



COUNTY OF EL PASO
500 E. San Antonio, Suite PU500
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, 500 E. San Antonio, Suite 500, El Paso, Texas 79901 before 2:00 p.m., **Tuesday, November 7, 2006** to be opened at the County Purchasing Office the same date for **Stop Loss Insurance for the County of El Paso**.

Proposals must be in a sealed envelope and marked:
"Proposals to be opened November 7, 2006
Medical Plan Stop Loss Insurance for the County of El Paso
RFP Number 06-093"

Any questions or additional information required by interested vendors must be submitted in writing to the attention of the County Purchasing Agent before Thursday, October 26, 2006, 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 cashiers 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 cashiers 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

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

Description – RFP #06-093 Medical Plan Stop Loss Insurance for the County of El Paso
Vendor must meet or exceed specifications
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 and five (5) duplicates of your proposal.

Company

Address

Federal Tax Identification No.

City, State, Zip Code

CIQ Confirmation Number

CIQ Sent Date

Representative Name & Title

Telephone & Fax Number

Signature

Date

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

COUNTY OF EL PASO, TEXAS

Check List

Medical Plan Stop Loss Insurance for the County of El Paso RFP #06-093

THIS CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE

_____ Responses should be delivered to the County Purchasing Department by 2:00 p.m., Tuesday, November 7, 2006. 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 915-546-2012 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 provide one original and five (5) copies of your response?

THE COUNTY OF EL PASO

REQUEST FOR PROPOSAL RFP #06-093

MEDICAL PLAN STOP LOSS INSURANCE

OCTOBER 2006

TABLE OF CONTENTS

PROPOSAL SPECIFICATIONS.....1

SUBMISSION OF QUESTIONS1

PROPOSAL DEADLINE1

PROPOSAL FORMAT AND CONTENT2

DURATION OF THE CONTRACT2

COMMISSIONS2

EVALUATION OF PROPOSALS2

PROPOSAL PRESENTATION3

FINAL EVALUATION AND SELECTION.....3

CONFIDENTIALITY3

CURRENT PLAN OPTIONS4

CONTRIBUTION STRATEGY4

STOP LOSS REINSURANCE QUESTIONNAIRE5

EXHIBITS8

Proposal Specifications

Vendors are invited to present proposals for Medical and Dental Plan Stop Loss Insurance that are based on the unique capabilities and resources of their organization and that, at the same time, recognize the County of El Paso's specific needs.

The assumptions upon which your proposal should be based are outlined in this RFP.

Timetable for Proposals – subject to change

<u>Activity</u>	<u>Target Date</u>
Release of specifications	October 16, 2006
Deadline for questions	October 26, 2006
Submission of proposals	November 7, 2006
Review, presentations, or negotiations	November 13, 2006
Selection and notification of vendor	November 22, 2006
Effective date of Contract	January 1, 2007

Submission of Questions

Please submit any questions you have in writing to:

County of El Paso Purchasing Department
500 East San Antonio, Suite PU500
El Paso, TX 79901
Attn: Piti Vasquez, Purchasing Agent
Fax: 915-546-8180

All questions received by October 26, 2006 will be answered in writing, with the answers being sent to all bidders as soon as possible.

Proposal Deadline

Proposals must be received no later than November 7, 2006. Proposals received after 2:00 p.m. Mountain Time on this date will not be accepted.

One original and five identical copies of the proposal should be submitted to:

Piti Vasquez
The County of El Paso
500 East San Antonio, Suite PU500
El Paso, Texas

Proposal Format and Content

Proposals should respond clearly and concisely to all of the inquiries contained in the proposal questionnaire of this RFP. Vendors electing not to answer certain questions should explain their reasons for not responding to such questions. Provide documentation and proof sources of all representations.

Duration of the Contract

Proposals should expressly state that the offer (including all rate and fee quotations submitted in response to this RFP, as well as the scope and character of the services described in the proposal) will remain in effect until at least December 31, 2007 (1 year). The County of El Paso would also request terms for two one year extensions.

Commissions

The County of El Paso prefers that proposals be submitted net of commissions, finders fees and overrides. The inclusion of fees will not cause your proposal to be disqualified. However, any fees paid to any party other than the entity assuming the risk must be disclosed in detail.

Evaluation of Proposals

Proposals will be evaluated jointly by the County of El Paso Risk Pool Board and G.P. Graham Capital Management Group. Recommendations will be presented to the County of El Paso Commissioners Court for final approval.

Each proposal will be evaluated according to a number of criteria that will be grouped into these major categories:

Financial Stability and Experience of the Stop Loss Carrier	15%
Management information reporting capabilities	5%
Client Service Claims Payment Capabilities	15%
The ability to integrate with the current Third Party Administrator, Access Administrators, El Paso, Texas.	15%
Ability to comply with specifications as presented.	15%
Cost (premium plus liability or exposure subject to interpretation by the County)	35%

The County of El Paso reserves the right to accept or reject any or all proposals and to negotiate the most favorable terms for the benefit of the plan.

