



COUNTY OF EL PASO
800 E. Overland, Suite 300
El Paso, Texas 79901
(915) 546-2048 (915) 546-8180 Fax

Notice to Interested Parties

Sealed Request for Proposals (RFP) will be received at the County Purchasing Department, 800 E. Overland, RM 300, El Paso, Texas 79901 before 2:00 p.m., **Thursday, April 19, 2012** to be opened at the County Purchasing Office the same date for **Short and Long Term Disability and On-Line Enrollment System for the County of El Paso**.

Proposals must be in a sealed envelope and marked:

“Proposals to be opened **April 19, 2012
Short and Long Term Disability and On-Line
Enrollment System for the County of El Paso
RFP Number 12-031”**

Any questions or additional information required by interested vendors must be submitted in writing to the attention of the County Purchasing Agent before Wednesday, April 11, 2012, at 12:00 p.m. Questions can be faxed to (915)-546-8180.

Award will be made based on a review of qualifications, scope of services and price. **COMMISSIONER’S COURT RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS AND WAIVE TECHNICALITIES.** Only proposals that conform to specifications will be considered. Successful Proposer shall not order items or services until a Purchasing Order is received from the County Purchasing Office. Payment will not be made on items delivered without an Agreement.

If the proposal totals more than \$100,000.00, the bidder shall furnish a certified cashier’s check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract price, executed with a surety company authorized to do business in the State of Texas. The certified cashier’s check must be included with the proposal at the time of the opening.

In order to remain active on the El Paso County Vendor list, each Vendor receiving this proposal must respond in some form. Vendors submitting a proposal must meet or exceed all specifications herein. Vendors submitting a no proposal must submit their reason in writing to the El Paso County Purchasing Department.

PITI VASQUEZ
County Purchasing Agent

IMPORTANT NOTICE FOR VENDORS

EL PASO COUNTY CODE OF ETHICS TRAINING REQUIREMENT FOR VENDORS

Vendors. Any vendor involved in a single procurement exceeding \$50,000 must complete training on the El Paso County Code of Ethics. **This training must be completed prior to submitting a bid or proposal, responding to a request for qualifications or proposals, or otherwise contracting with the county.** The training must be completed by an officer, principal, or other person with the authority to bind the vendor. The certification of completed training on the Ethics Code issued by the County Human Resources Department is valid for one (1) calendar year from the date of completion. A list of those Vendors with a current certification of completion and the corresponding date of expiration shall be maintained on the El Paso County website under the Purchasing Department's Current List of Training Certified Bidders. This training requirement does not apply to emergency purchases.

Training

In compliance with Section 161 of the Texas Local Government Code, training on the El Paso County Code of Ethics will be accessible in an online format to Vendors and Lobbyists on an ongoing basis, subject only to limitations due to technical resources. No person or entity required to complete training will have to do so more than once per year.

The required training for Vendors may be accessed and completed at: <http://www.epcounty.com/ethicscom/training.htm>

Once you have taken the ethics training course print out the confirmation and attach a copy to your proposal. Keep a copy for future references/proposals.

To view the list of the Vendors, the representatives and the date it expires.

❖ Go to <http://www.epcounty.com/ethicscom/training.htm>

❖ Select:

Vendors Who Have Completed Ethics Training

If you have taken the training and your name has not been added to the list, Please contact Gabby at our Human Resource Department at (915)546-2218 ext. 4069.

PROPOSAL SCHEDULE

To: El Paso County, Texas

I or we agree to furnish the following described equipment, supplies, or services for the prices shown in accordance with specifications listed below or attached. By execution of this proposal, I hereby represent and warrant to El Paso County that I have read and understood the Proposal Documents and the Contract Documents and this proposal is made in accordance with the Proposal Documents.

Please quote prices and discounts on the following items:

F. O. B. El Paso County

<p>Description – RFP # 12-031 Short and Long Term Disability and On-Line Enrollment System for the County of El Paso Vendor must meet or exceed specifications</p>
<p>Please do not include tax, as the County is tax-exempt. We will sign tax exemption certificates covering these items. Please submit one (1) original copy and six (6) electronic format copies (such as read-only CD or DVD and responses in Microsoft Word or Microsoft Excel)</p>

Company	Mailing Address
Federal Tax Identification No.	City, State, Zip Code
Ethics Representative (refer to page 2)	Ethics Training Date or Expiration Date
CIQ Confirmation Number	Conflict of Interest Questionnaire (CIQ) Filed Date
Representative Name & Title	Telephone Number include area code
Signature	Fax Number include area code
Date	Email Address

*****THIS MUST BE THE FIRST PAGE ON ALL BIDS*****

Short and Long Term Disability and On-Line Enrollment System for the County of El Paso

RFP #12-031



**Opening Date
Thursday, April 19, 2012**

GENERAL INFORMATION FOR VENDORS

A. PURPOSE AND BACKGROUND:

1. Purpose.

The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified vendors (“Vendor”, “Vendors” ,“Offeror” or “Offerors”) for both Short and Long Term Voluntary Disability supplemented with a dynamic online enrollment system that will accommodate the County’s enrollment and maintenance of eligibility elections for the medical, dental, vision, life, voluntary life, short and long term disability, health savings account, flexible savings account, dependent care account, section 125 plan, parking plan, and pre-paid legal benefit offerings for the County of El Paso, Texas (the “County” or “Issuer”).

2. Background.

El Paso County was created from Bexar District in 1849, organized in 1850, and incorporated in 1871. Parts of El Paso County were taken to form Culberson County in 1911 and Hudspeth County in 1915. The County derived its name from being a well-known pass through the Rocky Mountains. It is the most western County in Texas, and is about equidistant from Houston, Texas, Los Angeles, California and Denver, Colorado. Bordered on the east side by Hudspeth County, El Paso County is just to the north of the International Boundary between the United States of America and the Republic of Mexico, and touches Doña Ana County in New Mexico. The County is a strategic crossroads for continental north-south and east-west traffic. The County spans a geographic area of about 1,058 square miles.

The County is a political subdivision of the State of Texas. The governing body of the County is the elected five-member Commissioners Court in accordance with the Texas Constitution, Article 5, §18(b). The Commissioners Court consists of, the county judge, who is elected at large to a four-year term, and four county commissioners, each elected to represent a precinct within the county for a four-year term. In all Texas counties, the County Judge presides over Commissioners court meetings.

As of September 30, 2011 the City of El Paso Planning, Research and Development Department officials estimated the County population at 800,647. The Current Active Employee population is 2,883.

