



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

Special Order Request
 Yes No

ITEM No.:
E-2.

AGENDA ITEM CONSENT ITEMS

Time

CATEGORY E. OFFICE OF STRATEGY & OPERATIONS

DEPARTMENT Procurement & Warehousing Services

Open Agenda
 Yes No

TITLE:
Third Amendment to Agreement - RFP 13-010V - Voluntary Supplemental Insurance Plans/Programs for School Board Employees

REQUESTED ACTION:
Approve the Third Amendment to Agreement for the above Request for Proposal (RFP). Contract Term: January 1, 2017, through December 31, 2017, 1 Year; User Department: Benefits & Employment Services; Award Amount: None; Vendor(s) Awarded: Texas Life Insurance Company and Washington National Insurance Company; Minority/Women Business Enterprise 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. On October 16, 2012, 13-010V was awarded to the following carriers: Texas Life Insurance Company for permanent life and Washington National Insurance Company for accidental plan and cancer/critical illness. The term of the initial contract was from January 1, 2013, through December 31, 2015 with two (2) additional one (1) year renewals. This request is to renew the contract for the second and final year (January 1, 2017, through December 31, 2017). 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/programs.

EXHIBITS: (List)
(1) Executive Summary (2) Third Amendment to Agreement-2 (3) Approved ARF 7-28-15 RSBM E-5 (4) Approved ARF 10-16-12 RSBM E-1 (5) Supplier Evaluations-2

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, 3:08:25 PM

By: *Abby M. Freedman*
School Board Chair *for the chair*

EXECUTIVE SUMMARY

Third Amendment to Agreement RFP 13-010V Voluntary Supplemental Insurance Plans/Programs for School Board Employees

The Superintendent's Insurance & Wellness Advisory Committee (SIWAC) held its annual contract renewal meeting on Wednesday, April 13, 2016. During the meeting the District's Benefits Consultants, Gallagher Benefits Services informed the SIWAC Members that neither Washington National Insurance Company nor Texas Life Insurance Company requested any plan revisions or rate increases for 2017.

As a result of the information provided, the SIWAC voted to recommend to the Superintendent to renew the following contracts for 2017. This will be the second and final one-year renewal for both of the vendors listed below:

Texas Life Insurance Company
Voluntary Permanent Life

Washington National Insurance Company
Accident
Cancer/Critical Illness

The Voluntary Supplemental products noted above will continue to provide District employees with a wide range of supplemental benefits options. There is no cost to the Board. Employees are responsible for all costs of these Voluntary Supplemental products, should they elect to enroll in these plans.

**THIRD AMENDMENT TO
AGREEMENT**

THIS THIRD 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

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 entered into a Second Amendment to Agreement dated July 28, 2015 (hereinafter "Second Amendment"); and

WHEREAS, SBBC and Texas mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2017; 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:	Third Amendment to Agreement;
Second:	Second Amendment to Agreement;
Third:	First Amendment to Agreement;
Fourth:	The Agreement;
Fifth:	Addendum Number Two [dated May 7, 2012];
Sixth:	Addendum Number One [dated May 4, 2012];
Seventh:	RFP 13-010V “Voluntary Supplement Insurance Plans/Programs”; and
Eighth:	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 the Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.
- 4.01 **Authority.** Each person signing this Third Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Amendment 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 Third Amendment.

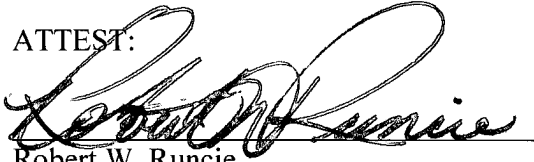
IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment to the Agreement on the date first above written.

FOR SBBC

(Corporate Seal)

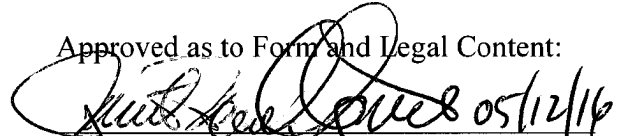
THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie
Superintendent of Schools

By: 
Dr. Rosalind Osgood, Chair *for the chair*

Approved as to Form and Legal Content:


Office of the General Counsel

FOR TEXAS

(Corporate Seal)

Texas Life Insurance Company

ATTEST:

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

Secretary

-or-

Melanie Cook
Witness

Stacy Goversky
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*

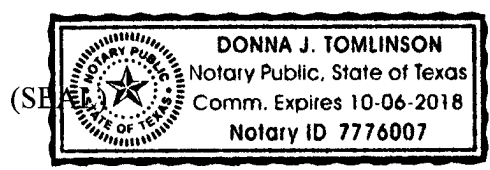
The foregoing instrument was acknowledged before me this *31st* day of *May*, 2016 by Carroll Fadal, of Texas Life Insurance Company, on behalf of the corporation/agency. He is personally known to me or produced _____ as identification and did/did not first take an oath.

