**QUESTIONNAIRE**

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| **General Company Information** |
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| Parent Company Name: |
| Address: |
| City/State/Zip: |
| Company Name: (if not same as above) |
| Address: |
| City/State/Zip: |
| Contact Person: (Employee of vendor) |
| Contact Phone #: |
| Contact Email: |
| Contact Fax#: |
| Federal Tax ID Number: |
| Date Parent Company formed: |
| Date Subsidiary Company formed: |
| Date Company enrolled first group in Texas: |
| Number of employees employed in Texas: |
| Number of groups you administer with over 2000 employees in forces: |
| Private Sector |
| Texas: |
| Nationwide: |
| Public Sector |
| Texas: |
| Nationwide: |
| Is your Company using any sub-contractors? |
| If yes, list name of sub contractor and scope of services: |
| Has your company been recently acquired or been involved with any merger/acquisition? |
| If yes, briefly describe: |
| Under what other or former names has your company operated?Are any services necessary for the operation of your organization provided by a third party? |
| State your type of business: corporation, non-profit corporation, partnership, joint venture etc. |
| How many years of experience does your company have servicing group contracts with 2000 or more eligible employees: |
| Has your company been involved in any litigation over the last five years; pending, settled or dismissed? |
| Has your company, within the last 10 years, filed (or had filed against it) any bankruptcy or insolvency proceeding? |
| Have you ever failed to complete any work awarded to you? |
| What separates your firm form other competitors: |

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| **Financial Information** |

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| Describe your firm’s financial condition for the last three years. Specify retained earnings, debt, and equity. Detail each year separately. |
| Has your company received any corrective action requests from a State Government in the last 5 years? |
| Describe in detail how renewal rates will be determined after the initial guarantee period. |
| What performance guarantees will you offer? |

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| **Customer Service Information** |
| What are the customer service hours of operation? |
| Describe how calls are received and by whom. |
| How are calls handled after hours and by whom? |
| Is there a toll free number? |
| Are you able to service the hearing impaired or those that speak a foreign language? |
| Do you monitor member satisfaction? |
| If so how frequent? |
| How do you handle unsatisfied customers? |
| Please provide your website address and an explanation of your website’s capabilities. |
| What information is available to members via different methods? |

**REQUEST FOR PROPOSAL RESPONSE FORM**

**Bi-weekly fee**

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| Premium only:  |
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| Parking Conversion:  |
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| Parking Reimbursement only:  |
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| FSA Account & Parking Conversion:  |
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| FSA Account & Parking Reimbursement:  |
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| FSA only:  |
|  |
| FSA & Premium only |
|  |
| Dependent Care only:  |
|  |
| Dependent Care and Premium only:  |
|  |
| FSA, Premium only & Parking Conversion |
|  |
| FSA, Premium only & Parking Reimbursement:  |
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| Maximum per employee:  |