B. ISSUING OFFICE; COUNTY LIAISON; PROPOSED TIMETABLE

1. Issuing Office :

County of El Paso
Purchasing Department
Room 300, County Administrative Annex
800 E. Overland
El Paso, Texas 79901

2. County Liaison:

The County Purchasing Agent has named the following person as the individual to serve as the County's contact during the performance of the contract. Any telephone questions or problems must be addressed to her during County working hours, 8:00 A.M. to 5:00 P.M., Monday through Friday, or may be emailed or faxed to her attention. The following contact information is for questions only, not for the submission of proposals.

Elvia Contreras
Email: elcontreras@epcounty.com
Telephone: (915) 540-2048
Fax: (915) 546-8180

3. Proposed Timetable:

Activity	Target Date
Release of Request for Proposals	March 26, 2012
Deadline for questions	April 11, 2012
Submission of proposals	April 19, 2012

C. OFFEROR; VENDOR QUALIFICATION AND DISQUALIFICATION

Any person or entity responding to this RFP shall be referred to herein as a "Offeror" or "Vendor". Any reference to "you", "your", or derivation thereof refers to any actual or potential Offeror reviewing this RFP policy Offerors are required to comply with the following requirements and ethical standards. Failure to comply with any of the following requirements or ethical standards may serve to disqualify an Offeror from further consideration.

1. El Paso County Code of Ethics Training Requirement for Vendors

Any vendor involved in a single procurement exceeding \$50,000 must complete training on the El Paso County Code of Ethics. This training must be completed prior to submitting a bid or proposal, responding to a request for qualifications or proposals, or otherwise contracting with the county. The training must be completed by an officer, principal, or other person with the authority to bind the vendor. The certification of completed training on the Ethics Code issued by the County Human Resources Department is valid for one (1) calendar year from the date of completion. A list of those Vendors with a current certification of completion and the corresponding date of expiration shall be maintained on the El Paso County website under the Purchasing Department's Current List of Training Certified Bidders. **Vendors should print out completed training receipt and attach to RFP to verify that it was taken.** The required training for Vendors may be accessed and completed at: http://www.epcounty.com/ethicscom/trainingvendor_files/frame.htm

2. Private Communication with Vendors by Members of Commissioners Court, County Elected Officials/Department Heads

No member of the El Paso County Commissioners Court, County Elected Officials/Department Heads shall permit any vendor, its lobbyists, representative, or employee to communicate with him privately regarding any procurement of items by the County from the date that the RFP is released. No private communication regarding the purchase shall be permitted by a member of the commissioner's court, or a county elected official/department head, until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners' court, county elected officials/department heads and the board of managers shall make a reasonable effort to inform themselves regarding procurements and shall have a duty to inquire of vendors, their lobbyists, representatives, or employees, the nature of the private communication being sought prior to engaging in any communication.

IF ANY OFFEROR IS CONCERNED ABOUT THE LEGALITY, PROPRIETY, OR FAIRNESS OF THIS RFP OR THIS PROCUREMENT PROCESS, SUCH OFFEROR IS ENCOURAGED TO IMMEDIATELY CONTACT THE PURCHASING AGENT IN WRITING WITH SUCH CONCERN.

3. PROPOSAL SUBMISSION

All proposals, including all required copies, must be submitted to the Purchasing Agent, Room 300, 800 E. Overland, El Paso Texas 79901 by **Thursday, April 19, 2012** at 2:00 **p.m.** local time; all proposals shall be submitted in a sealed envelope, clearly marked to indicate that it is in response to County of El Paso RFP #12-031 for. Short and Long Term Disability and On-Line Enrollment System for the County of El Paso. Proposals in the form of emails, email attachments, telegrams, telephone calls, facsimiles or telex messages will not be accepted.

The proposal shall be signed by an official authorized to bind the Offeror (Authorized Officer) and shall contain a statement that the Offeror's proposal is firm until the Commissioners Court selects one Offeror RFP response and authorizes final contract negotiations between the parties (Award Date). On or after the Award Date, an Authorized Officer may withdraw its RFP proposal by written request to the Purchasing Agent. Such withdrawal shall be final upon receipt by the Purchasing Agent. If contract negotiations fail with the selected Offeror, the County shall not re-consider withdrawn RFP proposals for the award. If an Offeror does not withdraw its proposal, its RFP response will remain in effect until a final contract is executed or the solicitation is canceled.

One hard copy of the Offeror's Response to the Request for Proposal, with an original signature of an Authorize Officer, and six (6) electronic format copies (such as read-only CD or DVD and responses in Microsoft Word or Microsoft Excel) must be delivered to:

County of El Paso
Purchasing Department
Room 300, County Administrative Annex
800 E. Overland
El Paso, Texas 79901
Telephone (915) 546-2048

Each proposal shall include the information as further described in this RFP.

4. QUESTIONS, CHANGES, AND ADDENDA

If any Proposer is in doubt as to the meaning of any part of this RFP or otherwise believes that additional clarification or information is necessary in order for the Offeror to provide its proposal, a written request for clarification should be submitted to the Purchasing Agent no later than Wednesday, April 11, 2012 at 12:00 p.m.

Responses to such requests, changes to the RFP, and any and all addenda to the RFP shall be made only by written response to be posted on the County website at <http://www.epcounty.com/purchasing/bids/default.htm>

Offerors should regularly check the County Purchasing website for updates. Offeror should not make any changes to the questions in this RFP; however, Offerors may offer additional information to supplement your response. Changes made to the questions in this RFP may result in the disqualification of your offer.

5. DISPOSITION OF PROPOSALS; TEXAS PUBLIC INFORMATION ACT

All materials submitted in response to this RFP will become the property of the County of El Paso. As a political subdivision of the State of Texas, the County is governed by the Texas Public Information Act, Chapter 552, Texas Government Code.

If the Offeror considers any section or part of their proposal to contain confidential or proprietary information, such section or part shall be clearly marked and identified. In the event the County receives a request under the Public Information Act for Confidential Information as identified by Offeror, the County shall promptly notify the Offeror. It is expressly agreed that the County may request a determination from the Attorney General of the State of Texas in regard to the application of the Public Information Act to the requested information and whether the information is to be made available to the public. It is further agreed that County, its officers and employees shall have the right to rely on the determinations of the Texas Attorney General, and that County, its officers and employees shall have no liability to Offeror for disclosure to the public in reliance on a decision by the Attorney General. Nothing in this RFP shall require County or Offeror to violate the terms of the Public Information Act.

