Principal: Mark Browder, Vice President, received a B.A. from Appalachian State University in 1984. After serving four years in the US Army, Mr. Browder came to Mark III in 1988.His focus, once coming to Mark III, has been solely on employee benefits. He is currently working on his Certified Employee Benefits Specialist designation. His responsibilities include, but are not limited to:

- **Managing the Mark III staff**
- **Specification preparation and marketing**
- **Plan evaluation: Medical plan strategy and oversight**
- **General operational oversight**
- **Strategic Wellness Strategy Development**
- **Product Development Company wide**
- **Company wide Contract Negotiations**

Account Executive: Jarette Sampson is New Business Development Manager for Mark III. He works with existing and new customers to provide solutions to employee benefits dilemmas. Because of his constant contact with the customer, he is particularly sensitive to the issues that exist for the employer and is committed to finding solutions. His responsibilities include, but are not limited to:

- **Meeting with the employer to assess employee benefit needs**
- **Researching and facilitating solutions for employee benefit issues**
- **Maintain ongoing contact with the customer**
- **Coordinating resource allocation to meet the employers needs**
- **Produce spreadsheets to provide comparative formats.**

Senior Consultant: Tracy McCarty received a B. A. from Maryville College in 1989. She has worked in the employee benefits field for over 25 years. She has 15 years of experience on the carrier side of the business and 11 years at the brokerage and is invaluable in her role as a consultant. She is responsible for analyzing and marketing medical product lines. She is knowledgeable on insurance company procedures, efficient at problem solving, responsive to the special needs of each customer, and an advocate for the employer and employee. Her responsibilities include, but are not limited to:

TECHNICAL RESPONSE

(c) Qualifications and Experience

- Creating specifications
- Collecting the medical materials and information the vendors will need to produce a response
- Respond to the vendor's questions and inquiries
- Analyze the vendor responses
- Produce spreadsheets to provide comparative formats
- Contract negotiations with various vendors including health plan, ACA, dependent eligibility audit, and enrollment firms
- Coordinate and conduct finalist presentations/enrollment meetings/client meetings/board meetings
- Medical Consulting/Medical Plan Assistance/Strategic Planning
- Special Project Work (HCR, ERRP, Legal Notices, medical contracts, benefit administration, etc.)
- Plan compliance and health plan account management

Account Manager: Heidi Burke is an experienced veteran that currently manages the service functions for a block of Mark III customers. She is knowledgeable on insurance company procedures, efficient at problem solving, is responsive to the special needs of each customer, and an advocate for the client and its employees. Her responsibilities include, but are not limited to:

- Claims resolution for the employee.
- Facilitate contract changes.
- Desktop publishing for communication material.
- Product content management for Website.
- Overall customer service management.
- Organize and implement all phases of benefit communication.
- Research and facilitate solutions for employee benefits.

Enrollment Manager: Brett Hooker has over twenty years of experience in the insurance industry and is a seasoned veteran of the enrollment process. His responsibilities are to oversee the entire enrollment process and manage the enrollers to ensure there is a consistent message for the employer. His responsibilities include, but are not limited to:

- Ensuring the entire enrollment process is planned and implemented.
- Organizing and training the enrollment teams.
- Responsible for ongoing enrollment requirements.
- Processing and forwarding enrollment material.
- Adjust the enrollment resources as necessary.

TECHNICAL RESPONSE

(c) Qualifications and Experience

Senior Marketing Consultant: Tom Cheswick is responsible for marketing the various ancillary products the customer decides to implement and analyzing the vendor responses. He has worked in the insurance industry for over twenty years. He is knowledgeable on insurance company procedures, efficient at problem solving, responsive to the special needs of each customer, and an advocate for the employer and employee.His responsibilities include, but are not limited to:

- Creating specifications
- Collecting the medical materials and information the vendors will need to produce a response
- Respond to the vendor's questions and inquiries
- Analyze the vendor responses
- Produce spreadsheets to provide comparative formats
- Life, Dental, Voluntary Product Expertise

Director of Enrollment Technology: Warren Wilson has over 10 years' experience with enrollment technology and enrollment platforms (majority within Selerix). He started at Allstate Workplace Benefits and then moved to Selerix before landing at Mark III. Warren has experience with Account Management, Case Building, EDI, and Sales/Consulting of enrollment/HRIS technology.

2) Provide a comprehensive description of the firm's experience in supplying the services required by this RFP in a K-12 school setting, preferably within a South Carolina public school district setting. Include a detailed description of your expertise in providing benefits communication and enrollment programs. Offeror should demonstrate experience with school districts of similar size in terms of employees.

Experience

Mark III is a firm focused on public entity employee benefits and possesses a knowledge base of operational considerations few can match. We know your organization, your employees, and their dependents.

