



# **Floyd County Board of Commissioners**

**Request for Proposals  
(RFP No. 16-0310)**

**To Provide**

**Consulting Services  
for  
Employee Health and Benefits Plan**

**Proposal Release Date**

**February 4, 2016**

**Proposal Submittal Date**

**3:00 PM, March 10, 2016**

**Floyd County Administration Building  
12 East 4<sup>th</sup> Avenue  
Rome, Georgia 30161**

**REQUEST FOR PROPOSAL**  
**RFP# 16-0310**

Georgia, Floyd County  
February 4, 2016

The Floyd County Board of Commissioners will receive proposals for

HEALTH AND BENEFITS  
CONSULTING SERVICE

Proposals will be received until 3:00pm, Thursday, March 10, 2016 local time in the office of the Purchasing Director, located in Suite 106 of the Floyd County Administration Building, #12 East Fourth Ave, Rome, Georgia 30161. No proposal will be accepted after this time and date.

Scope: Floyd County is seeking proposals from qualified consultants to provide health plan and benefits consulting services. The focus of the consulting service is on the health and welfare plans. The consultant must demonstrate the ability to deliver innovative and top-grade work and to do so within very tight deadlines. Over the past few years, the County has implemented health plan changes designed to help it contain the rising cost of medical insurance. The primary focus of the consultant will be on identifying innovative approaches to health plan administration and the creation of health plan options to control costs. One of our immediate objectives is to review the changes the County has made in the past few years and identify other changes necessary to keep costs down for the County and employees, while maintaining the high quality and competitive health benefits that employees have come to expect.

Specifications, further instructions and agreements can be obtained from the Office of the Purchasing Director [lamn@floydcountyga.org](mailto:lamn@floydcountyga.org) (706) 291-5109. Award, if approved, will be made by the Floyd County Board of Commissioners. Full RFP Packets may be downloaded from Floyd County Purchasing RFP/Bids page [www.romefloyd.com](http://www.romefloyd.com) or Georgia Procurement Registry Web Site [https://ssl.doas.state.ga.us/PRSapp/PR\\_index.jsp](https://ssl.doas.state.ga.us/PRSapp/PR_index.jsp)

Questions concerning this RFP are to be directed to the purchasing director [lamn@floydcountyga.org](mailto:lamn@floydcountyga.org). Deadline for all questions is 3:00PM February 18, 2016

Floyd County reserves the right to waive compliance by any applicant with any provision contained in this request whenever the County in its sole discretion believes such waiver is in the County's best interests.

Floyd County is an Equal Opportunity Employer.

## **SUBMISSION OF PROPOSAL**

The completed response must be received no later than 3:00PM legally prevailing time on Thursday March 10, 2016.

One original signed proposal, five (5) bound copies to include pricing in separate envelope and one (1) electronic copy on either a jump drive or CD.

**The electronic copy** should include the entire RFP response and should be submitted on either a jump drive or CD in a searchable PDF Format. Electronic versions must include the complete response, along with the cost proposal, references, vendor profile questionnaire, forms, etc.

### **Proposals should be submitted to the following address:**

Floyd County Purchasing  
Nancy Lam, Purchasing Director  
12 E. 4th Ave., Suite 106  
Rome, GA 30161

**Late Proposals will not be accepted.** Each proposal must be sealed and submitted with the RFP name, closing date and time on the outside of the envelope/package.

The information requested and the manners of submission are essential to permit prompt evaluation of all proposals on a fair and uniform basis. The response must follow the RFP Response Outline provided in the RFP.

Floyd County reserves the right to declare as non-responsive and reject any proposal in which material information requested is not furnished or where indirect or incomplete answers or information are provided.

Proposals and modifications or corrections received after the closing time specified will not be considered.

# HEALTH AND BENEFITS CONSULTING SERVICE REQUEST FOR PROPOSALS

## SECTION I: GENERAL INFORMATION

It is the objective of Floyd County to be competitive within the Floyd County/Northwest Georgia area in attracting and retaining high quality employees at costs that both the County and employees can afford. The County strives to achieve this by implementing programs that reward personal responsibility and reflect the County's financial commitment to its employees and retirees.