6. COST INCURRED IN RESPONDING

The County of El Paso shall not pay any costs incurred in the preparation and submission

of proposals or in making necessary studies or designs for the preparation thereof, nor to procure or contract for services.

7. LAWS AND REGULATIONS

All applicable federal and state laws, county policies and the rules and regulations of all authorities having jurisdiction over the contract shall apply to the contract throughout, and they will be considered to be included in the contract the same as though herein written out in full.

SECTION II
SERVICE REQUIREMENTS INFORMATION
FOR VENDORS: SCOPE OF WORK:

A formal questionnaire requesting additional detail on the capabilities and offers from Proposers is provided separately in an Excel File, named “County of El Paso STD LTD Online Service Questionnaire.

Proposers should return their response to the questionnaire in an electronic Excel File format, as well as in hard copy as directed in this solicitation.

The County of El Paso currently offers a voluntary Long Term Disability (LTD) benefit plan as described in the attached Certificate, and wishes to also offer Short Term Disability (STD) benefits on a voluntary and insured basis.

Proposers are requested to offer the same essential LTD benefits as described in the current certificate.

STD benefits should be offered in a plan design to replace the pre-disability income similar to the limits described in the current LTD program, illustrating premiums assuming either a 7 / 7 and 14 / 14 elimination period with a duration period bridging the time frame from the initial date of disability until LTD benefits begin (90 day total elimination period). Proposers may also submit additional elimination period options for the STD program for consideration.

The proposed rates should include the cost of offering the Online Enrollment Services the County of El Paso wishes to provide to accommodate enrollment and eligibility maintenance for all of its employee benefit programs described in the “General Information for Vendors” section of this solicitation.

Sample Policy certificates for all proposed LTD and STD benefits should be returned with your response, along with a sample contact for all proposed services.

The County of El Paso wishes to receive only one proposal from any qualified insurance carrier.

QUESTIONNAIRE TABS

General Information
Financial Information
Customer Service
References
Implementation Information
Disability Plan
Technical
Online Enrollment Services

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

GENERAL INFORMATION

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	Parent Company Name:	
2	Address:	
3	City/State/Zip:	
4	Company Name: (If not same as above)	
5	Address:	
6	City/State/Zip:	
7	Contact Person: (Employee of vendor)	
8	Contact Phone #:	
9	Contact Cellular #:	
10	Contact Email:	
11	Contact Fax #:	
12	Local Address:	
13	Local City/State/Zip:	
14	Local Contact Person: (Employee of vendor)	
15	Local Contact Phone #:	
16	Local Contact Mobile #:	
17	Local Contact Email:	
18	Local Contact Fax #:	
19	Federal Tax ID Number:	
20	Date Parent Company formed:	
21	Date Subsidiary Company formed:	
22	Date Company enrolled first group in State of Texas:	
23	Date Company was licensed to transact the appropriate line of insurance products in the State of Texas:	
24	Number of employees employed in Texas and Nationwide:	
25	Number of groups you insure with over 2000 eligible employees enrolled. Please identify Public Sector Texas Nationwide	

26	<p>Number of lives your insure:</p> <p style="text-align: center;">Private Sector Texas Nationwide</p> <p style="text-align: center;">Public Sector Texas Nationwide</p>	
27	<p>Is your company using any sub-contractors? If so, please provide the following information in your response for each sub-contractor: Name of sub-contractor, the scope of services the sub-contractor will perform, the reasons why you are sub-contracting these services, the benefit of sub-contracting these services, the depth of experience of the sub-contractor performing these services, and how you evaluated the sub-contractor, and why you selected this vendor to perform these services.</p>	
28	<p>Has your company recently been acquired or been involved with any merger/acquisition? If yes, briefly describe.</p>	
29	<p>Is your company involved in any pending or contemplated acquisition in the next 36 months? If yes, briefly describe.</p>	
30	<p>Under what other or former names has your company operated? If yes, briefly describe.</p>	
31	<p>Identify any officer, director, employee or agent of your organization who is also an employee of El Paso County.</p>	
32	<p>Disclose the name of any El Paso County employee who owns, directly or indirectly, an interest of 5% or more in your firm or any of its subsidiaries. Also disclose any familial or financial relationship anyone in your firm may have with any employee of the El Paso County or member of the family of an employee of El Paso County.</p>	
33	<p>Identify any affiliation your firm or an employee of yours currently has with El Paso County such as a current contract, sub-contractor on a current contract, a member of an advisory board, etc.</p>	

34	Describe your company's disaster recovery and contingency plans. Have you ever tested or actually implemented these plans?	
35	State your type of business: corporation, non-profit corporation, partnership, joint venture, etc.	
36	Has your company been involved in any litigation over the last five years; pending, settled, or dismissed? Explain each separately. If there is any pending litigation, please include an opinion of counsel as to whether the pending litigation will impair the proposer's performance in a contract under this RFP.)	
37	Has the proposer or any of the proposer's employees, agents, independent contractors or sub-contractors ever been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, provide an explanation of the relevant details.	
38	Has your company, within the last 10 years, filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, provide an explanation of the relevant details.	
39	What separates your firm from other competitors?	
40	Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.	
41	Have you ever failed to complete any work awarded to you? If so, where and why?	

FINANCIAL INFORMATION

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	Ratings: <div style="text-align: right; padding-right: 20px;"> AM Best Moody’s Standard & Poors Fitch </div>	
2	Describe your firm’s financial condition for the last three years. Specify fiscal period, retained earnings, debt, and equity. Detail each year separately: <div style="text-align: right; padding-right: 20px;"> Year1 Year2 Year3 </div>	
3	Has your company received any corrective action requests from any State or Federal Government in the last 5 years? If yes, briefly explain.	
4	How do you establish and maintain reserves for unreported claims?	
5	How do you establish and maintain reserves for known claimants?	

CUSTOMER SERVICE INFORMATION

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	What are your customer service hours of operation?	
2	Describe how calls are received and by whom.	
3	How are calls handled after hours and by whom?	
4	Is there a toll free number?	
5	Are you able to service the hearing impaired or those that speak a foreign language?	
6	What office will handle claims processing and payment? Are all claims adjudicated in one location? By one claims team?	
7	Do you monitor member satisfaction? How do you monitor satisfaction? How do you handle unsatisfied customers?	
8	How are the results communicated to the client and with what frequency?	
9	Describe your organization's capabilities with respect to providing communications in Spanish.	
10	Will an employee be able to access data or submit inquiries and receive responses on-line? Describe your on-line access capabilities.	
11	Please describe your standard member appeal process. Include in your response the differentiation between claims appeals and appeals regarding medical treatment.	

