



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE	2018-08-21 10:05 - Regular School Board Meeting
AGENDA ITEM	ITEMS
CATEGORY	EE. OFFICE OF STRATEGY & OPERATIONS
DEPARTMENT	Procurement & Warehousing Services

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

ITEM No.:
EE-4.

TITLE:
Recommendation to Approve First Amendment to Agreement - 16-057V - Group Disability Coverage for School Board Employees

REQUESTED ACTION:
Approve the First Amendment to Agreement for the above-referenced Request for Proposal (RFP). Contract Term: January 1, 2019 through December 31, 2019, 1 Year; User Department: Benefits; Award Amount: \$3,400,000; Awarded Vendor(s): Metropolitan Life Insurance Company; Small/Minority/Women Business Enterprise Vendor(s): More Financial Services, Inc.

SUMMARY EXPLANATION AND BACKGROUND:
RFP 16-057V - Group Disability Coverage for School Board Employees was awarded to Metropolitan Life Insurance Company on November 17, 2015. The original term of this contract was from January 1, 2016 through December 31, 2018. This request is to approve the First Amendment to Agreement and contract renewal for the term as stated in the Requested Action.

This First Amendment to the Agreement has 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:
The estimated financial impact to the District for 2019 will be approximately \$3,400,000, which includes a \$270,000 annual increase of nine (9) percent. The funding for this contract will come from the Fringe Benefits Clearing Account. The financial impact represents an estimated contract value; however, the amount authorized will not exceed the estimated contract award amount.

EXHIBITS: (List)
(1) Executive Summary (2) First Amendment to Agreement

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

SOURCE OF ADDITIONAL INFORMATION:	
Name: Dr. Dildra Martin-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: **AUG 21 2018**
By: *Nora Pupat*
School Board Chair

Signature
Maurice Woods
8/10/2018, 12:41:56 PM

EXECUTIVE SUMMARY

First Amendment to Agreement 16-057V – Group Disability Coverage for School Board Employees

The contract for RFP 16-057V- Group Disability Coverage for School Board Employees, was awarded to Metropolitan Life Insurance Company (MetLife) by the School Board on November 15, 2015. The term of the initial Agreement is January 1, 2016 through December 31, 2018.

On May 16, 2018, the Superintendent's Insurance & Wellness Advisory Committee (SIWAC) held its annual contract renewal meeting. MetLife originally requested an eleven (11) percent renewal increase; however, through an analysis of the experience data, the Benefits Consultants were able to negotiate the requested renewal increase down to nine (9) percent for plan year January 1, 2019 through December 31, 2019.

The SIWAC voted unanimously to recommend approval of MetLife's first one (1) year renewal option to the Superintendent of Schools.

If The School Board of Broward County, Florida, and MetLife agree to exercise the second one (1) year renewal option for the period January 1, 2020 through December 31, 2020, the rates will remain flat for the calendar year 2020.

This request is to approve the First Amendment to Agreement. The first one (1) year renewal option contract term is January 1, 2019 through December 31, 2019.

FIRST AMENDMENT TO AGREEMENT

21st THIS FIRST AMENDMENT TO AGREEMENT is made and entered into as of this
day of August, 2018, 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

METROPOLITAN LIFE INSURANCE COMPANY
(hereinafter referred to as "METLIFE"),
having its principal place of business at
200 Park Avenue
New York, New York 10166

WHEREAS, SBBC issued a Request for Proposal identified as RFP 16-057V – Group Disability Coverage for School Board Employees, dated, September 4, 2015 and amended by Addendum Number One, dated September 15, 2015 and Addendum Number Two dated, September 22, 2015 and Addendum Number Three, dated September 29, 2015 and Addendum Number Four, dated October 2, 2015 (herein referred to as "RFP"), which are incorporated by reference herein, for the purpose of receiving proposals for Group Disability Coverage for School Board Employees; and

WHEREAS, METLIFE offered a Proposal, dated September 17, 2015 (hereinafter referred to as "Proposal"), which is incorporated by reference herein, in response to the RFP; and

WHEREAS, SBBC and METLIFE entered into an Agreement dated November 17, 2015 (hereafter "Agreement") for Group Disability Coverage for School Board Employees under RFP 16-057V; and

WHEREAS, the parties mutually desire to amend certain provisions of the Agreement.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLES

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

2.01 **Term of Agreement.** The November 17, 2015 Agreement is hereby extended from January 1, 2019 through December 31, 2019, unless terminated earlier pursuant to Section 3.05 of the Agreement.

3.01 **Premiums.** The premium rates for the period January 1, 2019 through December 31, 2019 shall be:

Core Plan: 0.477 cents per \$100.00 of insured payroll
Buy-Up Plan: 0.242 cents per \$100.00 of insured payroll

4.01 **Rate Cap.** If SBBC and METLIFE mutually agree to exercise the second one-year renewal option for the period January 1, 2020 through December 31, 2020 the premium rates will be as follows:

Core Plan: 0.477 cents per \$100.00 of insured payroll
Buy-Up Plan: 0.242 cents per \$100.00 of insured payroll

5.01 **Order of Precedence Among Agreement Documents.** In the event of conflict between the provisions of the Agreement and the provisions contained herein, the provisions of the following documents shall take precedence in this order:

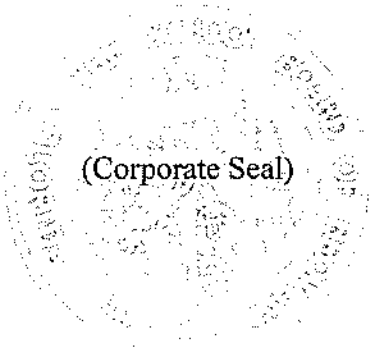
- a) This First Amendment to Agreement; then
- b) The Agreement dated, November 17, 2015; then
- c) Addendum Number Four dated, October 2, 2015; then
- d) Addendum Number Three dated, September 29, 2015; then
- e) Addendum Number Two dated, September 22, 2015; then
- f) Addendum Number One dated, September 15, 2015; then
- g) RFP 16-057V – “Group Disability Coverage for School Board Employees; then
- h) The Proposal submitted by METLIFE in response to the RFP.

6.01 **Other Provisions Remain in Force.** Except as expressly provided herein, all other portions of the Agreement remain in full force and effect.

7.01 **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.

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

FOR SBBC



(Corporate Seal)

THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA

By Nora Rupert
Nora Rupert, Chair

ATTEST:

Robert W. Runcie
Robert W. Runcie, Superintendent of Schools

Approved as to Form and Legal Content:

[Signature]
Office of the General Counsel

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FOR METLIFE, INC.

(Corporate Seal)

ATTEST:

, Secretary

-or-

Jamir Sala
Witness

[Signature]
Witness

Metropolitan Life Insurance Company

By [Signature]
Signature

Printed Name: Michael McDermott

Title: Vice President-National Accounts

STATE OF Georgia
COUNTY OF Fulton

The foregoing instrument was acknowledged before me this 9th day of July, 2018 by Michael McDermott of
Name of Person

MetLife on behalf of the corporation/agency. He/She is personally known to me or produced Drivers License as identification and did/did not first take an oath. Type of Identification

My Commission Expires:

[Signature]
Signature – Notary Public

(SEAL)

Printed Name of Notary

Susan Brewton
Notary Public
Fulton County, Georgia
My Commission Expires August 31, 2021

Notary's Commission No.