This knowledge translates in to results as we design the right solutions for your organization, which are best in class and managed for the long haul.

Most importantly, we know what works in public entity business and what does not. We take care of the organization.

TECHNICAL RESPONSE

Leverage

Our competitive advantage is our size and experience, which equates to leverage for the School System for dental and Section 125 vendors.

Mark III uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company, our philosophy is to provide the best products available in the marketplace backed up by the best service possible.

We have been delivering this service for over 48 years.

Negotiating the Best Arrangements

We have the underwriting experience to negotiate the best arrangements for the School System with the vendors.

We have significant experience in all coverage lines and bring significant employee benefits experience to bear.

We provide:

- **Plan Marketing and Evaluation Services**
- **Specification Preparation**
- **Marketing the Specifications**
- **Evaluation of Responses**
- **Plan Monitoring**
- **Accurate renewal calculations well in advance of the final renewal.**
- **Setting budgeted rates.**
- **Creating Wellness Strategies.**
- **Creating benefit recommendations based on plan performance and budget considerations.**
- **We deliver accurate renewal estimates months in advance of the renewal delivered by the payor. This allows the client to accurately budget for the upcoming Fiscal Year and not be surprised if the is a cost issue with the medical plan. If there is a challenge with plan performance, planning and bidding can be done to give the client multiple renewal options.**

Mark III is offering its clients a web based benefits administration system.

TECHNICAL RESPONSE

This platform is available to your organization if Mark III is the exclusive voluntary benefits advisor. The Benefits Administration provides the following:

- **Self-Service Enrollments or with the support of Mark III benefits counselors**
- **Convenience for employees**
- **Enrolls all benefits**
- **Customized for employers**
- **Clear communications**
- **Data management**
- **Provides reporting, reliability, updating, security, usability**
- **Ability to handle benefit transactions and life events**
- **Daily tasks of administering benefits**
- **WeCare provides the eligibility files to carriers**
- **Payroll feeds WeCare the census and employment data**
- **WeCare updates payroll with terms, new hires, and benefit changes**
- **Automating Transactions Saves Time, Money, Resources**

3) Provide a listing of all publics School district clients for each of the last two (2) years. Offeror shall provide a minimum of three (3) public school district references, preferably from South Carolina, from districts with similar contracts. References to include the company name, address, contact person, telephone number, email address, and how long the district has been a client. Letters of recommendation are encouraged.

Please refer to the 'Client List' to view an entire list of our clients.

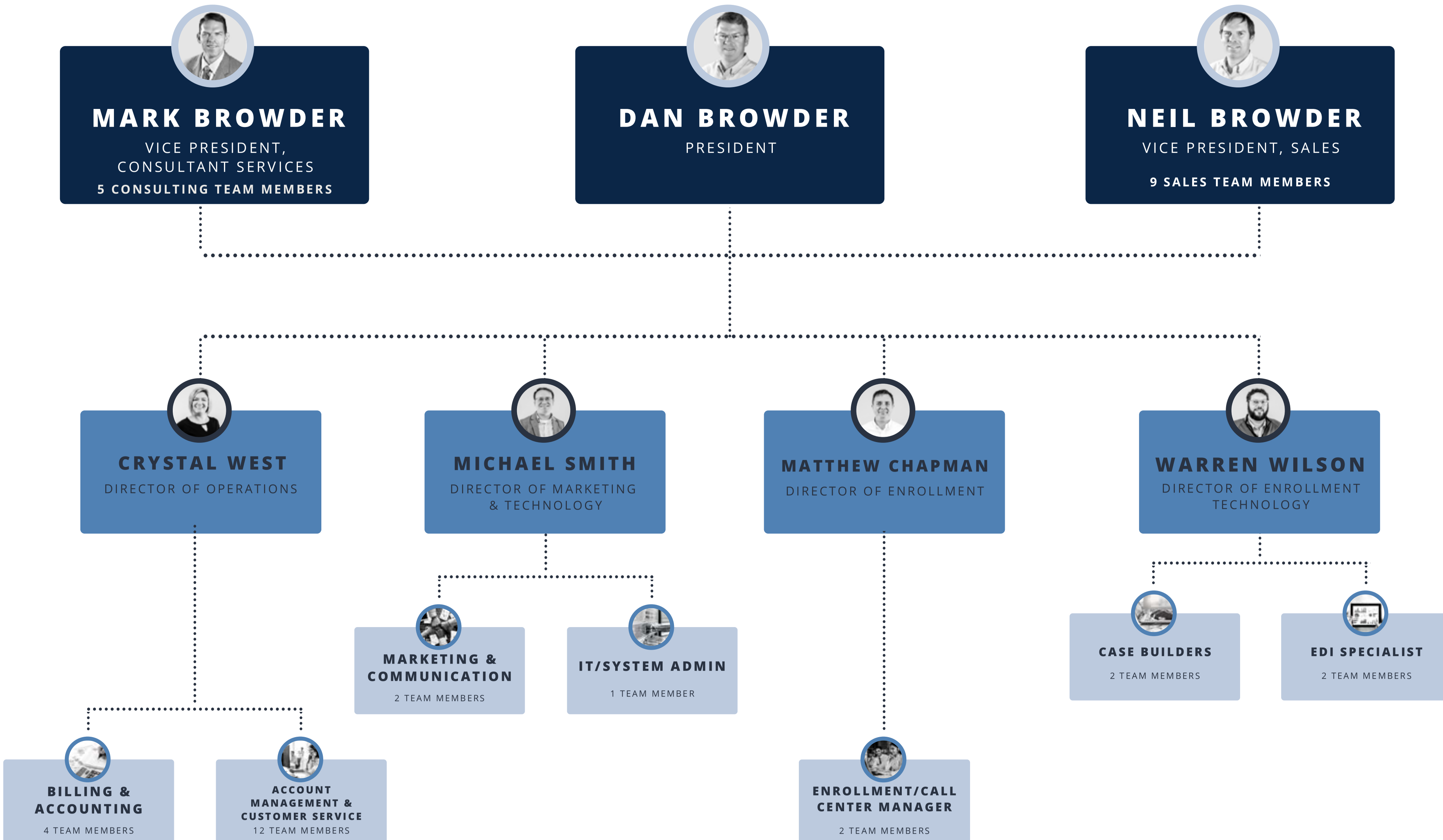
Cabarrus County Schools
3,600 Employees
4425 Old Airport Road
Concord, NC 28025
Rhonda Drought, HR Benefits
(704) 262-6114
rhonda.drought@cabarrus.k12.nc.us

