Request for Proposals for: Disability Insurance

CCISD RFP# 2017.401

Proposal Due Date:

June 9, 2016
I. GENERAL INFORMATION

Background
Clear Creek ISD is a school district of approximately 5,000 full time employees approximately 25 miles southeast of Houston, TX. The District has maintained a conventional employer-paid LTD plan with a 90 day elimination period and benefits to SSNRA for over 20 years. The STD is a voluntary plan, and was formerly fully insured under Washington National but converted to self-funded in the early 2000’s. The STD plan allows participants to decide between two elimination periods: 0/7 and 14/14 (injury/illness).

The combination STD/LTD has been with SunLife since 9/1/13. Prior to that time Dearborn provided the coverage starting 1/1/10. The policy anniversary date was moved from 1/1 to 9/1 in 2012 to align with the health plan anniversary date.

Current Plans:
- **STD:** Voluntary, Choice of two elimination periods (0/7 and 14/14), employees pick benefit that’s a multiple of $200 up to lesser of $4,000 or 66 2/3% of base salary, 90 day benefit period.
- **LTD:** 90 day elimination period; pays 60% of base salary to maximum of $5,000 per month; benefit period to age 65/SSNRA.

Disability Coverages Requested: Clear Creek ISD requests carriers quote the following 3 options:

I) Same as current plans
II) Change current LTD to Core/Buy-up; no change to STD plan
   a. Core = 40%; Buy-Up = 20%
   b. Core = 50%; Buy-Up = 10%
III) Replace Current Plans with a voluntary educator disability plan with an option to choose between Benefit Periods of:
   a. 2 years
   b. 5 years
   c. SSNRA

Instructions for carriers bidding on the options above:
- Those bidding on options I) and II) must complete the questionnaire in Section II as well as the attached benefit questionnaire.
- Those bidding on Option III) must complete the questionnaire in Section III and attach rate pages for the plan designs requested.

Please check the box(es) next to the/those line(s) of coverage you are quoting:

<table>
<thead>
<tr>
<th>Option I. Current LTD and self-funded STD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option II.A. LTD 40/20 and self-funded STD</td>
</tr>
<tr>
<td>Option II.B. LTD 50/1 and self-funded STD</td>
</tr>
<tr>
<td>Option III. Educator Disability</td>
</tr>
</tbody>
</table>

1
Evaluation of Proposals: Pricing and contract language will be the primary considerations in determining the award of contract. However, reputation of the carrier, familiarity with the educator market, and flexibility to meet the plan designs are also factors that will impact the award.

Agents of Record
McGriff, Seibels, and Williams and TCG Benefits are co-agents of record. No commissions are payable for Options I) and II). Carriers should assume commissions of 15% on the Educator Disability Plan (Option III).

Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release RFP</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>Deadline to Submit Questions</td>
<td>May 31, 2016</td>
</tr>
<tr>
<td>Release RFP (Amendment as needed)</td>
<td>June 2, 2016</td>
</tr>
<tr>
<td>Proposal Due Date</td>
<td>June 9, 2016</td>
</tr>
<tr>
<td>Best and Final Due</td>
<td>June 14, 2016</td>
</tr>
<tr>
<td>Recommendation to Board</td>
<td></td>
</tr>
<tr>
<td>Approval of Contract</td>
<td>June 27, 2016</td>
</tr>
<tr>
<td>Enrollment Period</td>
<td>July – August 2016</td>
</tr>
<tr>
<td>Effective Date</td>
<td>09/01/2016</td>
</tr>
</tbody>
</table>

Supplemental Information
To assist carriers in evaluating the risk, the following attachments are included with this RFP.
Attachment I: Current SunLife LTD Certificate of Coverage eff 9/1/13
Attachment II: STD Booklet, prior carrier (SunLife administers program using Dearborn booklet)
Attachment III: Paid LTD Disability Claims and Valuation
Attachment IV: Paid STD Disability Claims
Attachment V: Premium/Enrollment History
Attachment VI: Census
Attachment VII: Deviations
## Disability Rate/Premium History

