

**State of Nebraska
Request for Proposal
Corporate & Technical Matrix**

		LIFE/AD&D RFP	Explanation
I.		PLAN IDENTIFICATION/CONTACTS	
	1.	Bidder Legal Name	
	2.	Bidder Marketing Name	
	3.	Street Address	
	4.	City	
	5.	State	
	6.	Zip	
	7.	Telephone #	
	8.	Fax Phone #	
	9.	Web Address	
		Contacts	
		Please indicate the Bidder contact, should there be any questions concerning submitted responses.	
	10.	Primary Contact	
	a.	Name	
	b.	Title	
	c.	Address	
	d.	City	
	e.	State	
	f.	Zip	
	g.	Telephone #	
	h.	Fax Phone #	
	i.	E-mail Address	

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	11.	Secondary Contact	
	a.	Name	
	b.	Title	
	c.	Address	
	d.	City	
	e.	State	
	f.	Zip	
	g.	Telephone #	
	h.	Fax Phone #	
	i.	E-mail Address	
	II.	GENERAL PLAN INFORMATION	
	1.	Bidder Operational Date	
	2.	Corporate Tax Status	
	3.	Bidder Ownership/Controlling Interest	
	4.	Life covered lives (all funding types):	
	a.	2010	
	b.	2011	
	c.	2012	
	5.	Use the " Explanation " column and/or worksheet to discuss any recent or planned merger, acquisition or divestiture activities that may impact the administration of this program. For each activity, indicate the timing, expected/potential impact and plans to mitigate any adverse effects.	

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		Financial Ratings	
	6.	Bidder's most recent rating or filing (identify date) from each of the following agencies.	
	a.	A.M. Best: Rating Status	
		Financial Rating (if rated)	
		Date (if rated; if not rated, leave response cell blank)	
	b.	Standard & Poors: Rating Status	
		Financial Rating (if rated)	
		Date (if rated; if not rated, leave response cell blank)	
	c.	Fitch: Rating Status	
		Financial Rating (if rated)	
		Date (if rated; if not rated, leave response cell blank)	
	d.	Moody's: Rating Status	
		Financial Rating (if rated)	
		Date (if rated; if not rated, leave response cell blank)	
	7.	Bidder's rating change within the past 12 months:	
	a.	A.M. Best	
	b.	Standard & Poors	
	c.	Fitch	
	d.	Moody's	
	8.	Disclose any current contracts with the State of Nebraska.	
III.		ADDITIONAL INFORMATION	
		Provide the following additional information.	
	1.	A copy of your most recent audited financial statement. Label Attachment: Audited Financial Statement.	
	2.	A copy of a suggested Employer Contract with a statement that the sample includes all exclusions and limitations that will apply to a policy issued to the State. Label Attachment: Sample Employer Contract.	

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	3.	A copy of an employee enrollment kit. Label Attachment: Sample Member Enrollment Materials	
	4.	A copy of current marketing materials that would be of assistance to the State in evaluating your program. Label Attachment: Marketing Materials.	
		Customer Service	
		Please fill in the names and titles of the persons who will be assigned to the following customer service tasks.	
	5.	Sales Representative	
		a. Name	
		b. Title	
		c. Phone #	
		d. Fax Phone #	
		e. E-mail Address	
	6.	Account Executive	
		a. Name	
		b. Title	
		c. Phone #	
		d. Fax Phone #	
		e. E-mail Address	
	7.	Service Representative	
		a. Name	
		b. Title	
		c. Phone #	
		d. Fax Phone #	
		e. E-mail Address	
	8.	Claims Contact	
		a. Name	
		b. Title	
		c. Phone #	
		d. Fax Phone #	

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		e. E-mail Address	
	9.	Billing Contact	
		a. Name	
		b. Title	
		c. Phone #	
		d. Fax Phone #	
		e. E-mail Address	
		References	
	10.	Please provide three references of Clients similar in employee size and industry to the State currently using services requested in this RFP.	
		a. Reference #1	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		Fax Phone #	
		E-mail Address	
		Number of covered employees by coverage type	
		List coverages in place similar those this RFP.	
		b. Reference #2	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		Fax Phone #	
		E-mail Address	
		Number of covered employees by coverage type	
		List coverages in place similar those this RFP.	

