

REQUESTS FOR LIFE INSURANCE PROPOSALS

CITY OF SEDALIA, MISSOURI



JULY 6, 2015

PREPARED BY:
PERSONNEL OFFICE
CITY OF SEDALIA, MISSOURI
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SEDALIA, MISSOURI 65301
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Proposals must be submitted no later than
August 19, 2015 – 2:00 P.M.

CITY OF SEDALIA, MISSOURI

LIFE INSURANCE BID PACKAGE

Bid Forms & Information

- Life Plan Specifications
- Current Life Insurance Benefits
- Current Supplemental Group Life Benefits
- Current Dependent Life Benefits for Spouse & Children
- Bid Form – Employee Basic Life Insurance Plan
- Bid Form – Employee Voluntary Group Life Insurance
- Bid Form – Life Insurance – Dependent Spouse & Children
- Bid Form – Optional Employee Basic Life Insurance Plan
- Current Employee Census
- Current Supplemental Life Census
- Claim Information – 2013, 2014 and 2015

BASIC LIFE PLAN SPECIFICATIONS

The City currently offers a one times salary Basic Life Insurance Policy along with an Accidental Death and Dismemberment Policy thru Standard Insurance Company to all active full-time employees. Both of these policies are completely paid for by the city. In addition, employees have the option of purchasing additional life insurance on themselves, as well as their spouse and/or children in 1 of 2 ways:

- Supplemental Life Insurance for Employee/Spouse/Children
- Dependent Life Insurance for Spouse and Children

Retirees are not included under this benefit.

All insurance bid to the city should have portability options. Rules for portability and costs associated are required to be considered a responsive bid.

Included with this packet are copies of the existing coverage's furnished by Standard Insurance Company and a copy of our employee supplemental life census giving age, persons covered, and supplemental life amounts.

Optional Long Term Care: The city also wishes to consider the cost of an optional amount for long term care insurance, if available, as part of the life insurance quote for individual employee participation. Optional bids should be attached to the bid response and should be clearly marked as an Optional Long Term Care Insurance Ryder.

It is anticipated that the City Council will award a contract to the successful company and the new coverage's will take effect January 1, 2016.

All rates must be guaranteed for a 12-month period unless otherwise approved by the city.

Each year, after the initial open enrollment, the city desires to provide an opportunity for employees to make any necessary changes to their coverage and to add dependents not presently covered under the plan.

Each bid should be submitted with a sample policy, a detailed explanation of all coverage's and a complete breakdown of premiums. Before any contract shall be awarded for furnishing of the required insurance coverage's, the successful bidder shall agree in writing to furnish a written notice no less than 60 days in advance of any proposed rate increase.

The City of Sedalia retains the right to reject any or all bids submitted or waive any irregularities contained in the bid and to accept the bids most advantageous to the City of Sedalia. Each bidder waives any claim against the City of Sedalia should the city fail to select their proposal. Late proposals will be unopened.

Additional information or questions concerning this request may be directed to the Personnel Office (660) 827-3000, Extension 123.

Failure to comply with any of the above instructions will automatically disqualify the bidder unless specifically approved by the City of Sedalia.

CITY OF SEDALIA, MISSOURI

CURRENT BASIC LIFE INSURANCE BENEFITS

CITY EMPLOYEES ONLY

Life Insurance	One Times Salary Basic Life Insurance
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AGE REDUCTION SCHEDULE:

The following reductions, selected by the Policyholder, apply to the Insured's Benefit Amount under the current policy.

- At insured's age 65, coverage is reduced by 35%
- At insured's age 70, coverage is reduced by 50%
- At insured's age 75, coverage is reduced by 65%

Accidental Death	One Times Salary will be payable if death occurs as a result of an accident.
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AGE REDUCTION SCHEDULE:

- At insured's age 65, coverage is reduced by 35%
- At insured's age 70, coverage is reduced by 50%
- At insured's age 75, coverage is reduced by 65%

CURRENT MONTHLY COST

Life Insurance cost ranges from \$3.36 - \$10.78 per month for an employee

CITY OF SEDALIA, MISSOURI

CURRENT VOLUNTARY GROUP LIFE BENEFITS

Employee Supplemental Life Insurance:

Increments of \$10,000 with a minimum of \$10,000 and a maximum of \$150,000.

Spouse Supplemental Dependent Life Insurance:

Dependent Insurance for Spouse increments of \$5,000 with a minimum of \$5,000 and a maximum of \$50,000, not to exceed 50% of the Employee's elected amount.
(Any increase in dependent life insurance requires satisfactory evidence of insurability)

AGE REDUCTION SCHEDULE:

At insured's age 65, coverage is reduced by 35%
At insured's age 70, coverage is reduced by 50%
At insured's age 75, coverage is reduced by 65%

Children Supplemental Life Insurance:

Dependent Insurance for Children in increments of \$1,000 with a maximum of \$10,000 per child. Premium rate for child(ren) is \$0.16 per \$1,000 regardless of the number of child(ren).

Current Voluntary Life Rates Per \$1,000 For Employees

Age of Employee	Amount	Cost/Month
<30	Per \$1000	\$.05
30-34	Same	\$.07
35-39	Same	\$.10
40-44	Same	\$.15
45-49	Same	\$.23
50-54	Same	\$.36
55-59	Same	\$.56
60-64	Same	\$.78
65-69	Same	\$1.37
70-74	Same	\$1.37
75+	Same	\$6.50

CITY OF SEDALIA, MISSOURI

**CURRENT OPTIONAL DEPENDENT LIFE BENEFITS FOR SPOUSE
AND CHILDREN**

Currently, for \$1.07/per month, an employee may purchase basic life insurance for their spouse and children.

On receiving written proof that an insured Dependent has died, the Life Insurance Company will pay the Life Insurance to the Insured.

AMOUNT OF DEPENDENT'S BASIC LIFE INSURANCE:

*Spouse – Maximum \$5,000

Each Child from Live Birth to Age 20 unless enrolled as a full time student in an accredited institution for higher education which changes the maximum age to 24 – Maximum \$1,000.

NOTE: (Approximately 82 City Employees currently have this coverage)

BASIC LIFE INSURANCE PLAN PROVIDED BY THE CITY

PRIMARY BID FORM

COMPANY NAME

ADDRESS

CITY EMPLOYEES ONLY

Life Insurance Company: -----
Address: -----

Accidental Death Company: -----
Address: -----

MONTHLY COSTS PER EMPLOYEE

	Rate per thousand of coverage
Life Insurance	\$ _____
Accidental Death	\$ _____

Evaluation:

1. Attach the basis of portability?
2. Attached the rates for portability?

NOTE: Coverage is for employees only

EMPLOYEE VOLUNTARY GROUP LIFE INSURANCE

PRIMARY BID FORM

AGE BRACKET

MONTHLY LIFE RATES/\$1,000 BENEFIT

Please specify the amounts by which the life insurance will reduce at what age if applicable.

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OPTIONAL LONG TERM CARE RYDER
PAID BY EMPLOYEE THROUGH PAYROLL DEDUCTION

BID FORM

COMPANY NAME

ADDRESS

CITY EMPLOYEES ONLY

Insurance Company: -----

Address: -----

MONTHLY COSTS

Rate per thousand

Long Term Care \$ _____

Duration (How Many Months Coverage) _____

Please state any reductions for in the benefit amount:

NOTE: Coverage is for employees only