As part of the County's health plan strategic initiative, the County began to implement consumer-driven health choices with the implementation of a High Deductible Health Plan with a Health Reimbursement Arrangement (HRA). The County has a wellness program and participants receive discounts for participation in annual health assessments and non-tobacco use programs. The County also offers dental, Flexible Saving Account (FSA), vision, critical illness (includes cancer), accident, life insurance, and long-term and short-term disability benefits. A summary of the various health and welfare benefits offered by the County is provided in Attachment A.

### Time Line is as Follows:

- ◆ First Advertisement Date: Feb. 4, 2016
- ◆ Deadline for Questions: 3:00PM Feb. 18, 2016
- ◆ Proposal Due Date: 3:00PM March 10, 2016

### A. Health Plan Administration

The Floyd County Human Resources Department (HR) is responsible for the administration of health and benefit plans for active employees and retirees.

### B. Scope of Services & Specifications

Floyd County is seeking proposals from qualified consultants to provide health plan and benefits consulting services. The focus of the consulting service is on the health and welfare plans. The consultant must demonstrate the ability to deliver innovative and top-grade work and to do so within very tight deadlines. Over the past few years, the County has implemented health plan changes designed to help it contain the rising cost of medical insurance. The primary focus of the consultant will be on identifying innovative approaches to health plan administration and the creation of health plan options to control costs. One of our immediate objectives is to review the changes the County has made in the past few years and identify other changes necessary to keep costs down for the County and employees, while maintaining the high quality and competitive health benefits that employees have come to expect.

A list of service requirements and minimum standards for performance include, but may not be limited to:

#### Services:

Consultant will serve as Floyd County employee benefits insurance advisor and insurance agent and will perform the following services for Floyd County with respect to the following lines of

insurance coverage: Group Health Coverage, Long-Term Disability, Short-Term Disability, Dental, Vision, Voluntary Life, Basic Life, Accident and Critical Illness (includes Cancer) Insurance.

## **General Administration**

- Upon request, personally meet with Floyd County employees as well as HR and Finance staff for Floyd County to perform any of the services listed below.
- Act as a liaison between Floyd County and insurers and vendors. Consultant will be authorized to represent and assist Floyd County in all discussions and transactions with all insurers, provided that Consultant will not place any insurance on Floyd County's behalf unless authorized by Floyd County. Floyd County will be responsible for the accuracy and completeness of information or documents Floyd County furnishes to Consultant and/or insurers. Consultant will be responsible for accuracy of data collected by Consultant.
- Assist Floyd County with issues relating to interpretation of insurance policies and vendor contracts placed by Consultant.
- Conduct strategic planning sessions to review current performance and establish future objectives for Floyd County employee benefits program.
- Consultant will be required to maintain an accurate, up-to-date database of all employee benefits data and pertinent personal information. All new hires, terminations, employee changes and qualifying events will be documented in a personalized computer software. It is understood and agreed that Floyd County will be solely responsible for the accuracy and completeness of information supplied to Consultant. Floyd County understands that the failure to provide all necessary information necessary for Consultant to maintain this database, whether intentional or by error, could result in the impairment or voiding of coverage.
- Paper files may also be maintained at Consultants office with original employee signatures, changes and other original documentation.
- Consultant will create and maintain accurate and complete files for each vendor & product with all policy information including: master contracts, policy booklets, certificate booklets, summary plan descriptions, benefit summaries, enrollment and change forms, etc.