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		c. Reference #3	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		Fax Phone #	
		E-mail Address	
		Number of covered employees by coverage type	
		List coverages in place similar those this RFP.	
	11.	Please provide at least three references of organizations of similar size to this Client who have <i>terminated</i> your services.	
		a. Reference #1	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		# Employees covered under your contract	
		Nature of Business	
		b. Reference #2	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		# Employees covered under your contract	
		Nature of Business	

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		c. Reference #3	
		Company Name	
		Contact Person	
		Title	
		Phone #	
		# Employees covered under your contract	
		Nature of Business	
IV.		LEGAL/CONTRACTUAL CONSIDERATIONS	
		Bidder shall explain how they will comply with the following:	
	1.	Contract will be issued in Nebraska.	
	2.	July 1, 2013 will be the contract effective date.	
	3.	July 1, 2014 will be the first contract anniversary date.	
	4.	July 1 to June 30 is the plan year.	
	5.	The State reserves the right to terminate its contract at any time, provided such notification is given at least 60 days in advance.	
	6.	In the event of policy termination, either on or off policy anniversary date, you will fully account for all reserves and return to The State any unused portion.	
	7.	There will be no restrictions or benefit limitations for pre-existing conditions applied to any employee under the plan.	
	8.	Bidder unconditionally agrees to provide coverage to all present participants enrolled on the program effective date. No active employees or disabled employees shall lose coverage as a result of a change in Bidder.	
	9.	Bidder agrees to a "no loss, no gain" provision and to unconditionally provide continuous coverage to all current participants.	
	10.	No statement of health or medical evidence will be imposed upon the initial group of covered employees.	
	11.	Any "actively at work" requirements will be waived for current covered employees.	

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	12.	Any disabled employees or other leave-of-absence employees who are not disclosed in these specifications or who later are identified as eligible for benefits with the existing Bidder will become the liability of the Bidder selected through this marketing, following termination of the existing contract.	
	13.	The State reserves the right to audit the program at least once annually.	
	14.	Bidder will provide on-site access to any and all claims information for audit; will permit access to such information by claims and disability management personnel necessary to complete the audit; and agrees to do so at no cost to The State.	
	15.	In the event of policy termination, your company will be responsible for incurred claims up to the termination date. The replacement Bidder will have the responsibility to pay claims incurred after the termination date of the contact.	
	16.	The Bidder must agree to transfer to the State, at no cost to the State, within 30 days of notice of termination, all required data and records necessary to administer the plan, subject to state and federal confidentiality considerations. The transfer may be made electronically, in a file format to be determined based on the mutual agreement between the State and the provider of services.	
	17.	All financial and claimant information will be kept confidential and will not be disclosed to any other party without the State's express approval.	
	18.	Effective for claims filed on or after January 1, 2004, Bidder certifies that it will comply with the Department of Labor's final claims procedure regulations, including the appropriate timeframes for (a) adjudicating claims, and (b) notice of appeal decisions.	
	19.	If asked by The State, Bidder agrees to assume claim fiduciary responsibilities, including appeals, for claim adjudication and defense of claim decisions. The State understands this may involve additional cost.	
	20.	Bidder agrees to provide necessary legal defense in the event of litigation, including all costs incurring thereto.	

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	21.	Bidder agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, required state filing, and development of booklet/certificate formats.	
	22.	Bidder agrees to attend meetings as requested, legislative hearings, and open enrollment meetings where attendance of the insurer is reasonably necessary for discussion of insurance matters, including actuarial analysis.	
	23.	Bidder agrees to monitor federal and state legislation affecting the delivery of plan benefits to participants and to report to the State on those issues in a timely fashion, prior to the effective date of any mandated plan changes.	
	24.	List litigation experience during the past three years, including pending cases, awards, and settlements related to Basic/Dependent (both in and out of court):	
		a. Litigation #1 - Network in which it occurred	
		Status (i.e., pending cases, awards, settlements)	
		b. Litigation #2 - Network in which it occurred	
		Status (i.e., pending cases, awards, settlements)	
		c. Litigation #3 - Network in which it occurred	
		Status (i.e., pending cases, awards, settlements)	
		d. Litigation #4 - Network in which it occurred	
		Status (i.e., pending cases, awards, settlements)	
	25.	Bidder agrees to provide coverage without exclusions related to acts of terrorism.	

