



Request for Proposals

Insurance Agent/Broker/Advisor

June 7, 2022

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**Cayuga Community College** is seeking proposals from licensed insurance Agents/Brokers/Advisors to provide brokerage and consulting services for employee benefits and insurance effective September 1, 2022.

A copy of this request for proposals is posted on the Cayuga Community College website at:

<https://www.cayuga-cc.edu/about/bids-rfps/>

Sealed proposals will be received by either mail or personal delivery until July 15, 2022.

Proposals received after the specified time will not be considered.

Proposals shall be sealed and plainly marked on the outside of the envelope/box with RFP Insurance Agent/Broker/Advisor Services with name of firm submitting proposal. It is the sole responsibility of the proposer to assure that their proposal is received by Cayuga Community College prior to the time specified. One (1) original and five (5) identical copies should be submitted to the following address: Cayuga Community College ATTN: Human Resources 197 Franklin St. Auburn, NY

The College currently employs approximately 175 full-time employees who are covered with health, life, dental, vision, Workers' Compensation and LTD coverages. For more information on the College please visit the College website at [Cayuga Community College | SUNY \(cayuga-cc.edu\)](https://www.cayuga-cc.edu).

**Agent/Broker/Advisor services must include:**

- Union Negotiation Support
- Respond to customer service questions from and provide resolution to HR staff
- Provide technical/professional advice and guidance for Cayuga Community College's compliance with the Affordable Care Act (ACA)
- Provide employee benefit strategic recommendations to the Cayuga Community College representatives

- Assist Cayuga Community College with the implementation and communication of new programs or changes to existing programs to include attending and/or presenting at open enrollment meetings
- Interface with carriers to assist in the resolution of problems associated with the benefit programs
- Provide custom communication materials that will help employees understand their plans
- Medicare Part D Administration: Annual Application; Monthly Adds/Deletes; Quarterly Interim Cost Reporting; Reconciliation; Credible Coverage Letter Templates
- **Medicare Attestation – Annual attestation fee is billed separately**

**Proposal should indicate if any of the following value-added services are included in the base fee or could be purchased separately for an additional fee.**

- Evaluation of all current coverages.
- Recommendations for plan designs.
- Recommendations for innovative and value-added products/coverages
- Assistance with employee needs for customer service.
- Claim history analysis.
- Analysis of union proposals for changes in benefit plans.
- Collaboration with College Healthcare Consortium for administration of the College Health Insurance plan.
- Benefit enrollments/changes.
- COBRA administration.
- Support for Open/Annual enrollment.
- Insure compliance with all local, state and federal laws and regulations.
- Be available to attend meetings when needed.
- Respond to questions and general correspondence in a timely manner.
- Negotiate renewal rates with current carriers and/or market group coverage to competing carriers.
- Act as liaison between benefit providers.
- Be available for consultation as needed in performing obligations under this agreement.

### **PROPOSAL FORMAT**

In order to insure a uniform review process and obtain the maximum degree of compatibility, it is required that the proposals be organized in the manner specified below.

1. Title Page: The proposer should identify the RFP subject, the name of the firm, local and corporate address, telephone number, name and title of contact person and date of submission.
2. Table of Contents: Provide clear identification of the material by section and by page number.
3. Letter of Transmittal: Should be brief and introductory in nature.

4. **Company History:** Information related to the agent/brokerage firm's qualifications and resources including the following: a. Briefly describe your firm's history, number of employees and years in existence. b. Provide details of your company's financial status and stability.
5. **Qualifications and Experience of Staff:** a. Describe what makes your firm uniquely qualified to work on our account. b. What client size does your practice generally support? c. Describe any specific expertise with colleges/universities.
6. **Understanding and Approach:** A written statement explaining the firm's approach to assisting colleges/universities to maximize benefits for employees while minimizing the financial impact of rising insurance premiums. a. How do you manage vendor relationships? b. What is your service philosophy? c. Describe your process for negotiating renewals.
7. **Location and Accessibility:** The name of the office and location of the account executive directly responsible for handling Cayuga Community College's account. a. How many accounts for which the account executive is responsible. b. How Cayuga Community College's account would compare in size and scope to the other clients of the agent/broker. c. Steps the account executive or firm will take to assure that proper attention will be given to Cayuga Community College. d. List commitment level to this account by percent of time.
8. **References:** List at least three (3) client references. (See page 6) a. Number of employees b. Number/type of plans serviced c. Length of servicing relationship with your firm d. Contact name, title, and phone number
9. **Proposal Fees:** Cayuga Community College is prepared to pay a combination of a fixed annual fee and commissions via product placements. The stated fee shall include all costs associated with the performance of the services specified, including labor, material, transportation, etc. No other charges shall be allowed.
10. **Required Forms:** Complete and sign all required forms and include a copy of your state of New York Insurance license.

