



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE: Jun 21 2016 10:15AM - Regular School Board Meeting

AGENDA ITEM: CONSENT ITEMS

CATEGORY: E. OFFICE OF STRATEGY & OPERATIONS

DEPARTMENT: Procurement & Warehousing Services

Special Order Request
 Yes No

Time

Open Agenda
 Yes No

ITEM No.:
E-10.

TITLE:
First Amendment to Agreement - 14-010P - Group Term Life & Accidental Death and Dismemberment Insurance for Employees

REQUESTED ACTION:
 Approve the First Amendment to Agreement for the above Request for Proposal (RFP) - 14-010P. Contract Term: January 1, 2017, through December 31, 2017, 1 year; User Department: Benefits & Employment Services; Award Amount: None; Awarded Vendor(s): Mutual of Omaha Insurance Company; Minority/Women Business Enterprise Vendor(s): None

SUMMARY EXPLANATION AND BACKGROUND:
 The School Board of Broward County, Florida, received seven (7) proposals for RFP 14-010P - Group Term Life and Accidental Death and Dismemberment for School Board Employees. This request is to approve the First Amendment to Agreement and is the first renewal for this contract. The term of this contract was from January 1, 2014, through December 31, 2016, with the option for two (2) additional one (1) year renewals. On August 23, 2013, Special School Board Meeting, RFP 14-010P was awarded to Mutual of Omaha Insurance Company.
 A copy of the RFP documents are available online at:
<http://www.broward.k12.fl.us/supply/agenda/14-010P-GroupTermLife&AccidentalDeath&DismembermentInsuranceforEmployees.pdf>
 This First Amendment to Agreement has been reviewed and approved as to form and 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 additional financial impact to the District. The funding source has already been allocated within the Fringe Benefits Clearing Account.

EXHIBITS: (List)
 (1) Executive Summary (2) First Amendment to Agreement (3) Approved ARF 8-27-13 RSBM 1 (4) Supplier Evaluation

BOARD ACTION:
APPROVED
 (For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Dr. Dildra Ogburn	Phone: 754-321-3100
Name: Mary C. Coker	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: JUN 21 2016

Signature
 Maurice Woods
 6/10/2016, 3:49:29 PM

By: *Abby M. Freedman*
 School Board Chair

EXECUTIVE SUMMARY

First Amendment to Agreement 14-010P Group Term Life and Accidental Death and Dismemberment Insurance for School Board Employees

On August 27, 2013, The School Board of Broward County, Florida, approved the contract for Mutual of Omaha Insurance Company to provide Group Term Life and Accidental Death and Dismemberment for School Board Employees. The initial term of the contract is January 1, 2014, through December 31, 2016, with two (2) one-year renewal options. The monthly premium rates for the initial contract period were fixed. In addition, the terms of the initial Agreement also held the rates flat for the first one-year renewal; therefore, there is no rate increase for 2017.

On Wednesday, April 13, 2016, the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) held its annual contract renewal meeting. During the meeting, the SIWAC Members were informed that no plan revisions or rate increases were requested by Mutual of Omaha Insurance Company for 2017, in accordance with the approved contract.

As a result of the information provided, the SIWAC voted to recommend to the Superintendent, to renew the contract with Mutual of Omaha Insurance Company for 2017. This will be the first one-year renewal for Mutual of Omaha Insurance Company.

The Life Insurance products noted above will continue to provide District employees with basic life insurance, as well as a wide range of enhanced life insurance benefits options.

There is no additional cost in 2017 to the School Board or employees who elect to purchase enhanced coverage as the rates will remain flat for 2017. Although the School Board's expected cost for 2017 is approximately \$1.9 million dollars, the funding source has already been allocated within the Fringe Benefits Clearing Account at the time the School Board approved the initial contract on August 23, 2013. Therefore, there is no additional cost to the School Board for 2017.