## **Employee Education**

### **Consultant Will:**

- ensure proper communication of new or changing benefits via group and/or one-on-one meetings
- conduct specialized Q&A sessions with committees and focus groups to gain feedback and opinions regarding current and future benefits

- conduct employee education meetings about all insurance and benefits offerings
- upon request, conduct employee workshops with a focus on specific benefit utilization (i.e.: how to read and understand an explanation of benefits statement, how to file an HRA claim, etc.)
- upon request, meet with employees one-on-one to answer specific benefits questions or assist with benefits interpretation during weekly on-site Consultant visits
- conduct new hire group orientations to review additional product information
- provide occasional employee communications via emails to department heads

## **Enrollment Meetings**

- Create and distribute an up-to-date employee benefits education packet to all new employees. The packet will include enrollment forms, benefit summaries, discounted or added benefits information and any other significant product information.
- On a weekly basis, meet on site, with each new hire to assist with application completion for all insurance coverage and products elected.
- Oversee and facilitate all aspects of online open enrollment and new product enrollments including:
  - Assistance with open enrollment application, termination or change form completion.
  - One-on-one assistance with benefits comparison (i.e.: employee requests that we assist with comparing benefit summary with spouse's benefit summary)
  - Review all applications and change submissions for accuracy and obtain any missing information.
  - Submit open enrollment and new product enrollment applications.
  - Follow up with all vendors and carriers to ensure proper documentation is received in timely manner.
  - If census enrollment is required, Consultant will collect all signed documentation and compile the census document for selected vendor.

## **New Product Implementation and/or Plan Change Administration**

Provide all requested final enrollment information to Floyd County HR Department in desired format. In addition, changes should be formatted in a requested Excel Deduction Report and received by HR by agreed upon deadline for entry to payroll. In addition, employee statistical data

should be included such as date of birth, department number and employee number with submission of open enrollment data.

- Calculate and provide to HR and Finance all requested monthly premium and deduction data.
- Upon request, design and deliver to HR Department detailed variance reports, self-billing statements and spreadsheets in requested format.
- Update employee benefits database with new carrier and premium information.

### **Additional HR Administrative Assistance**

- After new hire education and enrollment is complete, Consultant will key and track all employee benefit election data into consultant's benefit database.
- Submit all employee enrollment and change forms to carriers or vendors for processing within 24 hours of enrollment.
- Calculate and report in specified format weekly deductions and premium changes to HR.
- Maintain correspondence and follow-up with insurance carriers and vendors to ensure all changes and submissions are processed in required timeframes.
- Process and mail all HIPAA and COBRA notifications via utilization of benefits software or serve as liaison for third party administration.
- Upon request, calculate and create year-end product specific deduction / premium reports to reflect premium changes due to salary or age changes (applies to Disability and Life products) no later than December 15th, of each year.
- Coordinate initial billing setup with carriers and conduct all monthly invoice reconciliation. Includes researching credits due, incorrect billed premiums, etc.
- Create and maintain all self-bill spreadsheets and applicable cover sheets on a monthly basis. Changes to payroll must be submitted daily. Changes should include new hires, changes, and terminations name, employee number, SSN, date entered on report, dept. number, effective dates, bi-weekly rates for all products. Changes should be divided into two payroll accounts, Water and General Fund.
- Furnish Benefit Statements at least annually, of Salary, insurance and benefits upon request of Floyd County Board of Commissioners to employees upon request.
- Assist/Provide Data needed for annual fees – Patient Centered Outcome Research Institute (PCORI), Reinsurance.
- Complete, assist with and provide data for 1094/1095-C reporting annually.

- Ensure Floyd County compliance with all aspects of the Affordable Health Care Act.
- Maintain all required paperwork and administer the county's Section 125 Cafeteria and COBRA plans.
- Provide monthly invoices with detailed back-up and documentation to the HR and Finance Dept.
- Upon request, Consultant will be available to assist with the planning, implementation and on-going results analysis of a wellness plan.
- Consultant will attend all Health Fair and/or Benefits Fair meetings. Upon request, Consultant will also assist with the planning and organization of such events.
- Complete, assist with, and provide data for year-end OPEB calculations in a timely manner to meet audit deadlines, according to current guidelines.

### **Employee Call Center / Customer Service**

- Act as initial call center for benefits related questions for all Floyd County employees.
- Provide a designated point of contact for all insurance questions and/or issues.
- Notify Floyd County immediately of any changes made to the designated point of contact.
- Order ID cards for employees, and have ID cards mailed to employees.
- Upon request, email, print and mail or secure for pick-up all EOB's, change forms or other specifically requested documentation.
- Assist employees with all questions relating to benefits, eligibility, claims, billing, deductions, COBRA, etc. Consultant will be on-site weekly for assistance.