REFERENCES

Provide the contact information for **five current and three former clients of similar size, preferably in the public sector area**. Include Organization Name, Address, Contact Person Name and Phone #, number of employees, indicate private/public sector, and briefly explain what services you provided and for how long was your contract.

1	#1 Current	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
2	#2 Current	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
3	#3 Current	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	

4	#4 Current	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
5	#5 Current	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
6	#1 Former	
	Organization Name:	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
	Reason for termination:	
	7	#2 Former
Organization Name:		
Address:		
Contact Person:		
Phone #:		
Email:		

	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
	Reason for termination:	
8	#3 Former	
	Organization Name	
	Address:	
	Contact Person:	
	Phone #:	
	Fax #:	
	Email:	
	Number of Employees:	
	Private/public sector:	
	Length of Service:	
	Services Provided:	
	Reason for termination:	

IMPLEMENTATION INFORMATION

SERVICE PROVIDED :

Provide a detailed work plan you would use to implement administration of El Paso County's benefit program. Include key activities, the dates during which they will be performed, the person(s) on your team who would be responsible for carrying them through, and the anticipated time frame in which you would anticipate El Paso County's involvement. Please respond in a tabular or outline format rather than narrative format. Key activities should include the following:

	Name of Person, Title, Role	Contact Email	Contact Phone	Time Frame (Business days)	Initial Date	Ending Date
Initial planning meeting						
Periodic update meetings						
Preparation and distribution of enrollment kits						
Employee enrollment, including participation in employee meetings						
Processing of elections						
Preparation of your claim administration system inclusive of website accessibility, if applicable						
Customer services orientation						
Establishing the account structure, including initiation of periodic report generation (type and frequency), if applicable						
Certificate/SPD drafting, production and distribution						
Insurance contract draft, including applicable amendments or riders						
Provision of actual contract once drafts are approved						
Provision of administration manual						

PLEASE PROVIDE ANY ADDITIONAL KEY ACTIVITIES THAT ARE NOT LISTED ABOVE

SERVICES - DISABILITY

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	What is normal claim processing time?																																															
2	Please describe your claim filing process - both online and electronic.																																															
3	<p>Complete the following chart for each proposed plan of benefits:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Maximum Benefit Duration</td><td></td></tr> <tr><td style="text-align: center;">Elimination Period(s)</td><td></td></tr> <tr><td style="text-align: center;">Minimum and Maximum Benefit</td><td></td></tr> <tr><td style="text-align: center;">Hospital Indemnity Benefit</td><td></td></tr> <tr><td style="text-align: center;">Doctor Bill Benefit</td><td></td></tr> <tr><td style="text-align: center;">AD&D</td><td></td></tr> <tr><td style="text-align: center;">Waiver of Premium</td><td></td></tr> <tr><td style="text-align: center;">Survivor Benefit</td><td></td></tr> <tr><td style="text-align: center;">Accelerated Survivor Benefit</td><td></td></tr> <tr><td style="text-align: center;">Portability</td><td></td></tr> <tr><td style="text-align: center;">Conversion</td><td></td></tr> <tr><td style="text-align: center;">Partial Disability Benefits</td><td></td></tr> <tr><td style="text-align: center;">Alcohol/Drug Provision</td><td></td></tr> <tr><td style="text-align: center;">Mental Illness Provision</td><td></td></tr> <tr><td style="text-align: center;">Pregnancy Provision</td><td></td></tr> <tr><td style="text-align: center;">Benefit Integration</td><td></td></tr> <tr><td style="text-align: center;">Guaranteed Minimum Benefit after Integration</td><td></td></tr> <tr><td style="text-align: center;">Definition of Total Disability</td><td></td></tr> <tr><td style="text-align: center;">Pre-Existing Condition Limitation</td><td></td></tr> <tr><td style="text-align: center;">Guarantee Issue - Initial Enrollment</td><td></td></tr> <tr><td style="text-align: center;">Guarantee Issue - Re-Enrollments</td><td></td></tr> <tr><td style="text-align: center;">W-2 Preparation</td><td></td></tr> <tr><td style="text-align: center;">Other Benefits:</td><td></td></tr> </table>	Maximum Benefit Duration		Elimination Period(s)		Minimum and Maximum Benefit		Hospital Indemnity Benefit		Doctor Bill Benefit		AD&D		Waiver of Premium		Survivor Benefit		Accelerated Survivor Benefit		Portability		Conversion		Partial Disability Benefits		Alcohol/Drug Provision		Mental Illness Provision		Pregnancy Provision		Benefit Integration		Guaranteed Minimum Benefit after Integration		Definition of Total Disability		Pre-Existing Condition Limitation		Guarantee Issue - Initial Enrollment		Guarantee Issue - Re-Enrollments		W-2 Preparation		Other Benefits:		
Maximum Benefit Duration																																																
Elimination Period(s)																																																
Minimum and Maximum Benefit																																																
Hospital Indemnity Benefit																																																
Doctor Bill Benefit																																																
AD&D																																																
Waiver of Premium																																																
Survivor Benefit																																																
Accelerated Survivor Benefit																																																
Portability																																																
Conversion																																																
Partial Disability Benefits																																																
Alcohol/Drug Provision																																																
Mental Illness Provision																																																
Pregnancy Provision																																																
Benefit Integration																																																
Guaranteed Minimum Benefit after Integration																																																
Definition of Total Disability																																																
Pre-Existing Condition Limitation																																																
Guarantee Issue - Initial Enrollment																																																
Guarantee Issue - Re-Enrollments																																																
W-2 Preparation																																																
Other Benefits:																																																
4	What are your "guarantee issue" underwriting guidelines for the initial enrollment? Please describe your pre-existing provisions?																																															
5	Describe underwriting guidelines for currently insured employees.																																															
6	Describe the underwriting guidelines for annual re-enrollments.																																															
7	Describe initial enrollment procedures. (Include sample of enrollment materials)																																															