9/1/13 – 2/29/16

<table>
<thead>
<tr>
<th>STD</th>
<th>Year</th>
<th>Carrier</th>
<th>Rate</th>
<th>Fees</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/13-8/13</td>
<td>Dearborn</td>
<td>$1.74</td>
<td>$36,145</td>
<td>2597</td>
</tr>
<tr>
<td></td>
<td>9/13-8/14</td>
<td>SunLife</td>
<td>$1.74</td>
<td>$31,254</td>
<td>2566</td>
</tr>
<tr>
<td></td>
<td>9/14-8/15</td>
<td>SunLife</td>
<td>$1.74</td>
<td>$53,954</td>
<td>2584</td>
</tr>
<tr>
<td></td>
<td>9/15-2/16</td>
<td>SunLife</td>
<td>$1.74</td>
<td>$54,539</td>
<td>2612</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td>$175,891</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LTD</th>
<th>Period</th>
<th>Carrier</th>
<th>Rate/$100</th>
<th>Premiums</th>
<th>Paid Claims</th>
<th>Reserve</th>
<th>Total Claims</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/13-8/13</td>
<td>Dearborn</td>
<td>$0.23</td>
<td>$317,963</td>
<td>$324,959</td>
<td>$513,925</td>
<td>$838,884</td>
<td>4725</td>
</tr>
<tr>
<td></td>
<td>9/13-8/14</td>
<td>SunLife</td>
<td>$0.263</td>
<td>$577,396</td>
<td>$194,606</td>
<td>$108,159</td>
<td>$302,765</td>
<td>4865</td>
</tr>
<tr>
<td></td>
<td>9/14-8/15</td>
<td>SunLife</td>
<td>$0.263</td>
<td>$605,166</td>
<td>$114,026</td>
<td>$112,922</td>
<td>$226,948</td>
<td>4939</td>
</tr>
<tr>
<td></td>
<td>9/15-2/16</td>
<td>SunLife</td>
<td>$0.263</td>
<td>$313,234</td>
<td>$3,868</td>
<td>$27,022</td>
<td>$30,890</td>
<td>5026</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>$1,813,759</td>
<td>$637,459</td>
<td>$762,028</td>
<td>$1,399,487</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL TERMS AND CONDITIONS

These terms and conditions are applicable to and form a part of all contract documents and purchase orders issued as a result of award.

1. CONTRACT TERM – This contract will be effective for one (1) year, with renewal options for additional one year periods (as listed below), at the District’s option and with the acceptance of the awarded vendor(s).

<table>
<thead>
<tr>
<th>Initial Term</th>
<th>September 1, 2016 through August 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Annual Renewal Option</td>
<td>September 1, 2017 through August 31, 2018</td>
</tr>
<tr>
<td>Second Annual Renewal Option</td>
<td>September 1, 2018 through August 31, 2019</td>
</tr>
<tr>
<td>Third Annual Renewal Option</td>
<td>September 1, 2019 through August 31, 2020</td>
</tr>
<tr>
<td>Fourth Annual Renewal Term</td>
<td>September 1, 2020 through August 31, 2021</td>
</tr>
</tbody>
</table>

2. INTERPRETATION - If a person contemplating submitting an offer for the proposed contract is in doubt as to the true meaning of any part of the proposal documents, he/she may submit a written request for an interpretation.

3. LATE PROPOSALS - Proposals not received and date/time stamped by the District Purchasing Office by or before the proposal closing time are not accepted. Late courier and/or hand delivery attempts will be refused. Late mail deliveries will be held unopened (Vendor will be advised by mail that the proposal was late and not accepted and will be allowed to pick up the proposal package or furnish a “call tag” and have the package picked up by a courier. The District is not responsible for mail, courier or other delivery methods’ in-transit time or non-delivery. U.S. Mail is not delivered to the District until after 11:00 A.M., daily. Fax or electronically transmitted proposals are not acceptable.