Guilford County Schools
10,000 Employees
712 N. Eugene St.
Greensboro, NC 27401
Alan Hooker, Benefits Director
(336) 370-8092
hookera@gcsnc.com

Durham Public Schools
4,000 Employees
511 Cleveland Street
Durham, NC 27701
Roderick Spears, Lead Benefits Analyst
(919) 560-3673
roderick.spears@dpsnc.net

Mark III Employee Benefits

ORGANIZATIONAL CHART- FULL TIME EMPLOYEES



VISIT WWW.MARKIIIEB.COM TO VIEW A FULL LIST OF EMPLOYEES.

TECHNICAL RESPONSE

(d) Additional Data

1) Provide additional information considered essential to the proposal which has not been specifically requested.

Mark III is also instrumental in providing wellness strategies that employers can use to improve the lives of their employees.

Mark III experience includes the following strategies:

- **Screenings, Biometrics, and Health Risk Assessments.**
- **Disease Management Programs focused on diabetes, high blood pressure, & weigh management**
- **Onsite Clinics Health Coaching**

Mark III has proven strategies to improve the health of the population and positively impact claims for those participating in the programs when compared to those not engaged in programs.

2) Describe any other benefits the District will realize through a contract with your firm.

Experience

Mark III is a firm focused on North Carolina public entity employee benefits and possesses a knowledge base of operational considerations few can match. We know your organization, your employees, and their dependents.

This knowledge translates in to results as we design the right solutions for your organization, which are best in class and managed for the long haul.

Most importantly, we know what works in public entity business and what does not. We take care of the organization.

Leverage

Our competitive advantage is our size and experience, which equates to leverage for the school district

This provides us with significant leverage and knowledge, translating into value for the District.

Mark III uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company, our philosophy is to provide the best products available in the marketplace backed up by the best service possible. We have been delivering this service to Cities/Counties/School Districts for over 48 years.

TECHNICAL RESPONSE

Negotiating the Best Arrangements

We have the underwriting experience to negotiate the best arrangements for the school district with the vendors. We have significant experience in all coverage lines and bring significant employee benefits experience to bear.

We provide:
- Plan Marketing and Evaluation Services
- Specification Preparation
- Marketing the Specifications
- Evaluation of Responses
- Plan Monitoring
- Accurate renewal calculations well in advance of the final renewal.
- Setting budgeted rates.
- Creating benefit recommendations based on plan performance and budget considerations.
- We deliver accurate renewal estimates months in advance of the renewal delivered by the payor. This allows the school district to accurately budget for the upcoming Fiscal Year and not be surprised if the is a cost issue with the medical plan. If there is a challenge with plan performance, planning and bidding can be done to give the school district multiple renewal options.

The variety of strategies employed reflects the desires of the organizations and their respective cultures.

Our experience includes extensive work in the consumer driven healthcare initiatives to further drive individual engagement in personal healthcare, working ultimately to mitigate rising healthcare costs.

