



AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Special Order Request

☐ Yes ☒ No

Time

Open Agenda

☐ Yes ☒ No

ITEM No.:

E-5.

MEETING DATE

Jul 28 2015 10:15AM - Regular School Board Meeting

AGENDA ITEM

CONSENT ITEMS

CATEGORY

E. OFFICE OF STRATEGY & OPERATIONS

DEPARTMENT

Procurement & Warehousing Services

TITLE:

RFP Renewal - RFP 13-010V - Voluntary Supplemental Insurance Plans/Programs for School Board Employees

REQUESTED ACTION:

Approve the first renewal for the above RFP. Contract Term: January 1, 2016, through December 31, 2016, 1 Year; User Department: Benefits & Employment Services; Awarded Amount None; Awarded Vendor(s): 2; M/WBE Vendor(s): None

SUMMARY EXPLANATION AND BACKGROUND:

The School Board of Broward County, Florida, received fifteen (15) proposals for RFP 13-010V - Voluntary Supplemental Insurance Plans/Programs for School Board Employees. The term of this contract was from January 1, 2013, through December 31, 2015, with two additional one (1) year renewals. On October 16, 2012, RFP 13-010V was awarded to the following carriers: Texas Life Insurance Company for voluntary permanent life and Washington National Insurance Company for accident plan and cancer/critical illness. This request is to renew the contract for an additional year (January 1, 2016, through December 31, 2016). A copy of the RFP documents are available online at: <http://www.broward.k12.fl.us/supply/agenda/13-010V-Voluntary-Supplemental-Ins-Plans.pdf> Amendments to the agreements have been reviewed and approved as to form and legal content by the Office of the General Counsel.

SCHOOL BOARD GOALS:

☐ Goal 1: High Quality Instruction ☒ Goal 2: Continuous Improvement ☐ Goal 3: Effective Communication

FINANCIAL IMPACT:

There is no financial impact to the District. Funds will be paid by the School Board Employees who choose to elect these plans.

EXHIBITS: (List)

(1) Executive Summary (2) Second Amendment to Agreements-2 (3) First Amendment to Agreement 4-4-2014 (4) First Amendment to Agreement 2-21-2014 (5) Approved ARF 10-16-2012 RSBM E-1 (6) Supplier Evaluations-2 (7) Surveys-2

BOARD ACTION:

APPROVED

(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Dr. Dildra Martin-Ogburn

Phone: 754-321-3100

Name: Ms. Ruby Crenshaw

Phone: 754-321-0501

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Senior Leader & Title

Maurice L. Woods - Chief Strategy & Operations Officer

Approved In Open
Board Meeting On:

JUL 28 2015

Signature

Maurice Woods

Thursday, July 16, 2015 6:05:47 PM

By:

Donna Fournier
School Board Chair

EXECUTIVE SUMMARY

RFP Renewal

13-010V – Voluntary Supplemental Insurance Plans/Programs for School Board Employees

The Superintendent's Insurance Advisory Committee held its annual contract renewal meeting on Thursday, May 14, 2015. During the meeting, the District's consultants, Gallagher Benefit Services, confirmed with both Texas Life Insurance Company and Washington National Insurance Company that there were no plan changes for 2016.

As a result of the information provided, the Committee recommended to the Superintendent to renew the following voluntary contracts for 2016. This is the first 1-year renewal for both of the vendors listed below:

Voluntary Permanent Life

Texas Life Insurance Company

Cancer/Critical Illness

Washington National Insurance Company

There is no cost to the District, as these are voluntary policies in which premiums are paid by employees who elect to purchase these products.

SECOND AMENDMENT TO AGREEMENT

THIS SECOND AMENDMENT TO AGREEMENT is made and entered into as of this 28th day of July, 2015, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

TEXAS LIFE INSURANCE COMPANY
(hereinafter referred to as "Texas"),
whose principal place of business is
900 Washington Avenue
Post Office Box 830
Waco, Texas 76703-0830

WHEREAS, SBBC issued a Request for Proposals, identified as RFP 13-010V Voluntary Supplemental Insurance Plans/Programs, dated April 11, 2012, and amended by Addendum Number 1, dated May 4, 2012, and Addendum Number 2, dated May 7, 2012, (hereafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance Plans/Programs for SBBC employees; and

WHEREAS, Texas offered a proposal dated May 24, 2012, (hereafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP.