4. CERTIFICATIONS – The following signed forms and certifications are required submissions by all vendors offering proposals. Vendor Information Form, W-9, Non-Collusive Bidding Certificate, Resident/Non-Resident Certification, Felony Conviction Notification, References, Validity, Acknowledgement, Clean Air and Water Act, Debarment / Suspension Form.

5. PROPOSAL FORMAT / SUBMISSION – Submit the Original Signed proposal and two (2) copies in a sealed envelope on the forms and in the format provided. Mark the envelope with the contract number and name and mail or deliver.

6. SUITABILITY - The District reserves the right to accept or reject all or any part of any proposal, waive minor formalities, to be the sole judge of quality and suitability and award the proposal deemed to be most advantageous to the District.

7. EXCEPTIONS - Any exceptions taken to the terms and conditions of this proposal request must be clearly stated, in writing, and attached as a part of the proposal.

8. PRICES - All prices are to be freight prepaid, include INSIDE delivery charges and are to be F.O.B. Clear Creek Independent School District. Upon mutual agreement, proposal prices can be extended beyond the firm price offer date.
9. **UNIT PRICES** - Submit unit price on quantity specified - extend and show total. In case of errors in extension, unit prices shall govern.

10. **PRICE DECREASES** - In the event of a price decrease during the full term of the contract, such decrease must be made available to the District.

11. **TAXES** - The District is exempt from Federal Excise Tax, State and Local Tax. Do not include tax in your proposal totals. If it is determined that tax was included in the proposal, it will not be included in the tabulation or any awards. Tax exemption certificate will be furnished upon request.

12. **GOVERNING LAW** - All items and services offered shall conform to all applicable local, state and federal laws, ordinances and regulations.

13. **INDEMNIFICATION** - Successful vendor(s) shall indemnify and save harmless Clear Creek Independent School District from and against any and all claims, demands, damages, lawsuits, expenses, costs, liabilities, injuries, liens, and causes of action of any and every nature whatsoever, arising out of, resulting from, or in any manner connected with or concerning the performance of the work hereunder, and the contractor hereby agrees to defend any and all such actions brought against Clear Creek Independent School District for any and all expenditures, or expenses, including, but not limited to, court costs and attorney's fees, made or incurred by Clear Creek Independent School District, and/or by reason of any such suit or suits.

14. **EQUAL EMPLOYMENT OPPORTUNITY** - All Vendors shall be in compliance with Executive Order 11246, entitled “Equal Employment Opportunity” as amended by Executive Order 11375, and as supplemented in the Department of Labor Regulations (41CFR Part 60). No individual shall be excluded from participating in, denied the benefit of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any such program because of race, color, religion, sex, national origin, age, handicap, or political application or belief.

15. **PATENT RIGHTS** - Successful vendors shall indemnify and protect the District from any claim involving patent right or copyright infringement on goods supplied.

16. **APPROPRIATED FUNDS** - For any fiscal year beginning September 1, the District's obligation under any purchase order, contract, or service agreement arising from this proposal request is contingent upon the availability of appropriated funds from which payment for purchase orders, contracts, or service agreements can be made. No legal liability on the part of the District nor any payment or continuation of any agreement may arise until funds are made available to the District for this purchase order, contract, or service agreement and until successful vendor receives notice of such availability.
17. SPECIFIED/ALTERNATE ITEMS - Any catalog, brand name, and/or manufacturer’s reference used is descriptive, not restrictive, and is intended only to indicate type and quality desired. Proposals on brands of like nature and quality will be considered unless otherwise specified. If offering an alternate product, proposal must show manufacturer, brand, model, etc. of item being offered. Complete descriptive information of each alternate product must be included with the proposal. If the vendor takes no exception to the specifications, vendor shall be required to furnish brand names, models, etc. as specified.