TECHNICAL RESPONSE

3) Provide a statement of any exceptions proposed to the requirements of this Request for Proposals or the Terms and Conditions of the contract.

Mark III does not have any exceptions to the requirements of this Request for Proposals or the Terms and Conditions of the contract.

COMPLIANCE OVERVIEW

Provided to you by **Mark III Employee Benefits**

Health Plan Enrollment Rules

Employers that sponsor group health plans have some different options available to them for designing their plans' enrollment process. When it comes to enrollment, health plan sponsors should have rules in place regarding:

- When employees can enroll in the health plan;
- When employees' elections for group health plan coverage take effect; and
- What method is used for making elections.

There are some federal laws that impact how employers can design the enrollment process. For example, the Affordable Care Act (ACA) limits waiting periods for initial enrollment and requires applicable large employers (ALEs) to provide an annual opportunity for full-time employees to elect coverage. Also, the rules for Section 125 plans (or cafeteria plans) limit when employees can make changes to their pre-tax elections during a plan year.

HIGHLIGHTS

ENROLLMENT PERIODS

Employer-sponsored group health plans typically have three enrollment periods:

- An initial enrollment period when an employee is first eligible
- An open enrollment period that occurs before the start of each plan year
- Midyear enrollment periods that are triggered by specific events

COMMON ELECTION METHODS

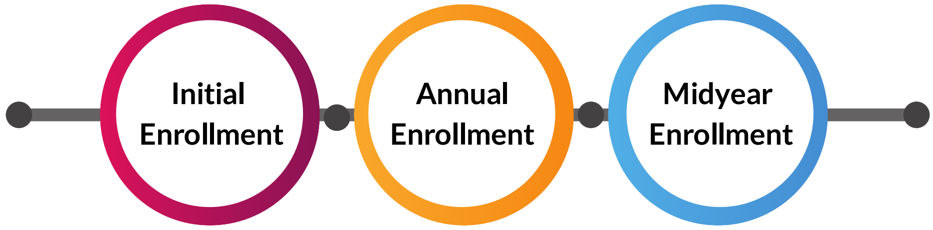
- Affirmative elections
- Default (or automatic) elections
- Rolling (or evergreen) elections

LINKS & RESOURCES

- **Final regulations** on the ACA's employer shared responsibility rules
- **Proposed regulations** for Section 125 plans (*taxpayers may rely on these regulations until final regulations are issued*)
- **Final regulations** regarding the ACA's 90-day waiting period limit
- **Final regulations** on midyear election change events for Section 125 plans

Enrollment Periods

Group health plans often provide eligible employees with two regular opportunities to elect health coverage—an initial enrollment period when an employee first becomes eligible for coverage and an annual open enrollment period before the start of each plan year. In addition, certain events qualify employees and their eligible dependents for enrollment opportunities during the plan year. These events—which are often major life events, such as marriage or the birth of a child—trigger midyear enrollment rights.



Although employers that sponsor group health plans generally have some different options available to them for designating enrollment periods, there are several legal rules that restrict how employers can design this process. Other restrictions on enrollment periods may be imposed by health insurance contracts or collective bargaining agreements.

Initial Enrollment Period

The initial enrollment period is the period of time when a newly eligible employee can enroll in an employer's health plan. Employers should work with their health insurance carriers and advisors to determine what eligibility rules should apply to their health plan. The health plan's eligibility rules should be communicated to employees through the plan's summary plan description (SPD) and enrollment materials.

Federal law does not require a health plan's initial enrollment period to be a specific length of time, although if an employer allows employees to pay their health insurance premiums on a pre-tax basis through a cafeteria plan, a 30-day open enrollment window for new hires is often used. This is because the Section 125 rules allow retroactive enrollments for elections that are made within 30 days of the date of hire.

If an employee does not enroll in coverage during his or her initial enrollment period, the employee usually must wait until the plan's next annual open enrollment period to enroll, unless the employee experiences an event that would allow for a midyear enrollment.

Also, as described below, the ACA's reforms impact the timing of initial plan enrollment—both through the law's prohibition on waiting periods that exceed 90 days and its employer shared responsibility rules for ALEs.

Prospective Elections – Limited Exception for New Hires

Many employers permit employees to pay for their share of benefit costs on a pre-tax basis through a Section 125 cafeteria plan. Under the Section 125 rules, elections for health plan coverage must generally be effective on a prospective, not retroactive, basis.

This generally means that the employee's election for benefits must be made before the first day of the coverage period for which benefits are to be provided. To help with plan administration, the IRS' proposed cafeteria plan regulations include a special rule allowing retroactive coverage for new hires.

