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County of Hidalgo
Request for Proposal

RFP No.: 2007-RECORDS KEEPER SERVICES

Internal Revenue Code 457 Deferred Compensation Plan

Proposed Effective Date:

February 1, 2008

SECTION I. - INTRODUCTION

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The County of Hidalgo is soliciting proposals from interested parties regarding the implementation and administration of an Internal Revenue Code 457 Deferred Compensation Plan for its employees.

The County of Hidalgo currently has approximately 3060 employees eligible to participate in the Deferred Compensation Plan.

The County of Hidalgo is seeking proposals from organizations qualified to provide administration services and investment options.

INSTRUCTIONS FOR SUBMITTING PROPOSAL

In order for the proposal to be considered, the Proposing Organization must:

1. Respond to all questions contained in Sections II through V, by restating each question and providing your response directly below the question. Proposals deviating from this format will not be considered.
2. **Submit one (1) original and eight (8) copies of your proposal to:**

**Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 So. Business Hwy 281
Edinburg, TX 78539**

The outside lower left-hand corner of the envelope must show the following identification:

**RFP- 2007-Records Keeper Services
Date Closed: XXXXXXXX**

3. The proposal must be accompanied by a transmittal letter signed by an authorized official of the organization.
4. **Proposals must be received on or before XXXXXXXX, at 9:30 a.m. Proposals received after this date and time will not be considered and will be returned unopened to the bidder.**

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5. After proposals are opened and reviewed **by the Selection Committee**, finalists will be selected and these organizations may be required to make presentations before the **Hidalgo County Selection Committee**.
6. Any award of a contract as a result of this invitation will be made by written notification **from the Hidalgo County Purchasing Department**. At this time, the Company must be prepared to immediately begin execution of the appropriate agreements.

The County of Hidalgo reserves the right to accept or reject any and all proposals, to waive irregularities or technical deficiencies and to negotiate with the selected proposer any desired change in the proposal, which, **in the judgment of the Hidalgo County Commissioners' Court**, best meets the requirements of the County of Hidalgo and its employees.

All requests for information shall be made in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of the Request for Proposal, if made, will be made only by Addendum duly issued. A copy of such Addendum will be mailed or delivered to each person receiving a set of specifications. The County of Hidalgo will not be responsible for any other explanation or interpretation of the proposal made or given prior to the award of the contract. Any objections to the specifications requirements as set forth in this request for proposal must be filed in writing with the County of Hidalgo **on or before five (5) days prior to the scheduled opening**.

Questions regarding this Request for Proposal should be directed to Martha L. Salazar, CPPB, Purchasing Agent. The deadline for the submission of questions is the XXXXX XXXXXXX at 5:00 p.m. Questions shall receive a prompt response by XXXXXXX at 5:00 p.m.

Criteria Selection will be based on the following:

1. Company Profile
2. Investment Product
3. Contract Charges and Flexibility
 - a. Fixed Annuity or Guaranteed Investment Options
 - b. Variable Annuity or Equity Investment Options
 - c. Mutual Funds
 - d. Annuity and Retirement Benefits
4. Administrative Services
5. Local Servicing Capabilities
6. Investment Philosophies with Historical outcomes.

BACKGROUND

Hidalgo County is requesting proposals for Section 457 Deferred Compensation Administration and funding vehicles. It is the intent of Hidalgo County that the Section 457 administrator provides administration of the plan with funding options as well as on-going financial and investment advice to participants.

Proposals will be graded on a point system, with emphasis on ability to service the county and experience in administration of the Section 457 plans.