18. AUTHORITY/ DISTRICT OPTION - All proposals must meet or exceed the District's specifications. The District shall be the sole authority in evaluating and determining the equality of all alternate proposals. Substitutions below the minimum specifications shown will not be accepted.

19. PROPOSAL SAMPLES - Samples, if applicable or when requested, shall be furnished at no cost within five (5) days of request. DO NOT ENCLOSE IN OR ATTACH PROPOSAL TO SAMPLE. If not destroyed during examination, samples will be returned to the vendor upon request, at the vendor’s expense. Each sample, when submitted, must be clearly marked with the vendor’s name and item number found on the proposal. The District reserves the right to make the final decision as to comparable items. Be very certain that items proposed and delivered are EQUAL to items listed. Materials which are not equal will be returned to the supplier, transportation charges collect.

20. EVALUATION CRITERIA - It is not the policy of the District to award contracts based solely on 'low price'. The following factors are used by the District to evaluate the overall 'best value' per Texas Education Code 44.031(b):

- 50% Purchase price.
- 10% The reputation of the vendor and the vendor’s goods and services.
- 10% The quality of the vendor’s goods and services.
- 10% The extent to which the goods and services meet the District’s needs.
- 10% The vendor’s past relationship with the District.
- 10% The total long-term cost to the District to acquire the goods or services.
- 0% Any other relevant factor specifically listed in the request for bids or proposals.

21. PROPOSAL AWARD - The District reserves the right to award contracts for any, all, or none of the parts and/or items of this proposal request. Contracts for purchase shall be put into effect by means of purchase order(s) executed by the District's Purchasing Director after this proposal has been awarded.

22. NON-EXCLUSIVE AWARD - Except as noted, proposal award resulting from this request is not an exclusive agreement to purchase. The District reserves the right and option, without penalty, to purchase like materials and services from other sources when and if such purchases, in the opinion of the District, are necessary and in the best interest of the District. If the low proposal exceeds the District's budget allocation, the district may elect, upon determination that the budget can be achieved through value engineering, to negotiate value engineering possibilities with the low contractor and award the contract upon agreement of items necessary to meet the budget.

23. DELIVERY ARO - Proposals must show the number of days required to deliver the article(s) to the specified location under normal conditions after receipt of an order (ARO). Delivery time will be considered in the evaluation process.
24. **DELIVERY CONDITIONS / FREIGHT TERMS** - proposals shall include all shipping, handling, freight and/or delivery charges. All deliveries shall be to the site(s) specified on the purchase order, include all shipping, handling, freight and/or delivery charges be freight prepaid, F.O.B. destination, (Clear Creek I.S.D., TX).

25. **DELIVERY RESPONSIBILITY** - The District will not be responsible for any material being delivered or services performed without a purchase order, signed by an authorized representative of the District.

26. **WARRANTY** – Equipment / Products shall be new and the latest model.

27. **SUPPLIER’S WARRANTY RESPONSIBILITY** - The successful vendor(s) is ultimately responsible for and must assure the District that any warranty service shall be performed to the satisfaction of the District, regardless of whether the successful vendor or his/her agent performs the warranty work. If there is a question of whether it is the responsibility of the successful vendor or the manufacturer to repair a given defect, then it shall automatically become the successful vendor’s responsibility to see that the repair(s) is made to the satisfaction of the District.

28. **WARRANTY WORK AND GENERAL TERMS OF WARRANTIES** - The District’s purchase order(s) will be issued to the successful vendor(s). The successful vendor(s) has the ultimate responsibility of insuring the delivery of complete, full functioning products that meet the District’s specifications in all details and are free of defects in materials and workmanship. The products are warranted against defects in materials and workmanship by the manufacturing company (ies)/successful vendor.

29. **DEFECTIVE WORKMANSHIP** - If defective workmanship and/or materials is found after acceptance and payment has been made, the supplier shall replace/repair the defective component(s), as required, at his/her own cost, within a reasonable amount of time (normally 10 working days), and at no extra cost to the District.