WHEREAS, SBBC and Texas entered into an Agreement dated October 16, 2012 (hereinafter "Agreement") for Voluntary Supplemental Insurance Plans/Programs for School Board Employees under RFP 13-010V; and

WHEREAS, SBBC and Texas entered into a First Amendment to Agreement dated February 21, 2014 (hereinafter "First Amendment"); and

WHEREAS, SBBC and Texas mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2016; and

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

- 1.01 **Recitals.** The parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

- 2.01 **Priority of Documents.** In the event of a conflict between documents, the order or priority of the documents shall be as follows:

First:	Second Amendment to Agreement;
Second:	First Amendment to Agreement;
Third:	The Agreement;
Fourth:	Addendum Number Two [dated May 7, 2012];
Fifth:	Addendum Number One [dated May 4, 2012];
Sixth:	RFP 13-010V “Voluntary Supplement Insurance Plans/Programs”; and
Seventh:	The Proposal submitted in response to the RFP by Texas Life Insurance Company.

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

- 3.01 **Terms of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.
- 4.01 **Authority.** Each person signing this Second Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Second Agreement.


IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment to the Agreement on the date first above written.

FOR SBBC

(Corporate Seal)


THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie
Superintendent of Schools

By: 
Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR TEXAS

(Corporate Seal)

ATTEST:

Texas Life Insurance Company

By Carroll Fadal
Carroll Fadal, Distribution Officer
Texas Life Insurance Company

Secretary

-or-

Melanie Cook
Witness
Suzanne Goobly
Witness

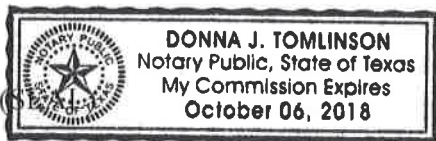
The Following Notarization is Required for Every Agreement Without Regard to
Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF Texas

COUNTY OF McLennan

The foregoing instrument was acknowledged before me this 29th day of
May, 2015 by Carroll Fadal, of Texas Life Insurance Company, on behalf of the
corporation/agency. He is personally known to me or produced _____ as
identification and did/did not first take an oath.

My Commission Expires: 10-6-18



Donna J. Tomlinson
Signature – Notary Public

Donna J. Tomlinson
Printed Name of Notary

777600-7
Notary's Commission No.

SECOND AMENDMENT TO AGREEMENT

 THIS SECOND AMENDMENT TO AGREEMENT is made and entered into as of this
day of July, 2015, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

WASHINGTON NATIONAL INSURANCE COMPANY
(hereinafter referred to as "Washington"),
whose principal place of business is
11825 N. Pennsylvania Street
Carmel, Indiana 46032

WHEREAS, SBBC issued a Request for Proposals, identified as RFP 13-010V Voluntary Supplemental Insurance Plans/Programs, dated April 11, 2012, and amended by Addendum Number 1, dated May 4, 2012, and Addendum Number 2, dated May 7, 2012, (hereafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance Plans/Programs for SBBC employees; and

WHEREAS, Washington offered a proposal dated May 21, 2012, (hereafter referred to as Proposal") which is incorporated by reference herein, in response to RFP.

WHEREAS, SBBC and Washington entered into an Agreement dated October 16, 2012 (hereinafter "Agreement") for Voluntary Supplemental Insurance Plans/Programs for School Board Employees under RFP 13-010V; and

WHEREAS, SBBC and Washington mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2016; and

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

- 1.01 **Recitals.** The parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

- 2.01 **Priority of Documents.** In the event of a conflict between documents, the order or priority of the documents shall be as follows:

First:	Second Amendment to Agreement;
Second:	First Amendment to Agreement;
Third:	The Agreement;
Fourth:	Addendum Number Two [dated May 7, 2012];
Fifth:	Addendum Number One [dated May 4, 2012]
Sixth:	RFP 13-010V “Voluntary Supplement Insurance Plans/Programs”; and
Seventh:	The Proposal submitted in response to the RFP by Washington National Insurance Company.

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

- 3.01 **Terms of Agreement.** Except as expressly provided herein, all terms and conditions set forth in this Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.

- 4.01 **Authority.** Each person signing this Second Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Second Agreement.


IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment to the Agreement on the date first above written.

