

# **MECOSTA COUNTY ROAD COMMISSION**

## **REQUEST FOR PROPOSAL**

### **2024 EMPLOYEE BENEFITS AGENT**

#### **INTRODUCTION:**

The Mecosta County Road Commission is located in Big Rapids, Michigan, with maintenance garages in Big Rapids, Morley and Remus, Michigan. Currently, the Road Commission has approximately 44 full-time, 3 Commissioners, and 5 retired employees that are eligible for health care benefits. Of the 44 full-time employees, approximately 39 are members of a recognized bargaining union. Currently, the overall membership (employees, retirees and dependents) in our health care plan is approximately 70 people.

The health care plan currently offered to all Road Commission employees is a self-funded PPO through Allied Health and First Network, currently administered as detailed in Appendix A. As part of the Road Commission's collective bargaining agreement, the Road Commission is required to maintain benefits. The Road Commission also offers additional health care plans for retirees only between the ages of 60 and 65.

Additionally, the Road Commission currently offers the opportunity for its employees to opt out of the health care plan for cash in lieu of coverage.

#### **INTENT:**

Sealed bids will be received by the Mecosta County Road Commission administrative staff at 120 N. DeKrafft Ave., Big Rapids, Michigan, 49307 until 3:00 p.m. Friday, February 16, 2024, for a qualified Employee Benefits Agent interested in administering the Road Commission's employee benefits program. All bids will be opened Tuesday, February 20, 2024 at 9:30 am. Your proposal must be sealed with the envelope clearly marked with your company name and the words "Employee Benefits Agent Proposal" on the outside.

#### **AGENCY REQUIREMENTS:**

1. Licensed as an insurance Agent in the State of Michigan in both life and health insurance.
2. At least five years of continuous operation in the State of Michigan.
3. At least five years of experience with Michigan public entities.
4. Ability and commitment to provide daily, professional customer service to both Road Commission Representatives and Road Commission Employees.
5. Ability to recognize unique conditions and characteristics in the municipal insurance market.

#### **COST PROPOSAL:**

Agents are encouraged to submit proposals which are consistent with ongoing efforts to conserve Road Commission resources; however, the Road Commission is also interested in an Agent that can best meet the needs of the Mecosta County Road Commission employees.

Please identify *any* and *all* costs including commissions, expenses and Third-Party Administration (HRA and COBRA) to be charged for performing the services necessary to accomplish the objectives of the contract and also include a breakdown by each area of insurance (Health, Dental, and Optical).

#### **SERVICE PROPOSAL:**

Provide a list of current health, dental, optical, and life insurance companies that the Agent represents.

Provide a count of your existing, if any, County Road Commission clients you have worked with previously or currently.

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Identify all staff, including subcontractors, who will be assigned to the account with the Road Commission. Please identify their job categories (e.g., management, sales, technical, customer service, etc.), working hours and preferred method of communication with employees. Indicate relevant experience, including working with public agencies in performing services similar to those that the Road Commission is requesting.

#### **NOTICE:**

The Mecosta County Road Commission reserves the right to accept or reject any and all bids, or portions of bids, as deemed in the best interest of the Mecosta County Road Commission. The Board of Road Commissioners may waive any irregularities in any bid if it is in the best interest of the Road Commission to do so.

The undersigned understands and agrees that everything provided is accurate and correct and by signing agrees with everything from pages 1 and 2 of this document.

SUBMITTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE/FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_