30. **PENALTIES** - Upon refusal of the successful vendor to make satisfactory and timely adjustment(s), the District reserves the right to claim and recover from said successful vendor by due process of law, such sums as may be sufficient to correct the error or make good the defect in material and/or workmanship.

31. **CANCELLATION** - The Clear Creek Independent School District reserves the right to cancel any contract (purchase order) resulting from this Request For Proposal at any time, for any reason (or for no reason) with a thirty (30) day written notice to the contractor(s). If the vendor fails to perform as required in the proposal document, contracts may be terminated without notice. Contractor may cancel any resulting contract, at any time for any reason, or for no reason with a sixty (60) day written notice. Any notice required or permitted to be delivered to the contractor(s) shall be deemed to be delivered when mailed by registered or certified mail, return receipt requested, postage prepaid, and addressed to the bidders address appearing on the face of the Request For Proposal (or as subsequently revised or changed). Any compensation due the contractor(s) will be limited to items received and/or services performed and accepted by the District.

32. **INVOICING REQUIREMENTS** - The District’s purchase order number shall appear on all invoices. All invoices shall include the following:
   - The Invoice will be in duplicate.
   - Purchase Order Number (Clear Creek Independent School District’s).
• Invoice Date.
• Name of Company.
• Complete mailing address and telephone number.
• Brief description of the item or service, quantity, unit price and extended price.
• Any other substantiating documentation or information as required by the contract.

All Invoices are to be sent to:
Clear Creek Independent School District
Accounts Payable Department
P.O. Box 799
League City, TX 77574

33. PAYMENT TERMS - The District shall pay all undisputed invoices for accepted merchandise and/or services within 30 days of delivery or acceptance, whichever is later. Contracts requiring a monthly charge will be billed and paid on a monthly basis.
II. Disability Insurance Questionnaire for Options I & II

A. General

A.1. Who would service the Clear Creek ISD account and where would he/she be located?

A.2. Enrollment will be conducted via the Benefitssolver enrollment system licensed through TCG Benefits. Please confirm you accept a digital signature on EOI for LTD Buy-UP coverage.

A.3. Do you have a portal from which the consultant can generate reports?

A.4. Do you have any on-line video presentations the District could post or link to their Benefits portal that would facilitate explaining the benefit to employees? If so please provide a link or attach a sample.

B. Benefits of Plans

B.1. If quoting Options I, II.a. or II.b., please complete Attachment VII (Deviations page) which will allow you to compare proposed plan designs with the current program. This is also where you will indicate the rate(s) you are quoting.

B.2. How would a claimant’s benefits be affected if he/she were eligible for Other Income but did not apply for them?
B.3. If a claimant is receiving disability benefits and has Other Income, as defined by your contract, and that Other Income is increased based on a cost of living adjustment, how would that increase affect the claimant’s Net Monthly Benefit?

B.4. What is the maximum # of days a Totally or Partially Disabled employee can return to work during the Elimination Period before having to satisfy a new Elimination if becoming Totally or Partially disabled?

B.5. The exclusions in the current contract are listed in the left column below. In the right column please indicate any differences in exclusions in your contract vs. the current contract. If your exclusions match the Current exclusion please indicate by stating “No Difference” in the right column.

<table>
<thead>
<tr>
<th>Current Contract Exclusions</th>
<th>Proposed Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentionally self-inflicted injury</td>
<td></td>
</tr>
<tr>
<td>War, declared or undeclared, or any act of war</td>
<td></td>
</tr>
<tr>
<td>Active participation in a riot, rebellion or insurrection</td>
<td></td>
</tr>
<tr>
<td>Committing or attempting to commit an assault, felony or other criminal act</td>
<td></td>
</tr>
<tr>
<td>Employee’s operation of a motorized vehicle while intoxicated.</td>
<td></td>
</tr>
<tr>
<td>Pre-existing Condition for Total or Partial Disability beginning later than 12 months after</td>
<td></td>
</tr>
<tr>
<td>Employee’s Effective Date of Insurance</td>
<td></td>
</tr>
</tbody>
</table>

C. Policy/Contract Language/Definitions
C.1. In the table below are key contract definitions under the District’s current disability program. Indicate next to the definition if your proposed contract is substantially the same in each box where applicable. If your definition is not substantially the same, describe how it differs. If your educator disability plan differs from your LTD offer, please be specific when differences only apply to the educator disability plan.