8	Are you duplicating exactly all existing Disability plan provisions and features? If not, please explain any deviations in your proposed contract compared to the current contract.	
9	Does Vendor/Proposer's proposal assume fully pooled rating?	
10	If you propose an experience rating approach, please describe in detail the morbidity and interest assumptions used in arriving at a present value of known claims, formula for developing delayed claims and IBNR reserves, etc.	
11	Please provide a detailed description of your standard STD/LTD claims procedures, including standard procedures for field investigators and use of clinics or other medical facilities for claim verification.	
12	What is your standard procedure for payment of benefits in the event of delay in receipt of Social Security or other offset benefits?	
13	Please explain Vendor/Proposer's method for establishing claim reserves as new claims "open."	
14	What is Vendor/Proposer's formula for establishing reserves for incurred but unreported claims?	
15	Do you offer both Integrated and Non-Integrated Plans?	
16	Do you have an in-house rehabilitation staff dedicated solely to disability claimants? What is the background of your rehabilitation staff?	
17	What rehabilitation services are provided to claimants as incentive for them to return to work?	
18	Please describe in detail how you administer the rehabilitation provision, including documentation on its effectiveness.	
19	How many claimants per 1,000 of open, active claims are involved in an active rehabilitation program (your block of business)?	
20	What services are provided to provide comfort for claimants with ongoing disabilities?	
21	What services are provided to assist claimants in obtaining Social Security disability?	
22	How frequently is proof of disability required? What criteria are used for follow-up requests? Are benefits suspended if no reply is sent?	

23	How are preliminary approving/conditional payments handled?	
24	Who performs claim investigations? Internal or out-sourced?	
25	Is your plan portable?	
26	What is your standard procedure for payment of benefits in the event of delay in receipt of Social Security or other offset benefits?	
27	What services are provided to assist claimants in obtaining Social Security disability?	
28	How frequently is proof of disability required? What criteria are used for follow-up requests? Are benefits suspended if no reply is sent?	

TECHNICAL

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	Provide details of your experience and capabilities in providing services similar to those specified in this RFP. Be sure to identify plans of similar size, preferably with governmental entities, particularly municipalities.	
2	The vendor must have the ability to administer the insured program, respond to and maintain compliance with applicable laws, regulations, rules and policies and provide efficient and effective liaison with El Paso County. Please confirm your capabilities.	
3	Describe your firm's procedures regarding routing of telephone, e-mail, fax and written inquiries and complaints from employer and participants.	
4	Provide a high-level overview of a business resumption plan in the event of an emergency, such as a natural disaster, temporary staffing, (e.g. strike). Include contingency plans for continuation of all business functions during an emergency, including a summary of the provisions for backup and recovery of all electronic information system.	
5	Provide a high-level summary of the steps that would be taken to insure a smooth transition to a successor insurer at the end of a contract period or in the event of contract default. Include the activities necessary for an orderly and controlled transition, the time-frame required for such a transition, the key business areas that would be involved and considerations required for the turnover of plan records to the successor insurer.	
6	What performance guarantees will you offer? If your performance guarantee includes a financial penalty, please specify.	
7	Do you monitor member satisfaction? If so, how frequent? How do you handle unsatisfied customers?	
8	When were your, eligibility, member services, and data reporting systems last upgraded or enhanced?	

9	When is the next upgrade/enhancement scheduled?	
10	Will you set up an email notification process to report approval of waivers and enrollment?	
11	What triggers a waiver of premium case review by a nurse or a physician?	
12	What are your expectations of the employer's role in the following processes: administration, appeal processing, investigations, etc?	
13	Is it possible for El Paso County to have on-line access to run reports and to view current status? Be specific as to how this would work.	
14	What, if any, data is required from El Paso County in order to assure a smooth transition?	
15	Describe your enrollment process for employees who elect coverage after the initial enrollment period.	
16	Specify your capabilities to monitor legal and regulatory matters at State and Federal Levels and how do you keep the client abreast of any changes?	
17	What standard reports are available? Frequency? Are there additional costs associated with these standard reports?	
18	Are there additional costs associated with customized reports? If so, what are those costs?	
19	Please provide your website address and an explanation of your website's capabilities and characteristics.	
20	What information is available to members via different methods? (i.e. voice response, web page, etc.)? Be detailed as to all the types of information that would be accessible via each method.	
21	If another local governmental entity operating within El Paso County wishes to obtain the same service at the same price enumerated in Proposer's proposal, will the Proposer honor the specifics of Proposer's proposal, including price? Any such arrangement will be between the other local governmental entity and the Proposer (this question is for information only; it will not be factored into the evaluation of your proposal).	

ONLINE ENROLLMENT SERVICES

Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.

1	How long have you provided online enrollment services?	
2	What is the size of the largest and smallest group you currently administer?	
3	Provide copies of materials that are provided to the employer and employees prior to the enrollment process?	
4	What is your recommendation regarding timing of enrollment meetings relative to the beginning of the plan year?	
5	What type of reporting do you provide to the employer once the elections are complete? (i.e. copies of the election forms, summary of elections, etc.). Provide examples	
6	Do you have a staff or retained attorney to provide interpretation and analysis of any federal rules and regulations in order to maintain compliance?	
7	Describe the range of plan elections is your system able to capture (i.e. medical, dental, flexible spending accounts, deferred compensation etc)?	
8	Please describe the process that is used to capture and communicate data to existing vendors?	
9	What announcements, letters or bulletins are made available to employees to educate them about the enrollment system?	
10	Will El Paso County have access to a dedicated programmer for the project? If so, please identify the individual and experience.	
11	Do you have experience conducting Positive and Passive enrollments?	
12	How do you handle open enrollment with changes in premium at renewal time (typically each year)?	
13	How do you enroll individuals that don't have computer access?	
14	How do you capture information for coverage lines that require underwriting (i.e. voluntary term life insurance)	
15	How often is Human Resources provided a status report on enrollment progress?	
16	Do you have the ability to provide the employee a Benefit Statement to include any monies being paid on their behalf for their benefits by El Paso County?	
17	In what formats is the collected data made available to El Paso County?	