FOR SBBC

(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

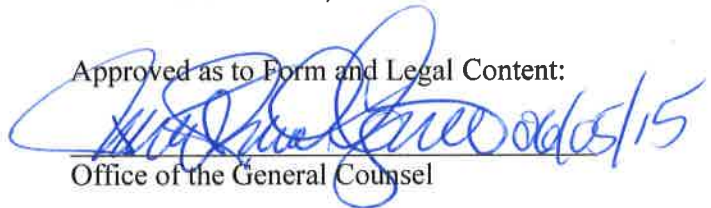
ATTEST:


Robert W. Runcie
Superintendent of Schools

By:


Donna P. Korn, Chair

Approved as to Form and Legal Content:


Office of the General Counsel

FOR WASHINGTON

(Corporate Seal)

ATTEST:

Washington National Insurance Company

By

Barbara Stewart, President
Washington National Insurance

Secretary

-or-

Connie Burgess
Witness

Shirley
Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF IN

COUNTY OF Hamilton

The foregoing instrument was acknowledged before me this 29 day of May, 2015 by Barbara Stewart of Washington National Insurance Company, on behalf of the corporation/agency. She is personally known to me or produced _____ as identification and did/did not first take an oath.

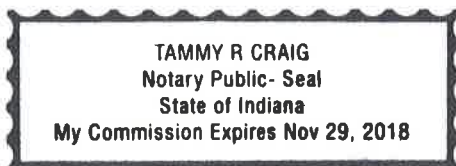
My Commission Expires: 11-29-2018

Tammy R. Craig
Signature - Notary Public

Tammy R. Craig
Printed Name of Notary

622641
Notary's Commission No.

(SEAL)



**FIRST AMENDMENT TO
AGREEMENT**

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this
4 day of APRIL, 2014, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

WASHINGTON NATIONAL INSURANCE COMPANY

(hereinafter referred to as "Washington"),
whose principal place of business is
11825 N. Pennsylvania Street
Carmel, Indiana 46032

WHEREAS, SBBC issued a Request for Proposals, identified as RFP 13-010V Voluntary Supplemental Insurance Plans/Programs, dated April 11, 2012, and amended by Addendum Number 1, dated May 4, 2012, and Addendum Number 2, dated May 7, 2012, (hereafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance Plans/Programs for SBBC employees; and

WHEREAS, Washington offered a proposal dated May 21, 2012, (hereafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP; and

WHEREAS, SBBC and Washington entered into an Agreement dated October 16, 2012 (hereinafter "Agreement") for Voluntary Supplemental Insurance Plans/Programs for School Board Employees under RFP 13-010V; and

WHEREAS, the parties desire to amend the Agreement on as set forth in this First Amendment to Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

1.01 **Recitals.** The parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

Section 2.01 of the Agreement is hereby amended as follows:

Full-Time Employee. Awardee agrees to share in the cost of providing one full-time SBBC employee to administer the Voluntary Supplemental Insurance, including benefits, office equipment, supplies, travel and professional dues. The cost of \$80,000 per year will be billed to the Awardee(s) as follows:

a. For 2015, the \$80,000 cost shall be shared as follows. Let N represent the number of new voluntary Awardees ("New Awardees") with whom SBBC contracts in 2015. In addition to the New Awardees, there are 2 existing Awardees ("Existing Awardees") with whom SBBC had an agreement in 2014. The 2 Existing Awardees will share a portion of the \$80,000 charge equal to $\$80,000 \times 2 / (2 + N)$. The amount charged to each Existing Awardee will be proportionate to each Existing Awardee's share of SBBC voluntary enrollment as of December 1, 2014. The remainder of the \$80,000 charge will be shared equally between the New Awardees. **For example**, if SBBC adds 3 New Awardees for 2015, the Existing Awardees would be charged a combined total of $\$80,000 \times 2 / (2 + 3) = \$32,000$, in proportion to their share of the 2014 enrollment. Each of the 3 New Awardees would be charged 1/3 of the remaining \$48,000, or \$16,000.

b. For 2016 and future years, the \$80,000 cost will be allocated across all Awardees (both New Awardees and Existing Awardees) proportionate to each Awardee's share of existing SBBC voluntary enrollment as of December 1 of the immediately preceding year.