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability Earnings</strong> means employment income an Employee receives while Partially Disabled or income an Employee receives while participating in an approved Rehabilitation program. It excludes income an Employee receives from work performed prior to his Total or Partial Disability as well as income not derived from work performed.</td>
<td></td>
</tr>
<tr>
<td><strong>Gainful Occupation</strong> means employment that is or can be expected to provide an Employee with an income of at least 80% of his Indexed Monthly Earnings.</td>
<td></td>
</tr>
<tr>
<td><strong>Indexed Total Monthly Earnings</strong> means Total Monthly Earnings prior to the date Total or Partial Disability began, adjusted on first of the month following 12 calendar months of Partial Disability Benefit payments and each annual anniversary thereafter. Each adjustment is the lesser of 10% or the current annual percentage increase in the Consumer Price Index for Wage Earners and Clerical Workers as published monthly by the US Dept of Labor.</td>
<td></td>
</tr>
<tr>
<td><strong>Material and Substantial Duties</strong> means, but is not limited to, the essential tasks, functions, skills or responsibilities required by employers for the performance of the Employee’s Own Occupation. This does not include any tasks, functions, skills or responsibilities that could reasonably be modified or omitted from the Employee’s Own Occupation.</td>
<td></td>
</tr>
<tr>
<td><strong>Totally Disabled</strong> means during the Elimination Period and the next 36 months</td>
<td></td>
</tr>
<tr>
<td><strong>Partially Disabled</strong>: means during the Elimination Period and the next 36 months, the Employee, because of Injury of Sickness, is unable to perform the Material and Substantial Duties of his own Occupation and the Employee has Disability Earnings of less than 80% of his Indexed Total Monthly Earnings. After Total or Partial Disability benefits combined have been paid for 36 months, the Employee will continue to be Partially Disabled if he is unable to perform with reasonable continuity any Gainful Occupation for which he is or becomes reasonably qualified for by education training or experience and the Employee has Disability Earnings of less than 80% of his Indexed Total Monthly Earnings. The loss of a professional or occupational license or the inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.</td>
<td></td>
</tr>
<tr>
<td><strong>Own occupation</strong> means the usual and customary employment, business, trade, profession or vocation that the Employee performed as it is generally recognized in the national economy immediately prior to the first date Total or Partial Disability began. It is not limited to the job or position the Employee performed for the Employer or performed at any specific location.</td>
<td></td>
</tr>
<tr>
<td><strong>Other Income</strong>: Amount the Employee is eligible for under:</td>
<td></td>
</tr>
<tr>
<td>- Workers Compensation Law</td>
<td></td>
</tr>
<tr>
<td>- Occupational Disease Law</td>
<td></td>
</tr>
<tr>
<td>- Unemployment Compensation Law, or</td>
<td></td>
</tr>
<tr>
<td>- Compulsory Benefit Act or Law, or</td>
<td></td>
</tr>
<tr>
<td>- an automobile no-fault insurance plan, or</td>
<td></td>
</tr>
<tr>
<td>- Railroad Retirement Act, or</td>
<td></td>
</tr>
<tr>
<td>- Any labor management trustee, union or employee benefit plan that are funded in whole or in part by the Employer, or</td>
<td></td>
</tr>
</tbody>
</table>
- Any disability income benefits the Employee is eligible for under any other group insurance plan of the Employer, or any governmental retirement system as a result of the Employee’s job with his Employer, or