### **Eligibility Verification and Assistance**

- Conduct all verification of coverage and eligibility status by contacting applicable vendors and reviewing contract specifications.
- Act as liaison between employee and vendor to determine eligibility requirements including student status, handicap dependent, COBRA status, etc.
- Collect, process and forward to vendor miscellaneous legal or other documentation from employees including Court Orders, Full Time Student Confirmations, Certificates of Creditable Coverage, etc.

## **Medical & Dental Claims Assistance**

- Meet with employees and/or family members to assist with claims resolution. Includes corresponding with physician / provider offices, vendors and patients to ensure proper communication.
- Assist employees with claims research and analysis using copies of patient's EOB's, physician billing statements and other billing records.
- Assist employees with claims appeal processes by interpreting contract appeal specifications and documentation assistance.
- Personalized real-time case management for large-scale claims issues (includes coordinating communication between carrier, hospitals, hospices, ambulatory transports, vendors, patients, etc.)
- Assist employees with obtaining pre-certifications, authorizations and any required referrals for specific medical procedures or appointments.
- Administer, reconcile and process all HRA reimbursement payments and submit report to the third party administrator for payment. Third party administrator to provide report to Finance for checks processed.

## **Disability, Life and Cancer Claims Assistance**

- Assistance with the filing and follow-up of newly submitted claims.
- Submit claim forms to carrier and assist with ensuring physician portion completion and follow up for medical records requests.
- Case management assistance to coordinate related benefits including waiver of premium, medical treatment while disabled, etc.
- File wellness claims for cancer policies.

## **Vendor and Carrier Marketing**

- Work with Floyd County to assess your risks and target areas of high utilization via on-going claims analysis and trending.
- Consultant will design and submit Requests for Proposals (RFP) to alternate vendors and carriers to ensure fair market rates and competitive benefits on an on-going basis.
- All RFP data will be compiled, analyzed, organized into a detailed proposal and reviewed with Floyd County on an annual basis or upon request; however, Consultant does not represent or warrant that insurance can be placed on terms acceptable to Floyd County.

## Renewal Negotiation

- Identify and negotiate on Floyd County's behalf with current carriers and vendors.
- Review rating adjustments, underwriting worksheets, loss data and any other carrier provided renewal data
- Consult with Floyd County regarding claims trends and possible opportunities (Wellness programs, etc.)
- Follow up with insurance carriers and vendors for timely issuance of policies and endorsements.
- Review policies, contracts and endorsements for accuracy and conformity to specifications and negotiated coverages.
- Endeavor to keep Floyd County informed of significant changes and/or trends in the insurance marketplace.
- Endeavor to keep Floyd County abreast of new or changed carrier requirements as well as federal or state regulatory issues.

## Compensation:

Consultant will be compensated on a combination of commissions and fees.

Examples of compensation:

Commissions could be derived from voluntary employee products (a.k.a. payroll deduction products) that would **not** have a rate reduction if Consultant agreed with the insurance companies to accept no commission. Representative products would include voluntary life, cancer or other dread disease policies, disability policies, etc. Although, Consultant cannot know specifically what these commissions will total until the end of the year, please provide estimate of commission income derived from these sales average in any one year. \$\_\_\_\_\_

On products where commission elimination can result in a premium savings to the county, primarily group health, Consultant may be compensated on a fee basis. Provide annual fee \$\_\_\_\_\_ to be paid in monthly amounts of \$\_\_\_\_\_.

Consultant will annually provide Floyd County a spreadsheet showing Consultant's total income on Floyd County's account.

Consultant will advise Floyd County should Consultant enter into bonus overrides, market placement agreements or other compensation methods tied to Floyd County's account, or should they enter into any such arrangement on any product they are offering. Neither Consultant nor any of its stockholders shall have any ownership or equity interest exceeding that of a passive minor investment interest in any company providing products.