FIRST AMENDMENT TO AGREEMENT

THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this 21st day of June, 2016, 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

MUTUAL OF OMAHA INSURANCE COMPANY
(hereinafter referred to as "Omaha"),
whose principal place of business is
Mutual of Omaha Plaza
Omaha, Nebraska 68175

WHEREAS, SBBC issued a Request for Proposal, identified as RFP 14-010P Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance for School Board Employees, dated March 8, 2013 and amended by Addendum Number One dated March 26, 2013, and Addendum Number Two dated April 3, 2013 (hereinafter referred to as "RFP") which is incorporated by reference herein, for the purpose of receiving proposals for group term life and accidental death and dismemberment (AD&D) insurance for School Board employees; and

WHEREAS, Omaha offered a proposal dated April 29, 2013 (hereinafter referred to as "Proposal") which is incorporated by reference herein, in response to RFP; and

WHEREAS, SBBC and Omaha entered into an Agreement dated August 27, 2013 (hereinafter referred to as "Agreement") for Group Term Life and Accidental Death and Dismemberment (AD&D) insurance for SBBC employees under RFP 14-010P; and

WHEREAS, SBBC and Omaha mutually agree to extend the term of the Agreement for an additional one-year period through December 31, 2017.

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 Term of Agreement. Unless terminated earlier pursuant to Section 3.05 of the Agreement the term of the Agreement shall be extended for an additional one-year period, which will begin on January 1, 2017 and end on December 31, 2017.

2.02 Order of Priority. In the event of a conflict between documents, which are incorporated herein by reference, the Parties agree that the order of priority shall be as follows:

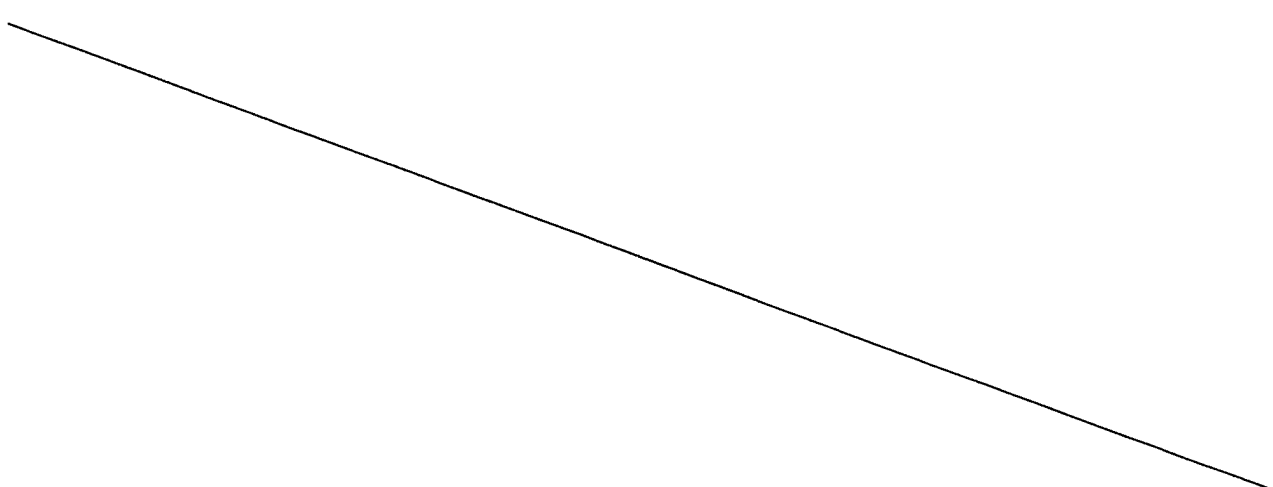
- First: First Amendment to Agreement; then
- Second: The Agreement; then
- Third: Addendum Number Two (dated April 3, 2013); then
- Fourth: Addendum Number One (dated March 26, 2013); then
- Fifth: RFP 14-010P “Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance for School Board Employees”; then
- Sixth: The Proposal submitted in response to the RFP by Mutual of Omaha, including the Group insurance policy.

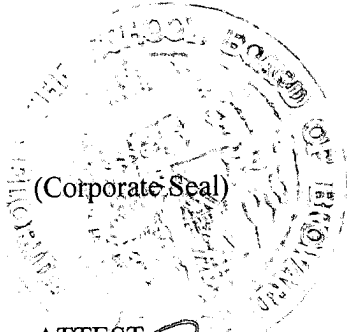
ARTICLE 3 – GENERAL CONDITIONS

3.01 Authority. Each person signing this First Amendment to Agreement on behalf of either party individually warrants that he or she has full legal power to execute this First Amendment to 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 First Amendment to Agreement.