My Commission Expires:

Donna J. Tomlinson
Signature - Notary Public

Donna J. Tomlinson
Printed Name of Notary

7776007
Notary's Commission No.



**THIRD AMENDMENT TO
AGREEMENT**

THIS THIRD 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

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 entered into a Second Amendment to Agreement dated July 28, 2015 (hereinafter "Second Amendment") and

WHEREAS, SBBC and Washington mutually agree to extend the Term of the Agreement for an additional one-year period through December 31, 2017; 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: | Third Amendment to Agreement; |
| Second: | Second Amendment to Agreement; |
| Third: | First Amendment to Agreement; |
| Fourth: | The Agreement; |
| Fifth: | Addendum Number Two [dated May 7, 2012]; |
| Sixth: | Addendum Number One [dated May 4, 2012] |
| Seventh: | RFP 13-010V “Voluntary Supplement Insurance Plans/Programs”; and |
| Eight: | 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 the Agreement and Amendment shall remain in force and effect for the contract term specified within this Addendum.
- 4.01 **Authority.** Each person signing this Third Amendment to Agreement on behalf of either party individually warrants that he or she has the full legal power to execute this Amendment 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 Third Amendment.

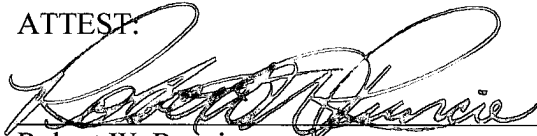
IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment to the Agreement on the date first above written.

FOR SBBC

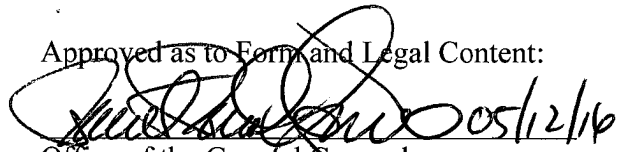
(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

ATTEST:


Robert W. Runcie
Superintendent of Schools

By: 
Dr. Rosalind Osgood, Chair *for the chair*

Approved as to Form and Legal Content:
 05/12/16
Office of the General Counsel

FOR WASHINGTON

(Corporate Seal)

ATTEST:

Washington National Insurance Company

By *Barbara Stewart*
Barbara Stewart, President
Washington National Insurance

Secretary

-or-

Shawn Audyque
Witness

Connie Burgess
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 Howard

The foregoing instrument was acknowledged before me this 10 day of May, 2016 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:

Tammy R. Craig
Signature – Notary Public

Tammy R. Craig
Printed Name of Notary

11-29-18
Notary's Commission No.

(SEAL)





AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Special Order Request <input type="radio"/> Yes <input checked="" type="radio"/> No Time
Open Agenda <input type="radio"/> Yes <input checked="" type="radio"/> No

MEETING DATE	Jul 28 2015 10:15AM - Regular School Board Meeting
ITEM No.:	AGENDA ITEM
E-5.	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

Signature

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

Approved In Open Board Meeting On: **JUL 28 2015**

By:
 School Board Chair

**AGENDA REQUEST FORM
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

Meeting Date 10/16/12	Open Agenda Yes <input checked="" type="checkbox"/> No	Special Order Request Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Agenda Item Number E-1
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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)

- Executive Summary
- Texas Life Insurance
- Washington National Insurance
- Superintendent Insurance Advisory Committee Minutes – July 18 and July 19, 2012.
- RFP 13-010V

BOARD ACTION: APPROVED	SOURCE OF ADDITIONAL INFORMATION: Dr. Dildra Martin-Ogburn 754-321-2150 Mr. Bill Harris 754-321-0501
<small>(For Official School Board Records' Office Only)</small>	<small>Name Phone</small>

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Maurice L. Woods *M.L.W.*
Chief Strategy & Operations Officer
Office of Strategy & Operations

Approved in Open Board Meeting on: OCT 16 2012

By: *Lisa 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.

Long Term Care

8. MassMutual D/B/S Financial

Cancer/Critical Illness

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

Group Universal Life

9. AIG Benefit Solutions
10. Allstate Benefits

Hospital Indemnity/Intensive Care

7. 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, Distribution Officer
 Contact Telephone: 800-283-9233 x6312

Bid No.: RFP 13-010V Purchase Order No.: _____

What was the product / service? Group Voluntary Supplement Insurance for School Board Employees

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 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	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.

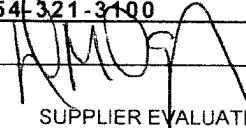
*Comments: _____

Evaluation Form Completed By:

Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services

School / Department: Benefits Department

Contact Telephone: 754-321-3100

Participant's Signature:  Date: 5/9/16

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: Barbara Stewart, President
Contact Telephone: 800-817-4186 or 312-817-4186

Bid No.: RFP 13-010V Purchase Order No.: _____

What was the product / service? Group Voluntary Supplement Insurance for School Board Employees

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 <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input checked="" type="checkbox"/>
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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 <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
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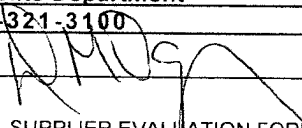
*If not, please explain why in comments.

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: 754-321-3100
Participant's Signature:  Date: 5/9/16