Welcome Breck Schmidt
COUNTY OF EL PASO TEXAS

Contracts: Rates & Renewals

Policy: 643895 Contract Effective Date: 01/01/2006

Issue State: Texas

Please select contract version and coverage

Contract Version: 01/01/2011 - current Coverage: Long Term Disability - A

Long Term Disability Version Effective Date 01/01/2011 through current

NAICS: 92119 All Other General Government
Member Definition: 1. A regular employee of the Employer working 30.0 hours Week

Long Term Disability Rates		643895- A	Coverage Effective Date: 01/01/2006	
Age Range	Age Graded Rate	Number of Lives	Insured Volume	
- 24	0.249	34	79,201	
25 - 29	0.249	86	222,300	
30 - 34	0.274	108	323,983	
35 - 39	0.319	108	384,679	
40 - 44	0.440	81	377,528	
45 - 49	0.641	67	259,158	
50 - 54	0.930	55	230,254	
55 - 59	1.249	26	93,902	
60 - 64	1.355	9	36,421	
65 - 69	1.444	1	7,200	
70 -	1.652	2	10,059	

Age Based on: Member Date Age Based on:

Long Term Disability Renewal			
Last Renewal:	01/01/2011	Next Renewal:	01/01/2012
Notice of Rate Change:	61 days	Rate Guarantee Period:	12 months

[Terms and Conditions](#)

Copyright © 2011 StanCorp Financial Group, Inc. All rights reserved.
[Privacy Policy](#) and [Legal Notices](#).



TheStandardSM
Positively different.

COUNTY OF EL PASO TEXAS

GROUP POLICY 643895
EXPERIENCE REPORT

LONG TERM DISABILITY

	01/01/2011 THROUGH 12/31/2011	01/01/2009 THROUGH 12/31/2011
EARNED PREMIUMS	\$133,055	\$427,575
PAID CLAIMS	15,340	42,064
CHANGE IN REPORTED RESERVES	-105,114	0
CHANGE IN IBNR RESERVES	-1,774	47,705
TOTAL INCURRED CLAIMS	-91,548	89,769
LESS		
PREMIUM TAX	2,328	7,482
OTHER EXPENSE AND RISK CHARGES	32,102	98,562
TOTAL EXPENSE AND RISK CHARGES	34,430	106,044
BALANCE	190,173	231,762

BGLESSNE
1Q

900 SW Fifth Avenue
Portland OR 97204
Tel 888.937.4783

Standard Insurance Company — A subsidiary of StanCorp Financial Group, Inc.

COUNTY OF EL PASO, TEXAS

CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS*

Instructions for the certifications:

General Requirements

The County of El Paso, Texas is required to obtain from all applicants of federal funds or pass-through certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying," 21 CFR part 1414, Government wide Debarment and Suspension (Non procurement), Certification Regarding Federal Debt Status (OMB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the County of El Paso determines to award the covered cooperative agreement

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over \$100,000, as defined at 21 CFR Part 1405, the applicant certifies that;

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement,
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

1. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction or contract under a public transaction violation of Federal or State antitrust statutes or commission of

embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to the application.

2. DRUG-FREE WORKPLACE

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

A. The applicant certifies that it will or will continue to provide a drug free workplace by:

(a). Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The applicant's policy of maintaining a drug free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee must

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The County of El Paso, Texas, 500 East San Antonio Street, Suite 406, El Paso, Texas 79901. Notice shall include the identification number of each affected grant

(f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. CERTIFICATION REGARDING FEDERAL DEBT STATUS (OMB Circular A-129)

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

4. CERTIFICATION REGARDING THE NONDISCRIMINATION STATUTES AND IMPLEMENTING REGULATIONS

The applicant certifies that it will comply with the following nondiscrimination statutes and their implementing regulations: (a) title VI of the Civil right Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 of the rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972m as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, and amended (42 U.S.C. 6101 ec seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Business Name

Date

Name of Authorized Representative

Signature of Authorized Representative

* All three (3) pages of this document must be included in all responses.

COUNTY OF EL PASO PURCHASING DEPARTMENT

MDR Building, 800 E. Overland
ROOM 300, EL PASO, TEXAS 79901
(915) 546-2048, FAX: (915) 546-8180

PITI VASQUEZ, PURCHASING AGENT
JOSE LOPEZ, JR. ASST. PURCHASING AGENT
LUCY BALDERAMA, INVENTORY BID TECHNICIAN
EL VIA CONTRERAS, FORMAL BID BUYER

PROPOSAL CONDITIONS

This is the only approved instruction for use on your invitation to bid. Items below apply to and become a part of the terms and conditions of the bid.

1. BY SUBMITTING A PROPOSAL, EACH BIDDER AGREES TO WAIVE ANY AND ALL CLAIMS IT HAS OR MAY HAVE AGAINST THE COUNTY OF EL PASO, AND ITS OFFICERS, AGENTS AND EMPLOYEES, ARISING OUT OF OR IN CONNECTION WITH: THE DOCUMENTS, PROCEDURES, ADMINISTRATION, EVALUATION, OR RECOMMENDATION OF ANY PROPOSAL; THE WAIVER BY EL PASO COUNTY OF ANY REQUIREMENTS UNDER THE PROPOSAL DOCUMENTS OR THE CONTRACT DOCUMENTS; THE ACCEPTANCE OR REJECTION OF ANY PROPOSAL; AND THE AWARD OF THE CONTRACT.
2. Proposal must be in the Purchasing Department **BEFORE** the hour and date specified. Faxed proposals will not be accepted.
3. Late proposals properly identified will be returned to bidder unopened. Late proposals will not be considered under any circumstances.
4. All proposals are for new equipment or merchandise unless otherwise specified (merchandise only).
5. Quotes F.O.B. destination. If otherwise, show exact cost to deliver (merchandise only).
6. Proposal unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. RFP subject to unlimited price increases will not be considered.
7. Proposals must give full firm name and address of offeror. Failure to manually sign the proposal will disqualify it. Person signing should show title or authority to bind his firm in a contract.
8. No substitutions or cancellations permitted without written approval of County Purchasing Agent for merchandise.
9. The County reserves the right to accept or reject all or any part of the proposal, waive minor technicalities and award the proposal to the lowest responsible proposer. The County of El Paso reserves the right to award by item or by total proposal. Prices should be itemized.
10. RFP \$100,000.00 and over, the proposer shall furnish a certified cashier's check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract prices and execute with a surety company authorized to do business in the State of Texas. The bid bond must be included with the bid at the time of the opening.
11. This is a quotation inquiry only and implies no obligation of the part of the County of El Paso.
12. The County of El Paso reserves the right to reject any proposal due to failure of performance on deliveries. The County Purchasing Agent will justify this.
13. Brand names are for descriptive purposes only, not restrictive (merchandise only).