2.02 **Priority of Documents.** In the event of a conflict between documents, the order or priority of the documents shall be as follows:

First:	First Amendment to Agreement; then
Second:	The Agreement; then
Third:	Addendum Number Two [dated May 7, 2012]; then
Fourth:	Addendum Number One [dated May 4, 2014]; then
Fifth:	RFP 13-010V "Voluntary Supplement Insurance Plans/Programs"; then
Sixth:	The Proposal submitted in response to the RFP by Washington National Insurance Company.


IN WITNESS WHEREOF, the Parties hereto have made and executed this First Amendment to the Agreement on the date first above written.

FOR SBBC

Approved as to Form and Legal Content:


Office of the General Counsel

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

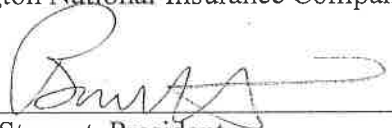
By: 
Ruby Crenshaw, Director, Supply Management
and Logistics by designee of Robert w. Runcie,
Superintendent of Schools

FOR WASHINGTON

(Corporate Seal)

ATTEST:

Washington National Insurance Company

By 
Barbara Stewart, President

_____, Secretary

-or-


Witness


Witness

**The Following Notarization is Required for Every Agreement Without Regard to
Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.**

STATE OF Indiana

COUNTY OF Hamilton

The foregoing instrument was acknowledged before me this 20 day of
February, 2014, by Barbara Stewart of Washington National Insurance
Company, on behalf of the corporation/agency. She is personally known to me or produced
_____ as identification and did/did not first take an oath.

My Commission Expires:

11-29-2018

(SEAL)


Signature – Notary Public

Tammy R. Craig
Printed Name of Notary

Notary's Commission No.



FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this
21 day of FEBRUARY, 2014, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

TEXAS LIFE INSURANCE COMPANY
(hereinafter referred to as "Texas"),
whose principal place of business is
900 Washington Avenue
Waco, Texas 76701

WHEREAS, SBBC and Texas entered into an Agreement dated October 16, 2012 (hereinafter "Agreement") for Voluntary Supplemental Insurance Plans/Programs for School Board Employees under RFP 13-010V; and

WHEREAS, SBBC issued a Request for Proposals, identified as RFP 13-010V Voluntary Supplemental Insurance Plans/Programs, dated April 11, 2012, and amended by Addendum Number 1, dated May 4, 2012, and Addendum Number 2, dated May 7, 2012, (hereafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for Voluntary Supplemental Insurance Plans/Programs for SBBC employees; and

WHEREAS, Texas offered a proposal dated May 24, 2012, (hereafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

1.01 **Recitals.** The parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Full-Time Employee.** Awardee agrees to share in the cost of providing one full-time SBBC employee to administer the Voluntary Supplemental Insurance, including benefits, office equipment, supplies, travel and professional dues. The cost of \$80,000 per year will be billed to the Awardee(s) as follows:

a. For 2015, the \$80,000 cost shall be shared as follows. Let N represent the number of new voluntary Awardees (“New Awardees”) with whom SBBC contracts in 2015. In addition to the New Awardees, there are 2 existing Awardees (“Existing Awardees”) with whom SBBC had an agreement in 2014. The 2 Existing Awardees will share a portion of the \$80,000 charge equal to $\$80,000 \times 2 / (2 + N)$. The amount charged to each Existing Awardee will be proportionate to each Existing Awardee’s share of SBBC voluntary enrollment as of December 1, 2014. The remainder of the \$80,000 charge will be shared equally between the New Awardees. **For example**, if SBBC adds 3 New Awardees for 2015, the Existing Awardees would be charged a combined total of $\$80,000 \times 2 / (2 + 3) = \$32,000$, in proportion to their share of the 2014 enrollment. Each of the 3 New Awardees would be charged 1/3 of the remaining \$48,000, or \$16,000.

b. For 2016 and future years, the \$80,000 cost will be allocated across all Awardees (both New Awardees and Existing Awardees) proportionate to each Awardee’s share of existing SBBC voluntary enrollment as of December 1 of the immediately preceding year.

