



PIMA COUNTY PROCUREMENT DEPARTMENT

130 W. Congress St., 3rd Floor
Mailstop # DT-AB3-126
Tucson, Arizona 85701-1317
Telephone: (520) 724-8161

SOLICITATION ADDENDUM

| | |
|--------------------------------------|---|
| Solicitation Number: | RFP # 158734 |
| Solicitation Title: | Group Term Life and Accidental Death & Dismemberment Insurance |
| Addendum Number: | #1 |
| Addendum Date: | November 24, 2014, 2014 |
| Commodity /Contracts Officer: | Jennifer Moore, CPPB |

The following is provided in response to questions submitted by potential respondents and a review of the solicitation documents during the Pre-Bid Conference that was held November 20, 2014 at 3:00 P.M. MST Local Az Time.

- Q1. Please provide a premium rate history for all lines of Life and AD&D coverage from July 2010 to current. **ANSWER: The only rate change since 07/01/2010 was 07/01/2013 where Basic Life increased from \$3.45 to \$5.00 PEPM.**
- Q2. If premium rates won't be released, please provide average annual volume for each line of Life and AD&D coverage so that we have something with which to evaluate the claims experience. **ANSWER: Refer to the above answer.**
- Q3. Please provide a copy of a recent monthly billing statement/premium remittance statement to compare census volumes to reported volumes. **ANSWER: The prior billing statement will no longer be used. The County recently went live with OBA through ADP and we have not generated a billing statement in the new system yet.**
- Q4. The Schedule of Benefits in the voluntary life certificate states the employee and spouse benefits are, "as shown on Your Employee's Schedule of Benefits." Does the insurance carrier maintain voluntary life coverage elections and provide customized certificates to each employee? **ANSWER: No.**
- Q5. The voluntary life certificate shows a 180 day elimination period for Waiver of Premium eligibility, but there's no elimination period in the basic life certificate. Is the basic elimination period also 180 days? **ANSWER: Yes, it is the same as voluntary life 180 days.**
- Q6. Does the County intend to award the Life and AD&D plans to one carrier, or might the Voluntary AD&D plan be awarded separately? **ANSWER: One carrier**
- Q7. We understand that we are to provide the reference list form and completed Attachment 4: Reference Form in Section 4, Tab 7. Please confirm the completed Attachment 4: Reference Form is to also be included in Section 5. **ANSWER: As per TAB 7: Reference Form list, completed reference forms must be attached to this TAB 7.**
- Q8. Please confirm if the 'as of date' of experience is 8/30/14. **ANSWER: Confirmed.**
- Q9. Please provide claims detail for Voluntary Life. **ANSWER: Refer to Report 2.**
- Q10. Please provide waiver detail. **ANSWER: Refer to Report 2.**
- Q11. Please provide lives history. **ANSWER: The County has not maintained a history of covered lives in the life insurance plans.**
- Q12. Please provide inforce rates. Have there been any rate changes on any lines? If so, please provide past rates. **ANSWER: Employee Only \$0.0347; Employee + Family \$0.0888; No.**
- Q13. Please provide a census with occupations. **ANSWER: Not Available.**

- Q14. Owned air is listed on the Voluntary Accident. Should we include on the Basic Accident? **ANSWER: Yes.**
- Q15. Please confirm if pilot and crew coverage are included. If so, how many pilots are there? **ANSWER: Yes; 6 pilots.**
- Q16. Are the estimated annual amounts of \$200,000.00 for Basic Life and \$2,800,000.00 for Supplemental correct; if, yes please explain the discrepancy in the Summary \$Volume. **ANSWER: The estimated annual amount for Basic should be \$500,000.00 and for Supplemental \$3,000,000.00 for an estimated total contract amount of \$3,500,000.00. These amounts are estimates only and are subject to change based on evaluation of proposals and subsequent proposed amounts.**

Please acknowledge receipt of this Addendum on the attached revised Attachment 1.1: Contract/Offer Certification Form. Submit the revised form as a part of your proposal.

All other terms and conditions remain the same.

No further questions will be accepted after the date of this Addendum.

Attachments:

Attachment 1.1: Contractor/Offeror Certification Form – revised

Jennifer Moore, *CPPB*
Commodity Contracts Officer
Pima County Procurement
Phone: (520) 724-8164
Fax: 791-6509
Email: Jennifer.Moore@pima.gov

ATTACHMENT 1.1: CONTRACTOR/OFFER CERTIFICATION FORM

| | | | |
|---|--|-------------|--|
| CONTRACTOR LEGAL NAME: | | | |
| BUSINESS ALSO KNOWN AS: | | | |
| MAILING ADDRESS (Contract and Delivery Order Documents and Notices): | | | |
| CITY/STATE/ZIP: | | | |
| REMIT TO ADDRESS (Payments): | | | |
| CITY/STATE/ZIP: | | | |
| Primary CONTACT PERSON NAME/TITLE During term of the solicitation/RFP process: | | | |
| PHONE: | | FAX: | |
| CONTACT EMAIL ADDRESS: | | | |
| CORPORATE HEADQUARTERS LOCATION: | | | |
| CONTACT PERSON NAME/TITLE: | | | |
| ADDRESS: | | | |
| E-MAIL ADDRESS: | | | |
| CITY, STATE, ZIP: | | | |

ACKNOWLEDGEMENT of SOLICITATION ADDENDA:

CONTRACTOR acknowledges that the following solicitation addenda have been incorporated in their offer and this agreement:

| Addendum # | Date | Addendum # | Date | Addendum # | Date |
|-------------------|-------------|-------------------|-------------|-------------------|-------------|
| | | | | | |

By signing and submitting these FORMS AND DOCUMENTS AS REQUIRED BY THIS SOLICITATION, the undersigned certifies that they are legally authorized to represent and bind the "CONTRACTOR" to legal agreements, that all information submitted is accurate and complete, that the firm has reviewed the Procurement website for solicitation addenda and incorporated to their offer, that the firm is qualified and willing to provide the items and services requested, and that the firm will comply with all requirements of the solicitation.

| | |
|--|-------------------|
| COMPANY'S NAME | |
| PRINTED NAME & TITLE OF AUTHORIZED OFFEROR REPRESENTATIVE EXECUTING OFFER | |
| Signature _____ | Date _____ |