Proposal Presentation

Vendors selected as finalists may be requested to make a formal presentation of its proposal at the County of El Paso.

Final Evaluation and Selection

Each vendor will be evaluated on the basis of the capabilities described in the written proposal. Any oral representations must be confirmed in writing. The vendor that is judged to offer the most attractive program on the basis of the overall evaluation will be selected for recommendation.

Confidentiality

All information presented in this RFP, including information subsequently disclosed by the County of El Paso during the proposal process, shall be considered confidential. Information should not be released to outside parties, and the RFP should not be discussed with anyone at the County of El Paso other than the identified parties without the written consent of the County of El Paso. All vendors should include their patient/customer confidentiality statements and policies, and HIPAA policies in their proposal.

Vendors are cautioned that once a contract has been awarded, all information contained in proposals submitted pursuant to this RFP must, upon request, be disclosed to the PUBLIC, unless the information is exempt from the requirements of Government Code Section 552.021 pertaining to public information. The County of El Paso reserves its right to open proposals in a manner that avoids disclosure of the contents to competing offerors and keeps the proposals secret during negotiations and prior to award. Trade secrets, commercial or financial background data, and privileged or confidential information may be excluded from public inspection even after the award. Any information contained in your proposal falling into one of these categories which you want protected from public disclosure must be clearly identified so that The County of El Paso may, at its option seek to take appropriate action to protect it, to the extent consistent with applicable law. Data so identified will be reviewed by the County of

El Paso's Attorney and maintained as a protected record. Vendors who claim information contained in a proposal is privileged or confidential may be asked to support such a claim in a request for a determination by the Attorney General.

All requests to review and/or obtain copies of Proposals must be submitted in writing and will be handled as an Open Records Request.

Current Plan Options

The County of El Paso currently offers two levels of benefits to its employees: the Core Plan and the Buy Up Plan. Retirees are also eligible under the plan and are identified in the census and claim data.

Plan benefit summaries and enrollment statistics are included as Exhibits.

Contribution Strategy

Both plans are contributory as described in the exhibits.

Stop Loss Reinsurance Questionnaire

The County of El Paso currently purchases and will consider offers from Proposers for specific stop loss at a \$225,000, deductible, with a \$2,000,000 lifetime maximum. Please provide quotes on a 15/12 basis. Specific Stop Loss should be quoted to include medical and prescription drug claims.

Aggregate coverage should be quoted for medical and prescription drugs under one set of factors and dental claims under a separate set of factors.

The County of El Paso would also like to consider a higher deductible option also. Please illustrate rates for a \$250,000, and \$300,000 deductible.

It is the intent of The County of El Paso to carry forward accumulators on benefit maximums. Historical disclosure data and rate information is included in the Exhibits Section.

The County of El Paso currently uses Access Administrators based in El Paso, Texas as its TPA and access the Advantage Care Network for its preferred providers.

1. How long have you (the stop loss reinsurance carrier) been in business?
2. Please provide the following financial ratings for the stop loss reinsurance carrier.
 - AM Best
 - Moody's
 - Standard & Poors
 - Duff & Phelps
3. Provide the most recent financial statement for the stop loss reinsurance carrier.
4. What percentage of your overall business is medical stop loss reinsurance related?
5. Please indicate your company's annual stop-loss premium.
6. Please indicate your company's total number of stop-loss cases (clients) (United States only).
7. Do you reinsure the stop-loss coverage? If so, provide details.
8. Please explain your company's procedure for determining reimbursement of claims that exceed the specific stop-loss level. When would those amounts be reimbursed?
9. Are cost-containment investigation expenses and PPO percentage of discount costs included in your Specific reimbursements?
10. What is the maximum Specific and Aggregate reimbursement?
11. Is there a Run-In limit (amount or time) on "paid" stop loss coverage for both the initial year of coverage or renewal years?

12. How are specific stop-loss charges derived? Provide a description of your rating methodology.
13. Does your Stop Loss contract have any limits for any of the following? If so, please describe.
 - Transplants
 - Substance Abuse
 - Mental Nervous Conditions
 - AIDS
14. If your company offers discounts for utilizing centers of excellence or cost management programs, please provide details on the programs, affiliated costs at the time of claim, and details regarding discounts for utilizing those programs.
15. Is the Stop Loss through an MGU? If so, please provide Name, Address, and Phone Number of the MGU being used.
16. If an MGU, do you handle claims "in-house"? If not, who handles them?
17. If an MGU, are there additional Insurance Carriers accepting layers of risk? Please disclose the Names, Address, and Phone Numbers of those carriers and the percentage of risk taken. Answer all of the questions in this RFP relating to any carrier assuming risk.
18. What type of claims data reporting do you require if you provide stop-loss coverage and are not the claims payor? Explain in detail the claim data information you need from the claims administrator at the time of claim. How will TPA errors in claim payments be handled by your company?
19. At time of renewal will you agree to quote removing any existing large claim from your rating for the group overall? Please specify what determines a large claim.
20. Do you have a provision for advance payment of Aggregate claims that exceed the limit early in the plan year? If so, please provide details and identify the cost for this provision as a separate factor.
21. Will you agree to recognize all eligible claims on the effective date of the contract including hospitalizations, if any, and those related to pre-existing conditions or members no actively at work?
22. Do you require the client to make the initial payment for eligible Specific claims, or do you reimburse simultaneously once the claim exceeds the retention level?
23. Provide details on any claims turnaround guarantees.
24. What is the maximum time beyond the date of service that you allow for submission of Stop Loss payments by a TPA?