## **GENERAL INFORMATION**

1. **Interview:** A proposer may be required to make a presentation of their proposal. This will provide an opportunity to clarify or elaborate on the proposal, but will not, in any way provide an opportunity to change any fee amount originally proposed. If Cayuga Community College chooses to have presentations, they will schedule and notify the Proposer(s) of the time and location of their presentation.
2. **Modifications:** Cayuga Community College reserves the right to request that the proposer modify the proposal to more fully meet the needs of the college.
3. **Request for Additional Information:** The proposer shall furnish such additional information if Cayuga Community College may require.
4. **Acceptance/Rejection/Modification to Proposals:** Cayuga Community College reserves the right to negotiate modifications to proposals that it deems acceptable, reject any and all

proposals, and waive minor irregularities in the procedures. The College reserves the right to award the contract to the proposer(s) that present(s) the best value to the College as determined solely by the College in its discretion.

5. Questions about this RFP may be directed to Tom Corcoran, Director of Human Resources at [tcorcoran@cayuga-cc.edu](mailto:tcorcoran@cayuga-cc.edu).

**EQUAL OPPORTUNITY NOTICE:** It is the policy of Cayuga Community College to provide equal opportunities and not discriminate in enrollment, education, employment, public accommodations, activities or services on the basis of race, color, religion, sex, national origin, marital status, sexual orientation, political persuasion, disability, height, weight, age, or other prohibitive matters. It is the policy of the College to patronize only those firms and vendors that demonstrate a commitment to equal opportunity within their own enterprises and who abide by Federal and State laws.

### **TERMS AND CONDITIONS/AGREEMENT**

1. **Term of Contract:** The contract, if awarded, will be for an initial term of three (3) years. However, by mutual consent the contract may be extended.
2. **Termination:** The contract may be terminated by mutual consent of both parties or by Cayuga Community College at its discretion. This contract, if awarded, may be cancelled in whole or in part by Cayuga Community College upon giving at least sixty (60) days written notice prior to cancellation; except that nonperformance on the part of the contractor(s) will be grounds for termination. Termination will take place within fifteen (15) days of notification.
3. **Commercial General Liability Insurance:** Agent shall obtain, at Agent's expense, and keep in effect during the term of this contract, Comprehensive General Liability Insurance covering Bodily Injury and Property Damage, with a minimum coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate.
4. **Professional Liability:** Agent shall obtain, at Agent's expense, and keep in effect during the term of this contract, Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts, with a minimum coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate.
5. **Workers' Compensation Insurance:** The Agent, its subcontractors and all employers providing work under this Agreement are subject under the NY Workers' Compensation Law and shall comply with it.
6. **Manner of Performance:** The contractor will abide by all State and Federal Regulations on wages and hours of any employee. The contractor shall be responsible for all of its employees, subcontractors and their actions during their term of the contract with Cayuga Community College. The contractor shall keep current all licenses and permits.

CAYUGA COMMUNITY COLLEGE REQUEST FOR PROPOSAL INSURANCE  
AGENT/BROKER SERVICES

**LIST OF REFERENCES** (attach additional pages as necessary)

**IMPORTANT:** This form must be returned with the bid proposal form.

**1) Name of Company**

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Address

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Contact Person & Title

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Telephone Number

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Email address

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Number of employees covered

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Length of time servicing

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Number and type of plans serviced

**2) Name of Company**

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Address

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Contact Person & Title

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Telephone Number

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Email address

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Number of employees covered

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Length of time servicing

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Number and type of plans serviced

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**3) Name of Company**

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Address

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Contact Person & Title

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Telephone Number

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Email address

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Number of employees covered

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Length of time servicing

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Number and type of plans serviced

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**4) Name of Company**

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Address

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Contact Person & Title

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Telephone Number

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Email address

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Number of employees covered

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Length of time servicing

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Number and type of plans serviced

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**5) Name of Company**

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Address

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Contact Person & Title

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Telephone Number

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Email address

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Number of employees covered

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Length of time servicing

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Number and type of plans serviced

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CAYUGA COMMUNITY COLLEGE REQUEST FOR PROPOSAL INSURANCE AGENT/BROKER/ADVISOR SERVICES PROPOSER'S CERTIFICATION I have carefully examined the Request for Proposal, Instructions, Terms and Conditions, Scope of Services, Bid forms and all other documents accompanying this proposal. I propose to furnish the services specified in the Request for Proposal at the prices or rates quoted in my proposal. I agree that my proposal will remain firm for a period of ninety (90) days in order to allow Cayuga Community College adequate time to evaluate the proposals. I certify that all information contained in this Request for Proposal is truthful to the best of my knowledge and belief. I further certify I am duly authorized to submit this proposal on behalf of the vendor/contractor and that the vendor/contractor is ready, willing and able to perform if awarded this Bid/Proposal. I further certify that this bid/proposal is made without prior understanding, agreement, connection, discussion or collusion with any other person, firm or corporation submitting a bid/proposal for the same commodity or service; no officer, employee or agent of Cayuga Community College or of any other bidder/proposer interested in bid/proposal; and the undersigned executed this bidders/proposers certification with full knowledge and understanding of the matters contained and was duly authorized to do so.

Name of  
Business

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Signature \_\_\_\_\_

Name and Title  
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Mailing Address, Telephone number and email Address  
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