Under this special rule, elections that new employees make within 30 days after their hire date can be effective on a retroactive basis. Elections made during this enrollment window can be effective as of the employee's date of hire, although the salary reductions to pay for the elected benefits must be taken from compensation that is not currently available when the election is made.

Waiting Periods

Employers will often impose waiting periods (or probationary periods) for new hires before health plan coverage becomes effective. Prior to the ACA, some health plans delayed the initial enrollment period for a significant period of time following an employee's hire date, even requiring new hires to wait until the next annual open enrollment period to enroll in coverage.

However, the ACA **prohibits waiting periods for group health plan benefits that exceed 90 days.**

A "**waiting period**" is the period of time that must pass before coverage for an employee or dependent who is otherwise eligible to enroll in the plan becomes effective. An employee or dependent is otherwise eligible for coverage when he or she has met the plan's substantive eligibility conditions.

Coverage Timing Rules for ALEs

ALEs (employers with at least 50 full-time and full-time equivalent employees) that do not offer affordable, minimum value health coverage to their full-time employees (and dependents) may be subject to penalties if any full-time employee receives a subsidy for health coverage through an Exchange. These employer mandate requirements are known as the "employer shared responsibility" rules.

To avoid penalties, ALEs must offer coverage to newly eligible employees within certain time frames, depending on the method they are using to determine full-time employee status.

- For ALEs using the monthly measurement method, health plan coverage must be offered to full-time employees no later than the first day of the first calendar month immediately following the limited non-assessment period. The limited non-assessment period lasts three full calendar months, starting with the first full calendar month in which a full-time employee is otherwise eligible for coverage. This period provides ALEs with time to administer new hire enrollments without triggering a penalty.

- For ALEs using the look-back measurement method, health plan coverage must be offered to new variable-hour and seasonal employees who have full-time status no later than the first day of the stability period that is associated with the initial measurement period. For new employees who are expected to work full-time, health plan coverage must be offered no later than the first day of the first calendar month immediately following the limited non-assessment period (as described above under the monthly measurement method).

Group Health Plan Notices for New Hires/Enrollees:

The following group health plan notices are often provided in connection with initial enrollment:

- **Exchange (or Marketplace) Notice** – Must provide all new hires with a written notice about the ACA's Exchanges. The Department of Labor's (DOL) sample notice is available here.

- **SPD** – Must be provided within 90 days of when group health coverage begins. For insured plans, the SPD is often made up of an ERISA wrap document and the underlying insurance certificate(s).

- **Summary of Benefits and Coverage (SBC)** – Must be provided with any written application materials distributed for enrollment. More information on the SBC, including the SBC template, is available here.

- **Grandfathered Plan Notice** – Employers with grandfathered plans must include information about the plan's grandfathered status in plan materials describing the coverage under the plan, such as SPDs and open enrollment materials. Model language is available from the DOL.

- **Initial/General COBRA Notice** – Must be provided within 90 days of when group health plan coverage begins. A model notice is available from the DOL.

- **Medicare Part D Notice** – Must provide to Medicare Part D eligible individuals who are covered by the health plan's prescription drug coverage. Model notices are available here.

Annual Open Enrollment Period
Most health plans allow employees to enroll in coverage (or change their coverage elections) during an annual open enrollment period. In general, open enrollment is the time period each year when an eligible employee may:

- Enroll in coverage, if the employee declined coverage when initially eligible or dropped coverage during a previous open enrollment period;
- Change coverage elections if the employer offers more than one group health benefit to choose from (for example, high deductible health plan (HDHP) and a non-HDHP); and
- Change enrollment for dependents (that is, add coverage for eligible dependents or remove eligible dependents from coverage).

Legal Requirements
Under the ACA, ALEs must provide an annual enrollment period to avoid triggering penalties under the employer shared responsibility rules. Final regulations issued by the Internal Revenue Service (IRS) explain that ALEs are required to provide full-time employees with at least an annual opportunity to accept or decline coverage under the plan. ALEs that only provide employees with one chance to elect coverage (sometimes referred to as "one bite at the apple") violate the ACA's offer of coverage requirement.

Non-ALEs are not subject to the ACA's annual offer of coverage requirement, but they may still be required to provide an annual open enrollment period under their contracts with health insurance carriers or the terms of collective bargaining agreements. Also, if an employer allows employees to make pre-tax contributions under a cafeteria plan, the Section 125 rules expect that participants will be given a period of time to make their elections each year.

In addition, if an employer's health plan does NOT meet the ACA's affordability or minimum value requirements, employees must have an effective opportunity to decline the coverage at least once per year. By declining this type of health plan coverage, employees can retain their eligibility for a premium subsidy under the ACA's Exchanges.