14. The County of El Paso is an Equal Opportunity Employer.
15. Any proposal sent via express mail or overnight delivery service must have the RFP number and title clearly marked on the outside of the express mail or overnight delivery service envelope or package. Failure to clearly identify your proposal may be cause for disqualification.
16. PURSUANT TO TEXAS GOVERNMENT CODE SECTION 2253.021, A PRIME CONTRACTOR WHO IS AWARDED A PUBLIC WORKS CONSTRUCTION CONTRACT SHALL, PRIOR TO BEGINNING THE WORK, EXECUTE TO THE COUNTY:
 - 1) A PERFORMANCE BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$100,000; AND
 - 2) A PAYMENT BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$25,000.
17. PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 262.032(b), ANY SUCCESSFUL BIDDER WHO IS AWARDED ANY CONTRACT IN EXCESS OF \$50,000 MAY BE REQUIRED TO EXECUTE A PERFORMANCE BOND TO THE COUNTY. SAID BOND SHALL BE IN THE FULL AMOUNT OF THE CONTRACT AND MUST BE FURNISHED WITHIN 30 DAYS AFTER THE DATE A PURCHASE ORDER IS ISSUED OR THE CONTRACT IS SIGNED AND PRIOR TO COMMENCEMENT OF THE ACTUAL WORK. ANY PERFORMANCE BOND REQUIRED PURSUANT TO THIS SECTION SHALL BE NOTED IN THE ATTACHED DETAILED BID SPECIFICATIONS OR SCOPE OF WORK. THIS SECTION DOES NOT APPLY TO A PERFORMANCE BOND REQUIRED BY CHAPTER 2253, TEXAS GOVERNMENT CODE.
18. “Beginning January 1, 2006, in order to implement HB 914 (adding new Local Government Code Chapter 176), ALL VENDORS MUST SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE (Form CIQ) disclosing its affiliations and business relationships with the County’s Officers (County Judge and Commissioners Court) as well as the County employees and contractors who make recommendations for the expenditure of County funds. The names of the County Officers and of the County employees and contractors making recommendations to the County Officers on this contract are listed in the Specifications.

THE CONFLICT OF INTEREST QUESTIONNAIRE MUST BE FILED WITH THE COUNTY CLERK AND A COPY OR PROOF OF FILING MUST BE ATTACHED TO THE BIDDER’S RESPONSE SUBMITTED TO THE PURCHASING DEPARTMENT.

Bidders should be aware that this bidding condition is not intended to cover or to advise you about all situations in which Local Government Code Chapter 176 would require you to file a Form CIQ. You should consult your private attorney with regard to the application of this law and your compliance requirements. Failure to comply is punishable as a Class C misdemeanor.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE EL PASO COUNTY PURCHASING DEPARTMENT. **THE EL PASO COUNTY CODE OF ETHICS PROHIBITS ALL PRIVATE COMMUNICATION BETWEEN VENDORS AND CERTAIN COUNTY OFFICIALS AND EMPLOYEES AS DESCRIBED BELOW:**

No vendor, its representative, agent, or employee shall engage in private communication with a member of the El Paso County Commissioners Court or county department heads regarding any procurement of goods or services by the County from the date that the bid, RFP, or RFQ is released. No private communication regarding the purchase shall be permitted until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners court are required to make a reasonable effort to inform themselves regarding potential procurements and have a duty to inquire of vendors, their representatives or employees, the nature of any private communication being sought prior to engaging in any communication. "Private Communication" means communication with any vendor outside of a posted meeting of the governing body, a regular meeting of a standing or appointed committee, or a negotiation with a vendor which has been specifically authorized by the governing body.

Health Insurance Benefits Provided By Bidder

Consideration of Health Insurance Benefits*

1. Do you or your subcontractor(s) currently offer health insurance benefits to your employees?

If so, please describe those health insurance benefits that you or your subcontractor(s) currently provide/offer to your employees.

2. What percentage, if any, of your of your subcontractor’s employees are currently enrolled in the health insurance benefits program?

El Paso County may consider provision of health insurance benefits as part of the overall “best value” determination. Failure to provide health insurance benefits will not disqualify you from participating in this bid selection process.

Business Name

Date

Name of Authorized Representative

Signature of Authorized Representative

*

* This page must be included in all responses.



COUNTY OF EL PASO
County Purchasing Department
800 E. Overland, RM 300
El Paso, Texas 79901
(915) 546-2048
(915) 546-8180 Fax

RE: RFP #12-031, Short and Long Term Disability and On-Line Enrollment System for the County of El Paso

Dear Vendor:

As of January 1, 2006, the Texas Local Government Code Chapter 176 requires all vendors and potential vendors who contract or seek to contract for the sale or purchase of property, goods, or services with any local government entity to complete and submit a Conflicts of Interest Questionnaire. A copy of the requirements regarding vendors is attached. Also attached is a copy of the Questionnaire which needs to be filed and was prepared and approved for statewide use by the Texas Ethics Commission.

In filing out the Questionnaire, the following are the County Officers that will award the bid and the employees which will make a recommendation to the Commissioners Court:

County Officers:	County Judge Veronica Escobar Commissioner Anna Perez Commissioner Sergio Lewis Commissioner Tania M. Chozet Commissioner Dan Haggerty
County Employees:	Piti Vasquez, Purchasing Agent Jose Lopez, Jr., Assistant Purchasing Agent Peter Gutierrez, Buyer II Elvia Contreras, Formal Bid Buyer Lucy Balderama, Inventory Bid Technician Betsy Keller, HR Manager Sam Trujillo, Risk Manager Lupe Jauregui, Benefits Specialist Jim Fashion, Benefits Specialist Rick Hernandez, RPB Justin Pretiger, RPB Kathryn Hairston, RPB Josie Brostrom, Legal Department Edward Dion, County Auditor Wally Hardgrove, Auditor Dept. Nic McCarthy, Auditor Dept. Imelda Gaytan, Auditor Department Randy McGraw, Consultant

Please note that the state law requires that the Questionnaire be filed with the **COUNTY CLERK** no later than **the 7th business day after submitting an application, response to an RFP, RFQ or bid** or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor

COUNTY OF EL PASO PURCHASING DEPARTMENT

PITI VASQUEZ, PURCHASING AGENT
JOSE LOPEZ, JR. ASST. PURCHASING AGENT
LUCY BALDERAMA, INVENTORY BID TECHNICIAN
ELVIA CONTRERAS, FORMAL BID BUYER

MDR BUILDING, 800 E. OVERLAND
ROOM 300, EL PASO TEXAS 79901
(915)546-2048, FAX (915)546-8180

Instructions: Conflict of Interest Form (CIQ)