## **Term**

The term of engagement for benefits services will be three (3) years commencing \_\_\_\_\_. The term may be extended by mutual written agreement of the parties for two (2) additional one (1) year options. In the event of termination, Consultant will assist Floyd County in arranging a smooth transition process. However; Consultants obligation to provide services to Floyd County will cease upon the effective date of termination, unless otherwise agreed to in writing.

Either party will have the right to terminate engagement upon 90 days prior notice to the other. In the event of termination by Floyd County prior to expiration, Consultants compensation set forth in the compensation Section for the term of Consultants engagement will be deemed to be fully earned at inception. In the event of a termination by Consultant prior to expiration, Consultant's annual compensation will be deemed to be earned on a pro-rata basis.

## **Books and Records**

Floyd County will be entitled to copies of reports and/or documents relating to their account (other than internal Consultants correspondence). Except in some cases of copies of insurance contracts, files will not be retained for more than seven years after the expiration date of a particular term's policy.

## **Miscellaneous**

Neither party shall have any liability for any failure or delay in performance of its obligations because of circumstances beyond its reasonable control, including without limitation, acts of God, fires, floods, earthquakes, acts of war or terrorism, civil disturbances, sabotage, accidents, unusually severe weather, governmental actions, power failures, computer/network viruses that are not preventable through generally available retail products, catastrophic hardware failures or attacks on its server.

## **C. Optional Services**

Consultants who have met the minimum requirements of this RFP may include additional information and/or optional services to be considered by the County in evaluating their proposals.

Optional services related to the health benefits program may be provided as part of the base cost quote or as additional fee-for-service options. Please include clear information on additional services under the tab Optional Services and distinguish if it is included in base price or for an additional fee. All consultants are encouraged to include any other information that will enhance their proposal

Optional services must be provided under the tab clearly marked Optional Services and Fees.

## **SECTION II: GENERAL REQUIREMENTS AND INSTRUCTIONS**

### **A. Requirements and Instructions**

The following are the general requirements and instructions for respondents to this RFP:

Floyd County reserves the right to enter into contract for services and/or secure coverage on any aspect of the services specified.

Floyd County reserves the right to accept or reject, in part or in whole, any portion of a proposal and/or reject all proposals when in its judgment such action is deemed necessary and in the best interest of the County. Floyd County also reserves the right to waive or dispense with any of the formalities contained herein regarding the proposal. The County will not pay commissions for the services requested in this RFP.

Omissions and incomplete responses, which materially affect the County's ability to evaluate a proposal, may render the proposal non-responsive. Consultants may submit whatever additional information they feel appropriate to accompany their proposal and in whatever additional format they desire. However, the additional information must be submitted as an appendix and must be identified as such.

Consultants must include a copy of their proposed contract in a tab clearly marked "Proposed Contract."

### **B. Contracts**

The target effective date of this contract is \_\_\_\_\_ for a term of three (3) years with two (2), one (1) year optional renewals. The County desires a long-term relationship with the consultant selected assuming that consultant's services meet the requirements and pricing remains competitive during the term.

### **C. Ownership of Data**

- a. All records, data files, input materials, reports, forms, and other data that the consultant receives from the County or County's third party administrators or insurance carriers at the direction of the County and uses or stores pursuant to this proposal and subsequent agreements are the County's exclusive property. Upon the County's request at any time during this agreement's term and its renewals or upon its expiration,

Consultant agrees to deliver to the County, at the County's expense, all of these records and information in the form requested by the County.

Agree? Yes \_\_\_ No \_\_\_

b. All products, reports, analyses, etc. prepared by the consultant for the County, under the health plan and benefits consulting services agreement, which are paid for by the County, are the County's exclusive property and shall be used in any manner deemed appropriate the County.

