Attachment 2: Questionnaire

Directions for Completing this Questionnaire

1. Submit answers to the following questionnaire as part of your Complete Proposal.
2. Conciseness and clarity of content are emphasized and encouraged. Voluminous, vague and/or general proposals may be considered non-responsive and may result in disqualification.

RFP Contacts

1. Provide the following information for the Primary and Secondary contacts for this RFP.
   - Name:
   - Title:
   - Email:
   - Phone:

   Name:
   Title:
   Email:
   Phone:

Company Information and Experience

2. Company’s legal name.
3. An organizational chart of your company, and its parent, and all of its subsidiaries and affiliated companies.
4. Provide the location of the business unit or division that is responding to this RFP.
5. Provide a summary of your company’s corporate history and any anticipated changes in operations and/or ownership.
6. Provide a five-year history of your company’s ratings from A.M. Best, Standard & Poor’s, Moody’s, and Fitch.
7. What estimated percentage of premium revenue is devoted to Life and LTD business segments for Public Entities?
8. If publicly available, please provide the number of open claims filed with your company within the State of Missouri related to Life/LTD benefits.
9. Since January 1, 2017, how many Life or LTD clients (include associated premium revenue) have you gained?
10. Since January 1, 2017 how many Life or LTD clients (include associated premium revenue) have you lost?
Attachment 2: Questionnaire

11. Has your company ever been named as a defendant by a client in an action, proceeding, or litigation involving Life or LTD services your company was providing to the client?
   ( ) Yes
   ( ) No
   If “Yes,” explain, including the court in which the litigation was filed and the case number, as applicable.

12. Has your company been terminated for cause from any Life or LTD contract?
   ( ) Yes
   ( ) No
   If “Yes,” explain, including what your company did to change operations or personnel to preclude the circumstances from re-occurring.

13. Are there any current or pending regulatory actions or investigations related to your company?
   ( ) Yes
   ( ) No
   If “Yes,” explain.

14. Provide two objective examples as to why MOSERS should work with your company. The response must be limited to no more than 200 words.

Client Services / Quality Assurance

15. Explain how your company would coordinate and execute the enrollment process for all benefit plans (with emphasis toward the Voluntary Life). Provide information regarding your company’s on-line enrollment process, including:
   a. dedicated enrollment team assigned to MOSERS;
   b. estimated timeline for the transition process;
   c. anticipated hurdles of transitioning to a large number of members;
   d. personalized enrollment worksheets on-line;
   e. eligibility and premium charges;
   f. maintenance of beneficiary information, if collected at enrollment; and
   g. details on the information necessary to transfer data on an ongoing basis.

16. Please describe the resources dedicated to quality assurance / quality control.

17. Outline your company’s self-billing procedures, including on-line payment capabilities for MOSERS. Include billing office information and contact individual’s information.
Attachment 2: Questionnaire

**Member Services**

18. Please describe the resources dedicated to plan and claim administration.

19. Please provide example policy forms.

20. Please provide a statement-of-claim handling procedures, including response time to issue a claim determination for LTD benefits, death benefits, etc.

21. Please include your company’s performance guarantees for the items listed below (additional items may be open for negotiation with MOSERS). A complete description of guarantees, total dollars at risk, and measurement criteria should be included.

   a. LTD:
      i. LTD claim decisions/timing
      ii. LTD procedural accuracy of claims
      iii. LTD claims verification timeliness (statements sent to MOSERS)
      iv. LTD financial accuracy

   b. Life:
      i. payment accuracy
      ii. decision accuracy
      iii. decision accuracy specific to waiver of premium
      iv. payment timeliness
      v. member satisfaction with initial claim decision

   c. medical underwriting (evidence of insurability) timely decisions

   d. phone call response (speed to answer and abandoned)

**Reporting**

22. Provide the following information relative to claims reporting:

   a. examples of claims reports available to MOSERS;

   b. the frequency of reports;

   c. confirmation that MOSERS can file claims on-line or if a hard copy must be filed in;

   d. the location, office hours, and 800-number of the claims office; and

   e. confirmation that your company can provide customer service support to MOSERS staff via a secure access Web based platform. If so, please briefly describe.

23. Please provide examples of loss information reports.

**Risk Management and Systems**

24. Did your company have a SOC report prepared? What was the opinion?

25. Do you have an external party review or audit your financial statements? If so, who is the firm and what type of opinion was provided on the latest report (if applicable)?

26. Has your company recently changed external auditors (if applicable)?
Attachment 2: Questionnaire

27. Describe the procedures and safeguards you use to protect your data including the confidentiality of information regarding members and beneficiaries.

28. What systems and processes are in place to prevent fraud?

29. Describe your company’s resources to technology.

30. What is your approach to cyber security?

31. Does your company perform background checks on new hires and employees?

32. Describe your disaster recovery plan including geographic areas of the country where facilities are located, the method and format for securing member data, and the speed and processes for bringing those facilities operational. Please include the frequency the disaster recovery system is tested.

**Premiums and Other Costs**

33. Provide the guaranteed rates for the five-year base contract (rates must be identical for all five years of the Life contract and all five years of the LTD contract). Please indicate if quoted plans are contingent upon writing both programs. **If quoted plans are contingent upon writing both programs (preferred), please detail any rate incentives associated with writing both programs.**

34. Historically, MOSERS’ retains approximately $480,000 per year before remitting premiums to the carrier as reimbursement for administrative assistance. Additionally, the carrier provides one full-time onsite Account Specialist.

   a. Please provide the anticipated amount of retained administration fees that would be discounted:
      
      i. Life Fee (all life products):
      
      ii. LTD Fee:

   b. Please indicate whether a full-time onsite Account Specialist will be provided at no cost to MOSERS?
      
      ( ) Yes
      
      ( ) No

   c. If providing an Account Specialist, please confirm MOSERS has the right to interview and either accept/reject any such individual.
      
      ( ) Yes
      
      ( ) No

35. Identify the cost (if any) if your company prints and mails benefit booklets direct to the members in lieu of MOSERS distributing them.

36. Please identify any additional cost to MOSERS for on-line enrollment services.

37. If premiums will increase after the five-year guarantee rate period, please describe, in detail, the factors used to determine the premiums.
References

38. Please provide three current and two former client references, including the size of the client and duration of the relationship. Please include the entity name, contact name, address, telephone number, and e-mail address.