- *Please complete CIQ Form whether or not a conflict exists.*
- **Box #1** All Vendors Must Print Clearly their names and company name.
- **Box #2** If the vendor has already filed a CIQ for the current year and is updating (filing a new one) due to changes on bid, please check box. If this is the first time within the current year that the vendor is submitting a CIQ, then do not check this box.
- **Box #3** If you are filing a disclosure of conflict of interest, meaning that you do have a relationship with someone listed on the page prior to the CIQ form on your BID, RFP, RFQ, or RFI, then you must print the name of the person whom you have a business relationship with.
- If you answer *yes* to any of the following: **Item A, B, C** you have a conflict and must disclose on this form.
- **Item D** List the type of relationship and what department in the local government the person you have listed in **Box #3**.
- **Box #4** Please have the person that is named on **Box# 1**, sign and date in this box. We request a contact number in case there are any questions or form is missing information. This is a courtesy to you.
- It is the vendor's responsibility to submit the CIQ document number provided by the County Clerk's to the Purchasing Department.
- Please note that the state law requires that the Questionnaire be filed with the COUNTY CLERK no later than the 7th business day after submitting an application, response to an RFP, RFQ, RFI or bid or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor.
- File a completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-543-3816 the attention of the County Clerk's office.
- If filing by fax use your fax confirmation (date/time) for your records. To obtain a copy/CIQ document number go to our website at www.epcounty.com, click on public records, click on to [Official Public Records](#) - Deeds of Trust, Liens and other public documents (County Clerk), type in the name of your company, on Style: scroll to CIQ-Conflict INT. QUESTIONNAIRE, and click on Search. It will be available on the web-site approximately 7 to 15 business days. Please fax a copy of your fax confirmation (date/time) to The Purchasing Department at (915) 546-8180. If you have not yet placed it in your Bid, RFP, RFQ, RFI.
- If you have any questions, please call Elvia Contreras or Lucy Balderama at 915-546-2048

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

OFFICE USE ONLY

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

Date Received

RFP # 12-031

1 Name of person who has a business relationship with local governmental entity.

2

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3

Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

Signature of person doing business with the governmental entity

Date

Adopted 06/29/2007

Tex. Local Gov't Code § 176.006 (2005)

§ 176.006. Disclosure Requirements for Vendors and Other Persons; Questionnaire

(a) A person described by Section 176.002(a) shall file a completed conflict of interest questionnaire with the appropriate records administrator not later than the seventh business day after the date that the person:

(1) begins contract discussions or negotiations with the local governmental entity; or

(2) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the local governmental entity.

(b) The commission shall adopt a conflict of interest questionnaire for use under this section that requires disclosure of a person's affiliations or business relationships that might cause a conflict of interest with a local governmental entity.

(c) The questionnaire adopted under Subsection (b) must require, for the local governmental entity with respect to which the questionnaire is filed, that the person filing the questionnaire:

(1) describe each affiliation or business relationship the person has with each local government officer of the local governmental entity;

(2) identify each affiliation or business relationship described by Subdivision (1) with respect to which the local government officer receives, or is likely to receive, taxable income from the person filing the questionnaire;

(3) identify each affiliation or business relationship described by Subdivision (1) with respect to which the person filing the questionnaire receives, or is likely to receive, taxable income that:

(A) is received from, or at the direction of, a local government officer of the local governmental entity; and

(B) is not received from the local governmental entity;

(4) describe each affiliation or business relationship with a corporation or other business entity with respect to which a local government officer of the local governmental entity:

(A) serves as an officer or director; or

(B) holds an ownership interest of 10 percent or more;

(5) describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to the expenditure of money;

(6) describe each affiliation or business relationship with a person who:

(A) is a local government officer; and

(B) appoints or employs a local government officer of the local governmental entity that is the subject of the questionnaire; and

(7) describe any other affiliation or business relationship that might cause a conflict of interest.

(d) A person described by Subsection (a) shall file an updated completed questionnaire with the appropriate records administrator not later than:

(1) September 1 of each year in which an activity described by Subsection (a) is pending; and

(2) the seventh business day after the date of an event that would make a statement in the questionnaire incomplete

or inaccurate.

(e) A person is not required to file an updated completed questionnaire under Subsection (d)(1) in a year if the person has filed a questionnaire under Subsection (c) or (d)(2) on or after June 1, but before September 1, of that year.

(f) A person commits an offense if the person violates this section. An offense under this subsection is a Class C misdemeanor.

(g) It is a defense to prosecution under Subsection (f) that the person filed the required questionnaire not later than the seventh business day after the date the person received notice of the violation.

Tex. Local Gov't Code § 176.001 (2005)

§ 176.001. Definitions

In this chapter:

(1) "Commission" means the Texas Ethics Commission.

(2) "Family member" means a person related to another person within the first degree by consanguinity or affinity, as described by Subchapter B, Chapter 573, and Government Code.

(3) "Local governmental entity" means a county, municipality, school district, junior college district, or other political subdivision of this state or a local government corporation, board, commission, district, or authority to which a member is appointed by the commissioners court of a county, the mayor of a municipality, or the governing body of a municipality. The term does not include an association, corporation, or organization of governmental entities organized to provide to its members education, assistance, products, or services or to represent its members before the legislative, administrative, or judicial branches of the state or federal government.

(4) "Local government officer" means:

(A) a member of the governing body of a local governmental entity; or

(B) a director, superintendent, administrator, president, or other person designated as the executive officer of the local governmental entity.

(5) "Records administrator" means the director, county clerk, municipal secretary, superintendent, or other person responsible for maintaining the records of the local governmental entity.

COUNTY OF EL PASO, TEXAS
Check List

**Short and Long Term Disability and On-Line
Enrollment System for the County of El Paso
RFP #12-031**

THIS CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE

_____ Responses should be delivered to the County Purchasing Department by 2:00 p.m., Thursday, April 19, 2012. Did you visit our website (www.epcounty.com) for any addendums?

_____ Did you sign the Bidding Schedule?

_____ Did you sign the “Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; Federal Debt Status, and Nondiscrimination Status And Implementing Regulations” document?

_____ Did you sign the “Consideration of Insurance Benefits” form?

_____ Did you file a copy of the completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk (in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-543-3816 attention Joann) and write the confirmation number given as proof of filing on your bidding schedule? Please include the completed and signed form with your response whether a relationship exists or not

_____ If your bid totals more than \$100,000, did you include a bid bond?

_____ Did you complete the mandatory ethics training course and include a confirmation print as indicated in page 2?

_____ Did you provide one original and six (6) electronic format copies (such as read-only CD or DVD and responses in Microsoft Word or Microsoft Excel)?