

CITY OF PONTIAC VEBA TRUST

REQUEST FOR PROPOSAL

RE: INSURANCE AGENCY SERVICES – PROCUREMENT OF INSURANCE BENEFITS

OVERVIEW

The Trustees of the City of Pontiac VEBA Trust (the “VEBA Trust”) intends to secure a contract for insurance agency services. The purpose of this Request for Proposal (RFP) is to define the VEBA Trust’s minimum requirements and solicit proposals from which the VEBA Trust may evaluate such services.

PLAN PROFILE

The VEBA Trust is a newly created entity that will provide specific health insurance benefits for eligible retirees from the City of Pontiac. The Trust was executed in March 2020 and was created as a result of a historic settlement reached by the City of Pontiac and the City of Pontiac Retired Employees’ Association (CPREA). The terms of the settlement agreement are pending additional IRS approval. As a result of the IRS approval, the City of Pontiac General Employees’ Retirement System and City of Pontiac Police & Fire Retiree Prefunded Group Health and Insurance Plan are expected to terminate March 31, 2021. The VEBA Trust is anticipated to receive assets on or around April 1, 2021. The Plan is estimated to provide benefits to in excess of 1,500 participants. The Trust will be funded by assets transferred from the City of Pontiac Police & Fire Retiree Prefunded Group Health and Insurance Plan (approximately \$43M) and excess funding from the City of Pontiac General Employees’ Retirement System (assets to be determined).

SCOPE OF SERVICES

Insurance agency services desired by the VEBA Trust include, but are not limited to, the following:

1. Procuring proposals for health insurance benefits for the participants of the VEBA Trust, administering enrollment for participants, making recommendations for appropriate coverage, and working as a liaison with the insurer in the event of a claim. Alternatively, to provide consulting services to assist the Trustees in evaluating whether to self-insure benefits.

FORMAT REQUIREMENTS FOR PROPOSAL

To achieve a uniform review process and obtain the maximum degree of comparability, it is required that the proposal be organized in the following manner:

1. Title Page: Please indicate the RFP subject, the name of your organization, address, telephone number, name of account officer, name of contact person and date.

2. Table of Contents: Clearly identify the material by section and page number.
3. Letter of Transmittal: Limit to one or two pages.
 - (a) Briefly state your organization's understanding of the nature of the work.
 - (b) Give the names of the persons who will be authorized to make presentations for your organization, their titles, addresses, and telephone numbers.
4. Submission: The VEBA Trust requests that a total number of seven (7) complete sets of your proposal be submitted.

Proposals must be presented in a sealed envelope clearly marked as follows:

RFP: Insurance Agency Services – Procurement of Insurance Benefits
Matthew I. Henzi
AsherKelly, PLLC
25800 Northwestern Hwy., Ste. 1100
Southfield, MI 48075

One electronic copy should be forwarded to Matthew I. Henzi at mhenzi@asherkellylaw.com.

Your response to this RFP must be received at the above address by 5:00 p.m. on January 22, 2021.

All inquiries about the RFP should be brought to the attention of Matthew Henzi at mhenzi@asherkellylaw.com or 248-746-2762.

REQUEST FOR PROPOSAL

A. FIRM INFORMATION

1. Name of your firm, address, telephone number, federal tax identification number, and primary contact (name, direct phone, e-mail) for the request for proposal.
2. How long has your firm been in business? What is the recent history of your firm?
3. Describe the number of your Firm's employees, offices, and locations. Please describe your Firm's workforce diversity practices and/or policies. Please provide the demographic information which identifies the diverse makeup of your workforce. Are any of your employees residents of the City of Pontiac or nearby communities?
4. Explain your organization's present ownership structure, including affiliates and subsidiaries.

5. Does your organization provide other services or engage in business aside from insurance agency services? If so, please describe such services and the percentage of last year's revenues attributable to such services.
6. What is the number of full time employees in your firm? Provide a breakdown by classification.
7. Please submit biographical profiles of the individual(s) who will be assigned to this account. Where are these individuals located? Who will attend client meetings? Be specific as to experience (including duration and positions with your firm). Specifically, what multiemployer experience does each person have?
8. Provide a list of all your retiree health care plan, VEBA trust, and public sector employee benefit plan clients for whom you provide services.
9. Has your firm been involved in litigation within the last five years or does the firm have any pending litigation arising out of your performance? If so, explain fully.
10. Does your organization carry professional liability or any other insurance for wrongful acts/omissions? If so, please describe the insurer, type of insurance coverage, beneficiary of such coverage, limits of such coverage, and the deductible. Please produce a copy of the declaration pages or other evidence of insurance coverage as requested above.
11. Please describe what services you provide for insured-clients who are required to make a claim on the insurance policy you obtain for the client.
12. Describe why the Trustees should hire your firm as its insurance agency.
13. Describe your experience in soliciting proposals for insurance benefits for retiree health care plans and/or VEBA trusts. Also, describe your Firm's experience in providing consulting services when evaluating whether a plan should self-insure benefits?
14. Describe whether your Firm has experience in administering open enrollment for retiree health care plans and/or VEBA trusts.
15. Please describe how you administer open enrollment for retiree health care plans and/or VEBA trusts.

B. FEES AND CONTRACT

1. Please provide a fee schedule for the services encompassed by this RFP, and otherwise explain in detail all compensation (direct and indirect) you receive for your services.

2. What other costs or expenses, if any, might the Funds incur with your firm?
3. Do you receive other compensation (e.g. a commission) in addition to the fee schedule you proposed?

C. OTHER

1. Please set forth other information which you deem important for the Trustees to consider.

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