2.02 **Priority of Documents.** In the event of a conflict between documents, the order or priority of the documents shall be as follows:

- | | |
|---------|--|
| First: | First Amendment to Agreement; |
| Second: | The Agreement; |
| Third: | Addendum Number Two [dated May 7, 2012]; |
| Fourth: | Addendum Number One [dated May 4, 2012]; |
| Fifth: | RFP 13-010V “Voluntary Supplement Insurance Plans/Programs”; and |
| Sixth: | The Proposal submitted in response to the RFP by Texas Life Insurance Company. |

In case of any other doubt or difference of opinion, the decision of SBBC shall be final and binding on both parties.

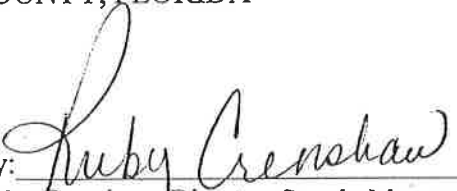
IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment to the Agreement on the date first above written.

FOR SBBC

Approved as to Form and Legal Content:


Office of the General Counsel

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By: 
Ruby Crenshaw, Director, Supply Management
and Logistics by designee of Robert w. Runcie,
Superintendent of Schools

FOR TEXAS

(Corporate Seal)

ATTEST:

Texas Life Insurance Company

By 

Steve R. Worley, Vice President, Marketing

_____, Secretary

-or-

Cheyl Pata
Witness

Melanie Cook
Witness

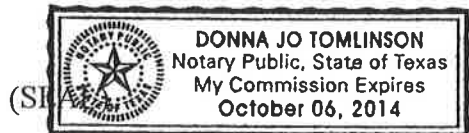
**The Following Notarization is Required for Every Agreement Without Regard to
Whether the Party Chose to Use a Secretary's Attestation or Two (2) Witnesses.**

STATE OF Texas

COUNTY OF McKenney

The foregoing instrument was acknowledged before me this 10th day of
Feb., 2014 by Steve R. Worley, of Texas Life Insurance Company, on behalf of the
corporation/agency. He is personally known to me or produced _____ as
identification and did/did not first take an oath.

My Commission Expires:




Signature - Notary Public

Donna J. Tomlinson
Printed Name of Notary

10-6-14
Notary's Commission No.

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date <div style="border: 1px solid black; text-align: center; padding: 2px;">10/16/12</div>	<div style="display: flex; justify-content: space-around;"><div style="text-align: center;">Open Agenda Yes <input checked="" type="checkbox"/> No</div><div style="text-align: center;">Special Order Request Yes <input checked="" type="checkbox"/> No</div></div>	Agenda Item Number <div style="border: 1px solid black; text-align: center; padding: 2px;">E-1</div>
--	---	---

TITLE:

RFP 13-010V Voluntary Supplemental Insurance For School Board Employees

REQUESTED ACTION:

Approve the RFP recommendations and the contracts for Texas Life Insurance Company and Washington National Insurance Company and cease additional enrollment for existing vendors: Allstate Financial Workplace, CNA Group Benefits, ING Employee Benefits, MassMutual Life Insurance Co., Pre-Paid Legal Services, Inc., and U.S. Legal Services, Inc.

SUMMARY EXPLANATION AND BACKGROUND:

This RFP was developed and reviewed in a public meeting by the Superintendent's Insurance Advisory Committee on March 28, 2012. The purpose of the RFP was to establish accountability through a contractual relationship with carriers offering voluntary employee paid benefits.

The RFP was issued on April 11, 2012. On May 25, 2012, proposals were received from fifteen (15) companies:

- | | |
|---|---------------------------------------|
| 1. AFLAC (McKinley) | 9. MassMutual D/B/S Financial |
| 2. AFLAC (Willis) | 10. MetLife Resources |
| 3. AIG Benefit Solutions | 11. Texas Life Insurance Co. |
| 4. Allstate Benefits | 12. Travelers |
| 5. ARAG Insurance Co. | 13. Trustmark Insurance Co. |
| 6. Colonial Life & Accident Insurance Co. | 14. U.S. Legal Services, Inc. |
| 7. Humana (Kanawha Insurance Co.) | 15. Washington National Insurance Co. |
| 8. Liberty Mutual | |

Page 1 of 2

SCHOOL BOARD GOALS:

- ☐ •Goal One: Raise achievement of all students to ensure graduation from high school and readiness for post-secondary education.
- ☒ •Goal Two: Improve the health and wellness of students and personnel.
- ☐ •Goal Three: Provide a safe and secure physical and technological environment for all students and employees.
- ☐ •Goal Four: Promote innovation which focuses on best practices and quality efforts that improve our best-in-class position.
- ☐ •Goal Five: Recruit, develop, retain, and recognize high performing and diverse faculty and personnel.
- ☐ •Goal Six: Build strong partnerships with family, business, community and government at the classroom, school, area, and district level.
- ☐ •Goal Seven: Ensure district's leadership as an environmental steward through innovative ecology and energy conservation programs.

