



# Immokalee Fire Control District

502 New Market Road East, Immokalee, FL. 34142

Michael J. Choate, Fire Chief

## REQUEST FOR QUALIFICATIONS

*Immokalee Fire Control District  
Request for Qualifications and Proposal  
For:  
Employee Benefit Advisor/Agent of Record*

The Immokalee Fire Control District (the "District") is an independent special district created under Chapter 1955-30665, Laws of Florida, as a fire control district responsible for equipping, operating and maintain a fire department within its boundaries. It is governed by a five (5) member Board of Fire Commissioners who is elected by District residents. Under the Board's direction, the Fire Chief manages the District's three (3) stations and thirty employees. The District has both bargaining and non-bargaining unit employees.

Immokalee Fire Control District ("the District") is requesting qualifications from qualified firms for a Benefit Advisor/ Agent of Record for our Employee Welfare & Benefits program.

Those firms interested in being considered for this Benefit Consultant/Agent of Record position are instructed to submit (1) original and five (5) copies of their proposal in paper and digital form, **at or before 4:00 PM on Monday, August 27, 2018 Fire Chief/District Manager Michael Choate, 502 New Market Road East, Immokalee, FL 34142, in a sealed envelope.** Any response received after this time will not be accepted. Responses delayed for any reason shall not be considered. Late responses will be returned to the respondent unopened. Faxed responses and electronically mailed responses will not be accepted.

The District reserves the right to reject any or all responses in its sole discretion. The District also reserves the right to waive irregularities and technicalities and to re-advertise for additional responses. All costs and expenses related to preparation and submission of a response are the responsibility of the responder. Questions related to the submission of a response should be directed to Fire Chief Michael Choate via email to [mchoate@immfire.com](mailto:mchoate@immfire.com).

All responses will be reviewed by the District staff. All proposals meeting the minimum qualifications will be provided to the Board of Fire Commissioners at the September 20, 2018 regularly scheduled Board Meeting. Proposers may be asked to make scheduled presentations to the District's Board of Commissioners at staff's discretion. The District's Board of Commissioners will select the Benefit Advisor/Agent of Record for

Employee Health Insurance and Benefits during this meeting. The Agent of Record will be effective October 1, 2018.

Evaluation criteria will include: compliance with submission requirements, qualifications of bidder to meet the District's objectives, whether the proposed services meet the District's objectives and whether the overall approach have been adequately and technically addressed, and the proposed fee.

### **SCOPE OF WORK:**

The Request for Qualifications and Proposal requires the successful responder to act as an independent contractor and consultant which has the expertise and ability to evaluate insurance coverage's and proposals being offered by various insurance companies through various insurance plans to the District. Further, the successful responder will be required to assist the District in preparing a request for proposals for insurance or similar document and evaluating responses to same. The successful responder will be required to assist the District in the negotiation of contracts with insurance companies for various types of insurance coverage for the District. If the successful responder becomes the District's insurance agent because of the District's selection of an insurance provider who recognizes the selected responder as a qualified agent, the selected responder will be responsible for ongoing dedicated administrative support on behalf of the District, including assisting the District with resolving billing, eligibility, claims, compliance matters, and providing communication tools and material to the District.

### **RESPONSE REQUIREMENTS:**

#### **General:**

- I. Provide a brief Firm Overview and a description of Ownership of your agency – describe your benefit advisory practice. Where are your principal offices located and what is your local presence. What lines of insurance does your firm manage – benefits, property casualty, other?
- II. Provide a brief Bio for the staff who would be servicing our benefit plan and what their duties will be. Describe their education and background. Of your total staff, what percentage is dedicated to employee benefits?
- III. Provide a list of the insurance carriers your agency has a relationship with today.
- IV. Provide a copy of your Errors and Omissions declaration page for your professional liability insurance

#### **Insurance Procurement & Implementation:**

- I. Describe your process for procuring insurance coverage for your clients each year. Provide a sample timeline.
- II. Provide an overview of the implementation process. Include details on the forms of communication that will be used – enrollment guides (provide a sample), compliance communications (sample), education on benefits and

- their proper usage, cost containment education and strategies. Discuss the use of technology in your communication initiative.
- III. Describe any other services/opportunities/special arrangements that you may have access to that would benefit the District during procurement and implementation.

**Account Management, Service and Support:**

- I. Describe your approach to account management, including eligibility maintenance, carrier interaction, and census updates. Provide a detailed list of the services you offer/support.
- II. Do you have bilingual staff available? Do you offer both verbal and written bilingual services year-round?
- III. Communication: Provide a summary of your communication strategy with your clients.
- IV. Claims resolution for the both employees and family members: Explain your process for claim support and response time.

**Worksite Wellness:**

- I. What services and education do you provide for a Worksite Wellness Program?
- II. Is a third party utilized?

**Human Resource Support:**

- I. Describe your human resources support for your clients. Provide a detailed list of the services you offer/support. Is your HR support staffed within your agency with a dedicated HR professional or is it provided on an outsourced basis? Do you provide any legal support with your services?
- II. What ongoing education and training can you provide us for HR? Provide examples of your HR communications and education support and/or special events each year.

**Cost Containment/benefit maximization Strategies:**

- I. What cost containment strategies have you found effective for your clients benefit plans and how have you supported the implementation of these strategies?
- II. Do you offer any special support for participants enrolled in HDHP's? Describe.

**References:**

Provide 4 references for accounts of similar size and industry to ours including contact information and details about your relationship with them. Identify the benefits you handle on their behalf.