- The benefits the Employee receives under his Employer’s Retirement Plan’s disability benefits or Employer-paid portion of any retirement benefits, not including amounts rolled over or transferred to any other plan as defined in Section 402 of the Internal Revenue Code, or

- Disability or retirement benefits under the United States Social Security Act or any similar plan or act unless Total or Partial Disability begins after Social Security Normal Retirement Age

- Amounts received under accumulated sick leave

- Any salary continuation paid by Employer which causes the Net Monthly Benefit + Other Income Benefits + any salary continuation to exceed 100% of Total Monthly Earnings. The amount in excess of 100% of Total Monthly Earnings will reduce the Net Monthly Benefit.

- Any amount due to income replacement or lost wages Employee receives by compromise, settlement or other method as a result of claim for any Other Income Benefit

- Any amount the Employee receives from a voluntary separation of employment agreement from the Employer including severance pay or any other income in settlement of an employment contract.

Total Monthly Earnings means the Employee’s basic monthly earnings as reported by the Employer immediately prior to the first date Total or Partial Disability begins. Total Monthly Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, section 125 plan, or flexible spending account, but does not include income received due to commissions, bonuses, overtime or any other extra compensation.

C.2. Please indicate any significant contract advantages that your proposed contract contains that were not addressed in the table above.
D. Operations/Claims Management

D.1. What is the deadline for reporting claims?

D.2. What is the deadline for providing proof of a claim?

D.3. Please check the methods by which an individual can file a claim with your company:
   o Paper
   o Web Portal
   o Telephonic
   o E-mail
   o Other (please specify)

D.4. How do you notify the claimant of claim receipt?

D.5. Can claimant track the progress of his/her claim on your website?

D.6. How/when is the District notified when claims are pended? Approved?

D.7. What kinds of background and/or credit checks are run on claimants and when?

D.8. Where are the individuals located that will be involved with adjudicating claims and providing various other services related to disability claims?

D.9. What are the hours during the day/week when Claims Reviewers are available by phone?

D.10. Describe the frequency with which benefits checks will be disbursed to the claimant for:
   o STD
   o LTD
D.11. What are your standards for turnaround time on a clean:
   a) STD Claim
   b) LTD Claim
   c) Educator DI Claim

E. Return to Work Incentives

E.2. Are “Partial Disability” days counted as Trial Work Days?

E.3. After returning to work, is there any period during which disability earnings would not offset income benefits? Please detail.

E.4. Describe your vocational rehabilitation program, including whether and at what point it may be required.

F. Various Fees/Services
F.1. Do you pay employer’s FICA match while claimant receives benefits?
   □ Yes □ No

F.2. Do you distribute W-2 Statements to claimants?

III. Disability Questionnaire for Option III. (Voluntary Educator Disability)
If you bid on options I) and/or II) and your answers to the to the Voluntary Educator Disability are the same as the answers provided for Options I and II, you may type “Same” in your answer to this section.

**G. GENERAL**

G.1. How long are your rates guaranteed?

G.2. What is the participation requirement for your voluntary disability?

G.3. Will you accept a digital signature on EOI provided through the Enrollment website?

G.4. Employees who work 50% of a full-time position are eligible for medical. Since the work week is 37.5 hours for full-time, a “half-time” employee works 18.75 hours per week. Please confirm these employees are eligible for all coverages proposed and/or indicate any contingencies.

G.5. What is the guarantee issue limit for newly eligible employees?

G.6. Are Late Entrants subject to Evidence of Insurability? If so are there any exceptions?

G.7. Who would service the Clear Creek ISD account and where would he/she be located?

G.8. Please provide sample reports

G.9. Do you have any on-line video presentations that would facilitate explaining the benefit to employees? If so please provide a link or attach a sample.
H. Benefits of Educator Disability Plan

H.1. What is the maximum monthly benefit employees can select?