Timing Rules
A health plan's open enrollment period should take place prior to the beginning of the plan year for which employees are making their elections. Typically, open enrollment occurs sometime during the three-month period before the beginning of the plan year, and it may last one to two weeks or longer, depending on the plan sponsor's preferences. As a general rule, elections under a Section 125 plan must be effective on a prospective, not retroactive, basis. Thus, the elections that participants make during open enrollment must generally take effect for the upcoming plan year.

For various administrative reasons, most open enrollment periods end well in advance of the upcoming plan year. For example, a calendar year plan's open enrollment period may end in mid-November. This gives the plan sponsor time to take care of administrative tasks, including confirming elections, processing enrollments and performing preliminary nondiscrimination testing under Section 125.

Group Health Plan Notices for Open Enrollment

The following group health plan notices are often provided in connection with annual open enrollment:

- **SBC** – Must be provided to participants who enroll or re-enroll during an open enrollment period. More information on the SBC, including the SBC template, is available **here**.

- **Grandfathered Plan Notice** – Employers with grandfathered plans must include information about the plan's grandfathered status in plan materials describing the coverage under the plan, such as SPDs and open enrollment materials. **Model language** is available from the DOL.

- **CHIPRA Notice** – Under the Children's Health Insurance Program Reauthorization Act (CHIPRA), group health plans covering residents in a state that provides a premium subsidy to low-income children and their families must send an annual notice about the available assistance to all employees residing in that state. The DOL has provided a **model notice**.

- **WHCRA Notice** – Plans and issuers must provide notice of participants' rights to mastectomy-related benefits under the Women's Health and Cancer Rights Act (WHCRA) at the time of enrollment and on an annual basis. The initial notice is typically included in the plan's SPD. Model language for this disclosure is available on the DOL's **website**.

- **Medicare Part D Notice** – Must provide to Medicare Part D eligible individuals who are covered by the health plan's prescription drug coverage. The notice generally must be provided at various times, including when an individual enrolls in the plan and each year before Oct. 15 (when the Medicare annual open enrollment period begins). Model notices are available **here**.

Midyear Enrollment

Group health plan sponsors are required to allow employees to enroll in coverage during the plan year if they experience a **special enrollment event** under the Health Insurance Portability and Accountability Act (HIPAA). Employers may design their plans to allow for other enrollment opportunities during the plan year. However, employers with fully insured plans that want to allow other midyear enrollment periods should review their insurance policies and consult with their carriers. Also, under the Section 125 plan rules, employers can only allow employees to make changes to their elections for pre-tax benefits when certain events occur (called "**midyear election change events**").

HIPAA Special Enrollment

HIPAA requires group health plans to provide special enrollment opportunities outside of the plans' regular enrollment periods in certain situations. The following table outlines HIPAA's special enrollment events and the corresponding election rules.

Event	Description	Election Rules
Loss of eligibility for other health coverage	Employee or dependent loses eligibility for other health coverage because: • The coverage was provided under COBRA, and the entire COBRA coverage period was exhausted; • The coverage was non-COBRA coverage and the coverage terminated because of loss of eligibility for coverage; or • The coverage was non-COBRA coverage and employer contributions for the coverage were terminated.	A plan must allow an enrollment period of at least 30 days after a loss of eligibility or after the termination of employer contributions to request special enrollment. When there is a timely request for special enrollment, the new coverage must begin no later than the first day of the first calendar month beginning after the date the plan or issuer receives the special enrollment request.
Termination of Medicaid or CHIP eligibility	Employee or dependent is covered by a Medicaid plan or a state CHIP and the coverage is terminated due to a loss of eligibility.	A plan must allow an enrollment period of at least 60 days after a loss of eligibility for Medicaid or CHIP coverage. There is no guidance on when coverage must become effective, although it may be reasonable to begin coverage no later than the first day of the calendar month after the plan receives a timely special enrollment request.

Event	Description	Election Rules
Acquisition of a new dependent	An employee acquires a new dependent through marriage, birth, adoption or placement for adoption	A plan must allow an enrollment period of at least 30 days to request enrollment, beginning on the date of the marriage, birth, adoption or placement for adoption. For a new spouse or a dependent acquired by marriage, coverage must be effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption or placement for adoption, coverage must be effective retroactively to the date of birth, adoption or placement for adoption.
Eligibility of premium assistance subsidy	An employee or dependent becomes eligible for a premium assistance subsidy through a Medicaid plan or a state CHIP.	The group health plan must allow an enrollment period of at least 60 days after eligibility for a premium assistance subsidy is determined. There is no guidance on when coverage must become effective, although it may be reasonable to begin coverage no later than the first day of the calendar month after the plan receives a timely special enrollment request.

Midyear Election Change Events

If an employer allows employees to pay for their health coverage on a pre-tax basis through a Section 125 cafeteria plan, the elections that employees make during open enrollment generally must be irrevocable for the upcoming plan year. This means that employees ordinarily cannot make changes to their Section 125 plan elections during a plan year.