Agree? Yes\_\_\_ No\_\_\_

#### **D. Confidentiality of County Records**

Consultant agrees:

1. that all records and the information they contain are the County's valuable confidential and trade secret information
2. to protect as confidential and not disclose these records and the information they contain to any person or entity that is not an employee of the consultant
3. unless that employee needs to know and use the records and the information they contain to perform services under this Agreement
4. to use these records and the information they contain solely to perform services for the County under this Agreement
5. to execute a Business Associate Agreement with the County
6. to establish, maintain, and enforce agreements with its employees to fulfill these obligations

Agree? Yes \_\_\_\_\_ No \_\_\_\_\_

7. The County agrees that the consultant's records and the information they contain are considered by the consultant to be confidential. The County agrees that neither it nor its employees, will disclose these records or the information they contain except as permitted by law or this Agreement. These obligations do not apply, however, to information that is:
  - a. in the public domain
  - b. in reports and presentations prepared for the County by consultant
  - c. independently developed by the County
  - d. previously known by the County
  - e. rightfully acquired from a third party not under an obligation of confidentiality or
  - f. approved for release by the consultant.

g. authorized by the County under this agreement

Agree? Yes \_\_\_\_\_ No \_\_\_\_\_

**E. Laws Governing Agreement**

a) This Request for Proposal and the resulting Agreement are governed by and must be construed in accordance with applicable Georgia State laws, without regard to Georgia's choice of law provisions.

Agree? Yes \_\_\_\_\_ No \_\_\_\_\_

**F. Request for Proposal Questionnaire**

1. Will you provide expense statement, which itemizes by task and time charge by individual staff members, plus any related expenses (e.g. travel etc.)?

Yes  No [If no, explain]

2. Provide a sample of the expense or billing statement you will prepare and provide to Floyd County.

3. Do you agree to provide detailed estimates of the costs to perform optional projects and services in advance of the work being performed and understand that the County is not contractually bound to pay for any optional services that it has not explicitly authorized?

Yes  No [If no, explain]

4. This firm is a/an (Please indicate below):

Corporation (specify)	Partnership	Individual	Joint Venture	Other
<input type="checkbox"/>				

5. How many years has your firm been engaged in providing benefit-consulting services?

6. Provide sample management report(s) your firm will provide the County.

7. Provide a resume of each of the consultants or principals who would be assigned to the County. Each resume should include experience, qualifications, and length of tenure in the company. Include an organization chart for the team clearly identifying the primary contact for the County in the chart.

8. Provide a summary of your firm's background and experience.

9. Briefly, describe your firm's resources and capabilities in benefits and HR consulting, including locations, size and staff.

10. Please provide data on five (5) of your current clients on the chart shown below:

Current Client*	Number of Employees	Type of Client A = Public B = Private C = Termed	Contact Person and Title	Telephone No. & Email address
		A		
		A		
		A		
		B		
		B		
		C (A or B)		
		C (A or B)		

11. \*Provide three (3) current clients and 2 former clients that left within the past three years or did not renew their contract within the past three years.

12. How many years has your firm been in business under the current name?

13. Under what other or former names has your firm operated?

14. If a **corporation**, provide the following:

- A) Date of incorporation
- B) State of incorporation
- C) President's Name
- D) Vice President's Name
- E) Secretary's Name
- F) Treasurer's Name

15. If a **partnership**, answer the following:

- A) Date of Organization
- B) Name and address of all partners (state whether general or limited)

16. If **other**, please describe the organization, and name the principals.

17. Have you ever had a contract awarded to your company cancelled for unsatisfactory performance?

Yes                       No                      [If yes, please explain]

18. What is the physical address of the staff/team that will be assigned to the County?

19. How diverse is the team that will be assigned to the County in terms of skill, knowledge, training and ethnicity (Describe)?
20. How does your firm update clients about state and federal benefits legislative initiatives? If yes, how is it done?
21. Does your firm have access to industry health plan benchmarks, normative and trend data? If yes, how often is the trend data updated and made available to your clients?
22. Describe the type of trend benchmarks, normative and trend data that you would incorporate in your reports for the County.
23. Describe in great detail what separates your firm from its competitors and what specifically qualifies you to be the health plan and benefits consultant for Floyd County.
24. Please list three of your most significant accomplishments on behalf of clients (both public and private) of similar size to the County. For each accomplishment, please include a contact or former contact with phone number who can confirm each accomplishment.
25. Please describe your philosophy for maximizing value of benefits, containing costs, and encouraging participant education and accountability.
26. What regional or national forums have your firm participated in the past 6 months and what topics were presented or discussed by consultants/experts from your firm?
27. Describe how you propose that the County evaluate your performance and provide a copy of your proposed performance guarantees.
28. If your firm is selected and the contract is awarded, please provide a proposed work plan on your firm's first 90 days with Floyd County as a new client. Please bear in mind that our health plan year begins January 1st.
29. Using the information we have provided in attachment A, describe how your firm would help Floyd County improve health plan quality and administration, while reducing cost.