FINANCIAL IMPACT:

There will be no financial impact to the District.

EXHIBITS: (List)

1. Executive Summary
2. Texas Life Insurance
3. Washington National Insurance
4. Superintendent Insurance Advisory Committee Minutes -- July 18 and July 19, 2012.
5. RFP 13-010V

BOARD ACTION:

APPROVED

(For Official School Board Records' Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Dr. Dildra Martin-Ogburn	754-321-2150
Mr. Bill Harris	754-321-0501

Name

Phone

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Maurice L. Woods *M. W.*
Chief Strategy & Operations Officer
Office of Strategy & Operations

Approved in Open Board Meeting on:

OCT 16 2012

By:

Lana Murray

School Board Chair

SUMMARY EXPLANATION AND BACKGROUND: Continued

The Superintendent's Insurance Advisory Committee evaluated the proposals on July 18, and July 19, 2012. The Committee evaluated the proposals, based on experience and qualifications, scope of services provided, Minority Women Business participation (M/WBE), and cost of services provided. As a result of the evaluation, the Committee recommended to the Superintendent the following awards:

Accident Plan

1. AIG Benefit Solutions
2. Allstate Benefits
3. Washington National Insurance Co.

Cancer/Critical Illness

4. AIG Benefit Solutions
5. Allstate Benefits
6. Washington National Insurance Co.

Hospital Indemnity/Intensive Care

7. Allstate Benefits

Long Term Care

8. MassMutual D/B/S Financial

Group Universal Life

9. AIG Benefit Solutions
10. Allstate Benefits

Voluntary Permanent Life

11. Texas Life Insurance Co.

The Superintendent's Insurance Advisory Committee met on September 18, 2012, and an impasse was declared in contract negotiations with the following companies:

1. AIG Benefit Solutions
2. Allstate Benefits
3. MassMutual D/B/S Financial

As a result of the impasse, The Superintendent's Insurance Advisory Committee recommendation to award is amended to award to the following companies:

Accident Plan

1. Washington National Insurance Co.

Cancer/Critical Illness

2. Washington National Insurance Co.

Voluntary Permanent Life

3. Texas Life Insurance Co.

The RFP provides for freezing enrollment for vendors that were not selected in the RFP process. To ensure that there is not a negative impact to School Board employees enrolled in plans not selected, the vendors will be allowed to continue to service those employees currently enrolled in their plans. However, no new enrollment will be allowed through payroll deductions into vendors/plans that were not selected.

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Texas Life Insurance Company
Supplier Contact: Carroll Fadal
Contact Telephone: 800-283-9233 x6312

Bid No.: 13-010V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108
Participant's Signature: [Signature] Date: 6/10/15

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Washington National Insurance Company
Supplier Contact: Linda Teets
Contact Telephone: 317-817-4942

Bid No.: 13-010V Purchase Order No.: None

What was the product / service? _____

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes ☒ No ☐

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If not, please explain why in comments.

SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

*Comments: _____

Evaluation Form Completed By:
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services
School / Department: Benefits Department
Contact Telephone: 754-321-3108

Participant's Signature: [Signature] Date: 6/10/15

Switch to: [View by respondent](#)

Survey: 13-010V - Voluntary Supplemental Insurance - Permanent Life Insurance

51 respondents took this survey.

Question Summary

	Question	Question Type	% of Respondents Submitting
Details	Question 1	Yes-no	100.00%
Details	Question 2	Rating scale	17.65%
Details	Question 3	Rating scale	17.65%
Details	Question 4	Rating scale	17.65%
Details	Question 5	Free response	7.84%


A red asterisk (*) indicates required questions.

[top](#)

Question 1 (Yes-no)*

51 of 51 respondents answered this question.

Did you use Voluntary Permanent Life Insurance with Texas Life Insurance Company? If, yes, complete the survey; if no, just click on submit answers below.