Employers do not have to permit any exceptions to the election irrevocability rule for Section 125 plans. However, IRS regulations permit employers to design their Section 125 plans to allow employees to change their elections during the plan year, if the following conditions are met.

1. The employee must experience a midyear election change event recognized by the IRS.

2. The cafeteria plan must permit midyear election changes for that event.

3. The employee's requested change must be consistent with the midyear election change event.

The IRS recognizes three broad categoreis of midyear election change events:

- Change in status events (major life events, such as marriage, birth, adoption and certain employment changes)
- Changes in cost or coverage for the plan's qualified benefits
- Other laws or court orders (for example, taking a leave covered by the Family and Medical Leave Act (FMLA) or a qualified medical child support order (QMCSO))

Although a Section 125 plan may not be more generous than the IRS permits, it may choose to limit to a greater extent the election change events that it will recognize. An employer that recognizes one or more midyear election change events allowed by the IRS should review its plan document to confirm that it addresses the permitted election changes. Also, employers with fully insured plans should confirm that any permitted election change events are consistent with the rules of the underlying insurance policy.

Midyear Election Changes Events for Section 125 Plans

- Change in employee's marital status
- Change in employee's number of dependents
- Change in employment status of employee or employee's spouse or dependent
- A dependent satisfies or ceases to satisfy plan's eligibility rules
- Change in place of residence of employee, spouse or dependent
- Cost changes for the benefit package option
- Significant curtailment of coverage (this can be a complete loss of coverage or a significant change, such as a significant increase in the deductible, copayment or out-of-pocket maximum)
- Addition or significant improvement of benefits package option
- Change in coverage under other employer plan
- Loss of health coverage sponsored by governmental or educational institution
- HIPAA special enrollment rights
- COBRA qualifying event (or similar state law continuation coverage event)
- Judgments, decrees or orders (including QMCSOs)
- Entitlement to Medicare or Medicaid
- FMLA leave
- Exchange enrollment
- Reduction in hours of service

ELECTION METHODS – AFFIRMATIVE, DEFAULT AND ROLLING

Health plan sponsors, even those with Section 125 plans, have some different options for how participants will make their elections during initial and open enrollment. The three main types of election methods are:

- **Affirmative elections** – Employees complete an agreement to participate in the plan.
- **Default (or automatic) elections** – Employees are automatically enrolled in the plan, unless they complete a waiver or otherwise opt-out of coverage.
- **Rolling (or evergreen) elections** – Current participants are deemed to continue their existing elections, unless they opt-out of coverage or elect a different level of benefits.

Although affirmative elections are the most common type of election method, the IRS has confirmed that employers may use default elections or rolling elections under a Section 125 plan. Employers that are considering using default or rolling elections for their group health plans should consider the following compliance tips:

Employee Communication	Employers should provide a detailed explanation of the enrollment process to employees. For *default elections*, this explanation should address how the automatic enrollment process works, including the employee contribution rates and the employee's right to decline coverage. For *rolling elections*, the plan's election procedure should be clearly described in the plan's enrollment materials, including the initial election form. Also, as a best practice, employers should remind employees of their current elections at open enrollment.
ACA Issues	To help avoid penalties under the ACA's shared responsibility rules, ALEs should make sure that they are providing full-time employees with an adequate opportunity to opt in or out of health plan coverage at least once a year. ALEs should make sure the election process is clearly described to employees and that employees have an adequate amount of time to make their elections.
Wage Withholding	Although state wage withholding laws may be preempted by ERISA, employers should consider whether their election forms and practices comply with any state law requirements on withholding wages.

This Compliance Overview is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

MARK III BROKERAGE, INC
211 GREENWICH ROAD
CHARLOTTE NC 28211

State of South Carolina

Department of Insurance

License No: 3001018580

Henry McMaster
Governor
Raymond G. Farmer
Director

MARK III BROKERAGE, INC

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE
Agency	10/09/2020	01/31/2022

This certificate attests that the above named insurance agency is duly licensed and authorized to transact the business of an insurance agent pursuant to S.C. Code Ann. Section 38-43-30.

Permanent License - Subject to biennial fees, cancellation, suspension, or revocation per statutes.

By order of the Director of Insurance on October 09, 2020.