3.02 All Other Terms and Conditions. Except as expressly provided herein, all terms and conditions set forth in the Agreement and this First Amendment to Agreement shall remain in force and effect for the contract term specified within this First Amendment to Agreement.

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





(Corporate Seal)

FOR SBBC

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By Abby M. Freedman
Dr. Rosalind Osgood, Chair *for the chair*

ATTEST:

Robert W. Runcie

Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

Patricia [Signature] 05/10/16
Office of the General Counsel

FOR OMAHA

(Corporate Seal)

Mutual of Omaha Insurance Company

ATTEST:

By *Dan Martin*

Dan Martin
Executive Vice President, Group Benefit
Services

, Secretary

-or-

Karen Fields
Witness

Victoria Ness
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.**

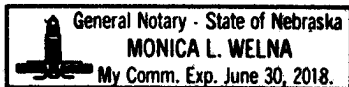
STATE OF *Nebraska*

COUNTY OF *Douglas*

The foregoing instrument was acknowledged before me this *16th* day of
May, 2016 by **Dan Martin of Mutual of Omaha 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. Type of Identification

My Commission Expires: *6/30/18*



(SEAL)

Monica L Welna
Signature – Notary Public

MONICA L WELNA
Printed Name of Notary

N/A
Notary's Commission No.

AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Meeting Date			Agenda Item Number
08/27/13	Open Agenda	Special Order Request	1
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TITLE	
Request for Proposals (RFP) 14-010P Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance for School Board Employees	
REQUESTED ACTION:	
Approve the RFP recommendation and the Agreement between The School Board of Broward County, FL, and Mutual of Omaha.	
SUMMARY EXPLANATION AND BACKGROUND:	
<p>This RFP was developed and reviewed in a public meeting by the Superintendent's Insurance Advisory Committee (SIAC) on February 28, 2013. The RFP was released on March 8, 2013. On April 29, 2013, proposals were received from seven (7) companies:</p> <p>1. Aetna, 2. MetLife, 3. Minnesota Life, 4. Mutual of Omaha, 5. Reliance Standard, 6. ReliaStar Life Insurance Company, and 7. Standard Insurance Company</p> <p>The Superintendent's Insurance Advisory Committee evaluated the proposals on June 19, 2013. The proposals were evaluated based on Experience and Qualifications, Scope of Services, Minority/Women Business participation, and Cost of Services. As a result of the evaluation, the Committee voted to select and recommend to the Superintendent of Schools, the following award:</p> <p align="center">Mutual of Omaha</p> <p>As a result of this RFP process, the calendar year premium savings to the Board, due to the Basic Life rate reduction, is \$427,000. Additionally, the reduction in the Option 1 rate will save employees \$82,000 per year.</p> <p>This Agreement has been reviewed and approved as to form and legal content by the Office of the General Counsel.</p>	
SCHOOL BOARD GOALS:	
<input type="checkbox"/> Goal 1: High Quality Instruction <input checked="" type="checkbox"/> Goal 2: Continuous Improvement <input type="checkbox"/> Goal 3: Effective Communication	
FINANCIAL IMPACT:	
There will be a financial impact to the Board of \$ 1,836,000 for 2014.	
EXHIBITS: (List)	
1. Executive Summary 2. Proposed Agreement 3. Status of Life Insurance RFP – Mutual of Omaha Memo 4. SIAC 06/19/13 Meeting Minutes 5. RFP 14-010P	
BOARD ACTION:	SOURCE OF ADDITIONAL INFORMATION:
APPROVED	Amanda Bailey 754-321-1840
	Dr. Dildra Martin-Ogburn 754-321-3100
	Carol Barker 754-321-0506
(For Official School Board Records' Office Only)	Name Phone

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

AUG 27 2013

Approved in Open Board Meeting on:

By:

Laurie Rich Levinson

School Board Chair

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: Mutual of Omaha Insurance Company
 Supplier Contact: Dan Rood, National Sales Director – Special Products
 Contact Telephone: (407) 420-6802

Bid No.: 14-010P Purchase Order No.: _____

What was the product / service? Employee Benefits Insurance Consultant Services

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

	1	2	3	4	5
	Poor	Fair	Good	Very Good	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	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes No

SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	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	2	3	4
Very Unlikely	Unlikely	Probably	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
 School / Department: Benefits & Employment Services
 Contact Telephone: (754) 321-3111

Participant's Signature:  Date: 5/17/16