		Number of Respondents	Percent
Yes		10	19.61%
No		41	80.39%
Total		51	100.00%

[top](#)

Question 2 (Rating scale)

9 of 51 respondents answered this question.

How would you rate vendor Texas Life Insurance Company for Voluntary Permanent Life Insurance under this contract?




Poor (1) - Excellent (5)		Number of Respondents	Percent
1		0	0.00%
2		1	11.11%
3		3	33.33%
4		4	44.44%
5		1	11.11%
Total		9	100.00%

Average rating: 3.56

[top](#)**Question 3 (Rating scale)**

9 of 51 respondents answered this question.

How satisfied are you with the Texas Life Insurance Company for Voluntary Permanent Life Insurance under this contract?




Not Satisfied (1) - Very Satisfied (4)		Number of Respondents	Percent
1		0	0.00%
2		2	22.22%
3		5	55.56%
4		2	22.22%
Total		9	100.00%

Average rating: 3.00

[top](#)**Question 4 (Rating scale)**

9 of 51 respondents answered this question.

Would you use Texas Life Insurance Company again for Voluntary Permanent Life Insurance under this contract?

Very Unlikely (1) - Definiately (4)		Number of Respondents	Percent
1		0	0.00%
2		2	22.22%
3		6	66.67%
4		1	11.11%
Total		9	100.00%

Average rating: 2.89

[top](#)**Question 5 (Free response)**

4 of 51 respondents answered this question.

Comments about this vendor:

	Number of Respondents	Percent
I haven't used the insurance, so I really can't give any opinion.	1	25.00%
It's Life Insurance I have not use them at this point.	1	25.00%
None noted	1	25.00%
Well I guess if I had to use the Permanent Life Insurance I would not be able to comment. LOL	1	25.00%
Total	4	100.00%

Switch to: [View by respondent](#)

Survey: 13-010V - Voluntary Supplemental Insurance Accident Plan/Cancer Critical Illness

56 respondents took this survey.

Question Summary

	Question	Question Type	% of Respondents Submitting
Details	Question 1	Yes-no	100.00%
Details	Question 2	Rating scale	19.64%
Details	Question 3	Rating scale	17.86%
Details	Question 4	Rating scale	17.86%
Details	Question 5	Free response	7.14%

A red asterisk (*) indicates required questions.

[top](#)

Question 1 (Yes-no)*

56 of 56 respondents answered this question.

Did you use Accident Plan/Cancer Critical Illness insurance with Washington National Insurance Company? If, yes, complete the survey; if no, just click on submit answers below.





		Number of Respondents	Percent
Yes		7	12.50%
No		49	87.50%
Total		56	100.00%

[top](#)

Question 2 (Rating scale)

11 of 56 respondents answered this question.

How would you rate vendor Washington National Insurance Company for Accident Plan/Cancer Critical Illness insurance under this contract?





Poor (1) - Excellent (5)		Number of Respondents	Percent
1		1	9.09%
2		1	9.09%
3		4	36.36%
4		0	0.00%
5		5	45.45%
Total		11	100.00%

Average rating: 3.64

[top](#)**Question 3 (Rating scale)**

10 of 56 respondents answered this question.

How satisfied are you with the Washington National Insurance Company for Accident Plan/Cancer Critical Illness insurance under this contract?





Not Satisfied (1) - Very Satisfied (4)		Number of Respondents	Percent
1		1	10.00%
2		2	20.00%
3		3	30.00%
4		4	40.00%
Total		10	100.00%

Average rating: 3.00

[top](#)**Question 4 (Rating scale)**

10 of 56 respondents answered this question.

Would you use Washington National Insurance Company for Accident Plan/Cancer Critical Illness insurance again for under this contract?

Very Unlikely (1) - Definiately (4)		Number of Respondents	Percent
1		1	10.00%
2		2	20.00%
3		3	30.00%
4		4	40.00%
Total		10	100.00%

Average rating: 3.00

[top](#)**Question 5 (Free response)**

4 of 56 respondents answered this question.

Comments about this vendor:

	Number of Respondents	Percent
I only have the Accident plan because the Cancer plan is TOO EXPENSIVE, and on a clerk salary you can't even touch it.	1	25.00%
Money is collected each paycheck, yet there is very little information or communication from vendor.	1	25.00%
MY ONE REGRET.	1	25.00%
None noted	1	25.00%
Total	4	100.00%