### SECTION III: CONSULTANT SELECTION CRITERIA

Floyd County will evaluate the proposal and make consultant selection based on the following selection criteria:

No.	Evaluation Criteria
1.	Quality of proposal - completeness, clarity, conciseness, innovativeness & vision
2.	Cost
3.	Scope of services
4.	Quality of references and sample of work
5.	Experience and reputation of the team assigned to the County, knowledge of industry practices – both private and public
6.	Resources consultant will make available to the County

The undersigned certifies the truth and correctness of all statements and of all answers to questions made hereinafter.

Name of Firm/Consultant: \_\_\_\_\_

Name of RFP Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Local Office Address: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

## **Attachment A**

- **Medical Insurance (Self-Funded)** – BlueCross BlueShield of Georgia
  - \$2500 Deductible Plan that looks like a \$1000 Deductible Plan using a Health Reimbursement Arrangement funded by Floyd County.
- **Dental Insurance** – MetLife
- **Vision Insurance** – BlueCross BlueShield of Georgia
- **Life Insurance** – Mutual of Omaha
  - Basic Term Life
  - Voluntary Term Life
- **Disability Insurance** – Mutual of Omaha
  - Short Term Disability
  - Long Term Disability
- **Flexible Spending Account(FSA)** – Admin America
- **Colonial Life**
  - Group Accident Insurance
  - Group Specified Disease Insurance
    - Critical Illness
    - Cancer
  - A complimentary \$5,000 Accidental Death & Dismemberment Policy
- **Wellness Program**

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Floyd County Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Numer

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Address of Contractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
FLOYD COUNTY GEORGIA  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_\_\_ in 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

(Notary Seal or Stamp Required)

**ATTACHMENT**

**FLOYD COUNTY BOARD OF COMMISSIONERS  
DRUG-FREE WORKPLACE CERTIFICATE**

By signature on this certificate, the Vendor certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" have been complied with in full. The Vendor further certifies that:

1. A drug-free workplace will be provided for the Vendor's employees during the performance of the contract; and
2. Each Vendor who hires a subVendor to work in a drug-free workplace shall secure from that subVendor the following written certification: "As part of the subcontracting agreement with (Vendor's name), (subVendor's name) certifies to the Vendor that a drug-free workplace will be provided for the subVendor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7)."

By signature on this certificate, the Vendor further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this contract.

Vendor: \_\_\_\_\_

By: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## CERTIFICATE OF NON-COLLUSION

By responding to this solicitation, the supplier understands and agrees to the following:

1. That the submitted response constitutes an offer, which when accepted in writing by Floyd County, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and Floyd County; and
2. That the supplier has read the specifications and requirements shown or referenced in the solicitation and that the supplier's response is made in accordance with the provisions of such specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all such stated specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
4. That, if awarded a contract, the supplier will deliver goods and/or services that meet or exceed the specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
5. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days (or such other time period as identified in the solicitation)** from the final solicitation closing date and that the response may be held open for an additional period of time subject to the supplier's consent; and
6. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. The supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
7. That the provisions of the Official Code of Georgia Annotated, Sections 36-91 have not been violated and will not be violated in any respect.

DO NOT MODIFY THE BID/PROPOSAL CERTIFICATION TERMS IN ANY WAY. THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR RESPONSE.

<b>Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)</b>	
<b>Authorized Signature:</b>	
<b>Printed Name and Title of Person Signing:</b>	
<b>Date:</b>	
<b>Company Address:</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	
<b>*This table must be completed in its entirety by the supplier.</b>	

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	<b>Floyd County Board of Commissioners</b> <b>P.O. Box 946</b> <b>Rome, GA 30161</b>
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,