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V		PLAN DESIGN/FINANCIAL INFORMATION	
		The proposal is to be based on the Census (Attachment 2), Current Rate Structure - Supplemental Life, Dependent Life & AD&D (Attachment 3), and Claim Experience & Premium History (Attachment 4). Adhere to the Plan Structure - Basic & Supplemental, Current & Proposed shown in Attachment 1. Ability to provide the requested benefit plan designs exactly as outlined in the Basic Life, Supplemental Life and AD&D Insurance Plan Options/Cost Proposals as provided in Attachment 6.	
	1.	Bidder shall provide a proposal in accordance with the specifications and information included in this Request for Proposal, and the accompanying worksheets. Bidder may also provide alternative proposals in accordance with the RFP objectives included in Section A - Project Overview. Alternative proposals must be clearly identified as such.	
		Plan Design	
	2.	Bidder agrees that the contract will be issued on a discontinuance and replacement basis (sometimes referred to as a "no loss/no gain" basis) for eligible employees participating in the current plans on the program effective date.	
	3.	Bidder agrees to the inclusion of provisions in this proposal to protect the State from multiple deaths in a single occurrence.	
	4.	Bidder agrees to include a waiver of premium provision for employees becoming disabled on or after the program effective date. Employees who have been approved for the life waiver of premium prior to the effective date of January 1, 2009, will remain the liability of the current life insurance company.	
	5.	Is The State charged for life conversion policies?	
	a.	If so, is the charge to claims or retention?	

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		Financial	
	6.	Please indicate your willingness to comply with the following renewal requirements and services:	
	a.	Full description of the methodology used to calculate renewal	
	b.	A definition of all terms and an itemization of all assumptions used, including projected claims and the formula involved	
	c.	Estimated or actual identification of expenses, including IBNR, claims administration expense and other expenses	
	d.	Premium and rate justification	
	e.	Comparison of old and new rates and factors	
	f.	Account servicing during the renewal process to discuss the items noted above (e.g., establishing premium rates, claim projections, the estimate of incurred but unpaid (IBNR) claims reserves, etc.).	
	g.	All rates must exclude commissions.	
VI.		REPORTING (Management Reports)	
		Indicate how bidder will comply with the following reporting requirements: Agency and Divisional Breakdowns and Categories of Coverage for Employees.	
	1.	Attach sample management report(s) that would be prepared for the State. Label Attachment: Management Reporting Package.	
		Monthly and Quarterly	
	2.	Monthly and quarterly reports will be available no later than the end of the month following the close of the period in question.	
		Annual Reports	
	3.	A year-end financial accounting for the program within 60 days of the contract anniversary date.	

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	4.	Annual generation of eligibility listing in hard copy or ASCII format diskette.	
VII.		ADMINISTRATIVE, CLAIMS PROCESSING AND OPERATIONAL ISSUES	
		Implementation Services - General	
		Bidder shall explain how they will comply with the following services/statements:	
	1.	Attach a description of premium billing procedures. Include information on the timing of billing, billing-payment reconciliations, and ability to provide for client self-billing. Label Attachment: Premium Billing Process Description.	
	2.	Specify the location of the office that would process claims for the State.	
	3.	Accept the current enrollment forms and beneficiary designations for the existing group.	
	4.	Accept the current assignments of coverage in existence as of the program effective date.	
	5.	Review all plans, draft plan abstracts, and confirm plan provisions with the State.	
	6.	Draft, revise, and finalize the policy and benefit summaries (SPDs/booklets) for review by the State.	
	7.	Provide all reasonable assistance as may be requested during the transition period, including participation at open enrollment meetings if required. Attach a detailed timeline and work plan for the implementation including State resources and personnel required. Label Attachment: Implementation Workplan.	
	8.	Deliver an Administration Manual containing all usual guidelines on such matters as eligibility, reports, plan summaries and procedures.	
	9.	Provide one claim office with a dedicated unit.	