Raymond G. Farmer

MARK ELTON BROWDER
116 RIDGEMONT RD
JOHNSON CITY TN 37601-3940

State of South Carolina

License No: 2457136

Department of Insurance

MARK ELTON BROWDER

MARK III BROKERAGE
10117 HWY 421 N
SHADY VALLEY TN 37688

Is authorized by this department to sell, solicit, or negotiate insurance for the line(s) of authority shown

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	12/09/1998	02/28/2023	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Raymond G. Farmer

State of South Carolina

License No: 2457136

Department of Insurance

MARK ELTON BROWDER

MARK III BROKERAGE
10117 HWY 421 N
SHADY VALLEY TN 37688

NON-RESIDENT

Is authorized by this department to sell, solicit, or negotiate insurance for the line(s) of authority shown

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	12/09/1998	02/28/2023	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Raymond G. Farmer

MARKI-1 OP ID: DE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 704-376-9896
Charles H. Litaker, Inc.
P. O. Box 221129
Charlotte, NC 28222-1229
Archie F. Litaker

CONTACT NAME: Drew Erwin
PHONE (A/C, No, Ext): 704-376-9896 FAX (A/C, No): 704-375-5810
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Ohio Casualty Insurance Co.	24074
INSURER B : American Fire & Casualty Co.	24066
INSURER C : Accident Fund Insurance Co.	10166
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Mark III Insurance Services, Inc
and Mark III Brokerage, Inc.
DBA Mark III Financial Group
300 W. Watauga Ave
Johnson City, TN 37604

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY; PRO-JECT; LOC; OTHER:			BZO53629545	06/01/2021	06/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY; X ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; HIRED AUTOS ONLY; NON-OWNED AUTOS ONLY			BAA53629545	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB; X OCCUR; EXCESS LIAB; CLAIMS-MADE; DED; X RETENTION $ 10000			USO53629545	06/01/2021	06/01/2022	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCV 6091391	06/01/2021	06/01/2022	X PER STATUTE; OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

District Five of Lexington and
Richland Counties
1020 Dutch Fork Road
Irmo, SC 29063

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Andrew D. Erwin

UTICA NATIONAL INSURANCE GROUP

ISSUED BY
UTICA MUTUAL INSURANCE COMPANY
P.O. BOX 530, UTICA, NEW YORK 13503
TELEPHONE: (315) 734-2000

DECLARATIONS

LIFE INSURANCE AGENTS AND BROKERS
ERRORS AND OMISSIONS LIABILITY
POLICY
CLAIMS-MADE BASIS

NAMED INSURED AND MAILING ADDRESS	LOCATION ADDRESS
Mark III Financial Group 10117 Highway 421 N. Shady Valley, TN 37688	211 Greenwich Road Charlotte, NC 28211

AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN. IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY NUMBER	POLICY PERIOD FROM	TO	PRIOR POLICY NO.
4905092 EO	11/08/2020	11/08/2021	EO

BASIC POLICY COVERAGE | **LIMITS OF LIABILITY**

LEGAL LIABILITY	$ 2,000,000 EACH LOSS
	$ 6,000,000 AGGREGATE
INSURED'S DEDUCTIBLE AMOUNT	$ 20,000 EACH LOSS
	$ 60,000 AGGREGATE

DEDUCTIBLE APPLIES TO:
- [X] LOSS ONLY
- [ ] LOSS AND LITIGATION EXPENSE

PREMIUMS

BASIC POLICY PREMIUM	$ INCLUDED	
FINANCIAL PRODUCTS PREMIUM	$ N/A	(See attached endorsement for details)
MUTUAL FUND AND VARIABLE ANNUITY PREMIUM	$ N/A	(See attached endorsement for details)
PROPERTY & CASUALTY PRODUCTS PREMIUM	$ N/A	(See attached endorsement for details)
SUB-AGENTS PREMIUM	$ N/A	
	$	
TOTAL POLICY PREMIUM	$ 31,029.00	

RETROACTIVE DATE

This insurance does not apply to loss, whenever occurring, from "wrongful acts" or "interrelated wrongful acts" which took place before the Retroactive Date, if any, shown below:

None

Enter Date or "None" if no Retroactive Date applies

OPTIONAL EXTENDED REPORTING PERIOD PREMIUM

In Section VII - EXTENDED REPORTING PERIODS, we agree to provide an Optional Extended Reporting Period under certain conditions. The premium for such an Optional Extended Reporting Period is determined as shown in paragraph 5. of Section VII.

FORMS AND ENDORSEMENTS APPLYING TO AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

* IL-0985 (01-03) * 14-E-0001 (01/91) * 14-E-0097 (07-99) * 14-E-0114 (04/97) * 14-E-01147 (04/97) *14-E-1106 (09-2009) * 14-P-LEO (02-98) * 14-E-1092 (04-2010) * 14-E-1093 (11-2007) * 14-E-1100 (01-2009) * 14-L-0049 (01-2009)

COUNTERSIGNED AT: Utica, NY
DATE: 10/06/2020

BY Shannon C Peck

Billing No. #100753781 Agent# E0046

THESE DECLARATIONS AND THE COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.