25. How recent must claims experience be in order to provide "final terms" and what is the earliest point in time that you will finalize and guarantee your terms and conditions of coverage?
26. Will you agree to waive any "actively-at-work" requirement?
27. Please list three client references for which stop-loss claims have been paid.
28. Do you require the TPA to provide Error's & Omissions coverage? At what limits?
29. Does your firm have Errors & Omissions coverage? If so, who is the carrier and what are your policy limits?
30. Do you reserve the right to unilaterally terminate a group for poor Experience?
31. Confirm that retirees and their eligible dependents are covered under your proposal
32. Are you licensed to conduct business in the State of Texas?
33. Are there any additional surcharges or taxes not disclosed in this proposal? Please explain
34. Explain how your company will handle lasering of any members, both initially and at renewal. Will you guarantee that future enrollees will not be lasered?
35. Will you guarantee renewal terms and conditions in advance? Will you guarantee a maximum rate adjustment with no additional lasering upon renewal? If so, please provide a detailed response.
36. Do you provide "override" commissions for higher levels of production to the TPA or any other party?
37. Offer your rate quotations in your standard format.

Exhibits

The following files are available for download at the County of El Paso website:

<http://www.co.el-paso.tx.us/purchasing/bids/default.html>

Summary Plan Description and pending amendment

Historical Enrollment Data

Claims Data Reports and Disclosures

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 (a)

(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 four (4) pages of this document must be included in all responses.

COUNTY OF EL PASO PURCHASING DEPARTMENT

COUNTY COURTHOUSE, 500 EAST SAN ANTONIO,
ROOM PU500, EL PASO, TEXAS 79901
(915) 546-2048, FAX: (915) 546-8180

PITI VASQUEZ, PURCHASING AGENT
JOSE LOPEZ, JR. ASST. PURCHASING AGENT
CLAUDIA SEPULVEDA, BID CLERK/BUYER

BIDDING 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 BID, 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 BID; THE WAIVER BY EL PASO COUNTY OF ANY REQUIREMENTS UNDER THE BID DOCUMENTS OR THE CONTRACT DOCUMENTS; THE ACCEPTANCE OR REJECTION OF ANY BIDS; AND THE AWARD OF THE CONTRACT.
2. Bids must be in the Purchasing Department **BEFORE** the hour and date specified. Faxed bids will not be accepted.
3. Late bids properly identified will be returned to bidder unopened. Late bids will not be considered under any circumstances.
4. All bids are for new equipment or merchandise unless otherwise specified.
5. Quotes F.O.B. destination. If otherwise, show exact cost to deliver.
6. Bid unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. Bids subject to unlimited price increases will not be considered.
7. Bids must give full firm name and address of bidder. Failure to manually sign bid 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.
9. The County reserves the right to accept or reject all or any part of any bid, waive minor technicalities and award the bid to the lowest responsible bidder. The County of El Paso reserves the right to award by item or by total bid. Prices should be itemized.
10. Bids \$100,000.00 and over, the bidder shall furnish a certified cashiers 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.
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 proposal 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
500 East San Antonio, Suite PU500
El Paso, Texas 79901
(915) 546-2048
(915) 546-8180 Fax

RE: RFP #06-093, Medical Plan Stop Loss Insurance 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 Dolores Briones
Commissioner Larry Medina
Commissioner Betti Flores
Commissioner Miguel Teran
Commissioner Dan Haggerty

County Employees: Piti Vasquez, Purchasing Agent
Jose Lopez, Jr., Assistant Purchasing Agent
Claudia Sepulveda, Bid Clerk/Buyer
Robert Almanzan, Human Resources Director
Wallace Hardgrove, Budget and Financial Manager
Ralph Mitchell, Assistant Chief and Member of the Risk Pool Board

Risk Pool Board: Soledad Basoco
Larry Romero
Leticia Paez
Richard Diaz

Randy McGraw, Consultant to the Risk Pool

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, RFO 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

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, 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.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government 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 violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business 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 September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3

Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

4

Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM CIQ

Page 2

5

Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. 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 from the filer of the questionnaire?

Yes

No

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

Yes

No

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

Yes

No

D. Describe each affiliation or business relationship.

6

Signature of person doing business with the governmental entity

Date