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	10.	Design, submit for approval, and print enrollment forms with the State's logo for use by plan participants to enroll, designate beneficiaries, and change their coverages, in accordance with plan provisions.	
	11.	When customized printing is requested by the State, present a complete draft and subsequent proof to the State for sign-off. The Bidder must ensure that logo placement and color requirements are met.	
	12.	Will be responsible for costs of printing booklets, certificates, or SPDs as required.	
	13.	Provide SPDs in an electronic format for access via internet or intranet.	
	14.	Refrain from issuing any external communications material that mentions the State's benefit plans without written approval from the State. This includes newsletters and publications to agents, brokers and consultants.	
	15.	Sign contract within 90 days of effective date.	
	16.	Prepare booklet draft 30 days prior to the effective date, if requested.	
	17.	Provide routine underwriting and actuarial services.	
	18.	Indicate your willingness to offer web-based enrollment and termination.	
	19.	State expects that communications (phone calls, emails) should be responded to within 24 hours.	
	20.	Maintain an internal audit program and provide the State with a copy of the most recent internal audit report upon request.	
	21.	Maintain claim files to support payment, denials and appeals. Documentation must be legally acceptable and readily accessible.	
	22.	Attach a description of your conversion process and include a copy of your conversion request form. Label Attachment: Conversion	
	23.	Identify any programs, systems, or administrative opportunities that your organization can provide during the implementation process that would be beneficial to the State.	

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		Claims Processing	
	24.	Indicate settlement process and options available to beneficiaries.	
	25.	Specify the interest credit on claims from the date of death or proof of death until payment to beneficiary:	
	26.	Attach a description of the proof of loss required before a life or AD&D claim is filed. Label Attachment: Proof of Loss.	
	27.	The bidder will make determinations with respect to submitted claims, including claim investigation and analysis prior to payment.	
		Account Servicing	
	28.	Permit the State to decline the Account Manager designated for its programs both initially and in future years.	
	29.	Account executive assigned will assist the State in the ongoing administration of the program.	
	30.	Ongoing assistance in administration, claim adjudication, and general problem solving. Periodic account servicing meetings are to be included in your proposal for both the account manager and claims support group.	
	31.	Upon request, supply brief biographies of all key individuals that will be responsible for this account.	
	32.	Describe your customer service process, including the hours of operation and methods of contact.	
	33.	Describe your process for finding missing beneficiaries.	

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VIII.		PERFORMANCE GUARANTEES	
		The State intends to include performance standards with the selected Bidder. These are intended to encourage the Bidder to perform at a high quality level in specific operational and administrative areas, relative to mutually agreed-upon performance norms. The Bidder's inability to meet mutually agreed-upon performance norms would result in a financial penalty. Please indicate your concurrence below.	
	1.	Indicate your willingness to implement performance guarantees on this employer contract. If "Yes," indicate your proposed performance guarantees on each of the specific items listed below.	
		Implementation Guarantees	
	2.	Provide the State with a draft of the service and financial contract 30 days prior to the effective date.	
	3.	Provide the State with a finalized Implementation Schedule 60 days prior to the effective date.	
	4.	Meeting deadlines set forth in Implementation Schedule.	
	5.	Execute the final contract within 3 months following the program effective date.	
	6.	Load, audit and insure clean eligibility data at least 5 days prior to program effective date.	
	7.	Meet with the State prior to the effective date and within 4 months following the effective date to discuss the implementation.	
		Claims Administration	
	8.	100% of life claims will be processed within 15 business days of the receipt of required documentation.	
		Reporting	
	9.	100% of all management information reports delivered to the State within 30 days after the close of the respective reporting period.	