H.2. What is the minimum monthly benefit employees can select?

H.3. What are the increments between monthly benefit options? E.g. $50, $100, etc

H.4. Please indicate the Waiting Period options that are available to employees with the waiting period for disabilities resulting from accident listed before the waiting period for disabilities from illness, e.g. 7/7, 14/14, etc.

H.5. Please describe any features of your plan that would shorten the employee’s waiting period, e.g. hospital confinement, outpatient surgery etc.

H.6. Does your proposal include Waiver of Premium? If so, when does the Waiver of Premium begin?

H.7. Is there a survivor benefit? If so, how much and what are the criteria to qualify?

H.8. Are benefits available to pay Dependent Care expenses while receiving benefits? If so, please detail.

H.9. Are there benefits to pay education expenses for dependent children while receiving benefits? If so, please detail.

H.10. Describe your pre-existing condition limitation.

H.10 Are benefits payable during periods when employees are not scheduled to work, e.g. summer months, spring break, Christmas holidays, etc. Please detail any limitations related to this.
H.11. In general, what is the maximum benefit period for disabilities resulting from:
   - Mental health/substance abuse?
   - Subjective illness/self-reported symptoms?
   - Neuromuscular/Musculoskeletal/Soft Tissue Disorders?
   - Any other conditions? (Please describe)

H.12. How do you handle benefits for self-reported symptoms?

H.13. Are disabilities that are work-related covered? If so, please detail.

H.14. Please indicate any offsets that would apply to income benefits and provide detail on any special conditions related to such offsets, e.g. offset does not begin for 12 months.

H.15. How long is the “Own Occ” period and what is your definition of Own Occ?

H.16. What is your definition of Disabled during the “any occ” period?

H.17. Do you index predisability earnings for purposes of any disability earnings offsets? If so, please detail.

H.18. Describe your recurrent disability benefit.

H.19. When is Evidence of Insurability Required?

H.20. Please detail any additional programs included with your proposal, e.g. EAP, Air Ambulance, etc.
I. Operations/Claims Management

I.1. What is the deadline for reporting claims?

I.2. What is the deadline for providing proof of a claim?

I.3. Please check the methods by which an individual can file a claim with your company:
   o Paper
   o Web Portal
   o Telephonic
   o E-mail
   o Other (please specify)

I.4. How do you notify the claimant of claim receipt?

I.5. Can claimant track the progress of his/her claim on your website?

I.7. How/when is the District notified when claims are pended? Approved?

I.8. What kinds of background and/or credit checks are run on claimants and when?

I.9. Where are the individuals located that will be involved with adjudicating claims and providing various other services related to disability claims?

I.10. What are the hours during the day/week when Claims Reviewers are available by phone?

I.11. Describe the frequency with which benefits checks will be disbursed to the claimant.
I.12 What is your standard for turnaround time on a clean claim.

J. **Return to Work Incentives**


J.2 If you offer Trial Work Day/Temporary Recovery Day benefits, do these days count towards the Elimination Period?

J.3. Describe your Partial Disability Benefit, including whether and for how long there is an earnings cap on Disability Earnings.

J.4. Are “Partial Disability” days counted as Trial Work Days?

J.5. After returning to work, is there any period during which disability earnings would not offset income benefits? Please detail.

J.6. Describe your vocational rehabilitation program, including whether and at what point it may be required.

J.7. Please detail any worksite modification benefits

J.8. Describe services you provide to assist claimants in receiving Social Security disability benefits.
J.9. Are there any other financial incentives in your program that encourage employees to return to work? Please describe.

K. Various Fees/Services

K.1. Do you pay employer’s FICA match while claimant receives benefits?

   Yes  ☐  No  ☐

K.2. Do you distribute W-2 Statements to claimants?

K.3. Please provide rate tables for the 2 yr, 5yr and SSNRA Benefit Periods, each with waiting periods of 7/7, 14/14, 30/30, 60/60 and 90/90