Proposal/s Rating
Third Party Administration of Section 457 Deferred Compensation

Experience

- 1. Provides administration services for county governments
- 2. Has worked with county government in this general region
- 3. Extent of experience 25% ___

Investment Vehicles

- 1. Comprehensiveness of Investment Offerings
- 2. 10 Year performance record of investment offerings 10% ___

Enrollment Capabilities

- 1. Group meetings
- 2. One-on-one enrollments
- 3. Electronic enrollment & eligibility
- 4. Reporting capabilities
- 5. Manpower resources
- 6. Extent of experience 25% ___

Capacity to Perform

- 1. Staffing level/experience of staff
- 2. Adequacy of Resources
- 3. Professional liability insurance in force 15% ___

Broker / Agent

- 1. Local office (Hidalgo County)
- 2. Experience in governmental entities
- 3. Staffing level/experience of staff
- 4. Level of commitment to servicing the account
- 5. Bilingual staffing capabilities
- 6. Errors & Omission Insurance (Min., \$1million per occurrence) 25% ___

TOTAL SCORE

- A. Experience
- B. Investment Vehicles

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- C. Enrollment Capabilities
- D. Capacity to Perform
- E. Broker/Agent

100% ___

SECTION II. - COMPANY INFORMATION

1. Please state the name of your company, Home Office address, local business address (if any), and the name, address, phone number, and company title of the persons(s) whom the County of Hidalgo may contact about your proposal.
2. Is your company a subsidiary or affiliate of another company? If yes, identify such by name and explain the relationship(s) between said companies.
3. How long has your company (not parent company) been licensed to do business?
4. How long has your company been licensed to do business in the State of Texas?
5. In how many states is your company licensed to do business?
6. Do you currently have all the necessary licenses and registrations to perform the activities proposed?
7. What are your company's:
 - a. Total assets as of December 31, 2006?
 - b. Total capital and surplus as of December 31, 2006?
 - c. Total assets for Deferred Compensation Plans as of December 31, 2006?
8. If applicable, what are your company's current A.M. Best's, Standard & Poor's, Moody's and Fitch ratings?
9. Please attach a copy of your most recent audited annual financial report.
10. Describe briefly the organizational structure of your company with emphasis on the personnel or division providing Deferred Compensation services in your company's organizational structure.

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11. Please provide the date the first Deferred Compensation Plan for public employees was installed with your company.
12. For how many governmental 457 Plans are you currently an investment and service provider? How many participants are covered under these plans?
13. Provide a breakdown using the chart provided.

Number of Participants	Plans	Assets
Under 5,000		
5,000-10,000		
Over 10,000		
Total		

14. Provide at least three 457 governmental references, preferably plans of similar size to the County of Hidalgo plan. Please provide client name, contact name, title, address, telephone number, date of implementation and number of participants for each reference.
15. Please list five of your largest governmental 457 Deferred Compensation Plans, their inception dates, annual cash flow, total assets managed, and total number of eligible employees and participants.
16. Please identify the individual (name, address, phone number and title) who would be assigned primary responsibility for the employer's account. Please include a resume of his/her experience and background.
17. Please describe the qualifications and experience of field service personnel assigned to the employer's plan.
18. Please list briefly the services this individual would be responsible for providing.
19. Please include any other information or financial material, which you feel is pertinent to your company.

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SECTION III. - INVESTMENT PRODUCT

CONTRACT OVERVIEW

1. Which of the following types of investment options does your company offer for Deferred Compensation Plans:

- Annuities
 - Fixed _____
 - Variable _____
- Mutual funds _____
- Guaranteed Accounts _____
- Other (please specify) _____

2. Specify the number of investment options you will offer under the County of Hidalgo's Deferred Compensation Plan:

- Fixed/Guaranteed Annuity Options _____
- Variable Annuity Options _____
- Mutual Funds _____
- Guaranteed Accounts _____
- Other _____

- 3. Are these options available under one contract or separate contracts?
- 4. Do you require a minimum of participants to underwrite a case?
- 5. Does your contract presently meet all applicable federal and state regulations? If no, explain fully.

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CONTRACT CHARGES

COMPLETE THIS SECTION FOR EACH CONTRACT BEING OFFERED (I.E., COMPANION FIXED AND VARIABLE CONTRACTS).

Contract Name: _____

1. Is there an annual administrative charge?
2. Is there a front-end load or charge?
3. Is there a contingent or back-end load charge (i.e., deferred sales charge)? If yes, explain in detail.
4. Is a market value or other adjustment imposed on fixed/guaranteed account assets that are withdrawn or reallocated?
5. Is an interest forfeiture penalty imposed on premature withdrawal of fixed/guaranteed account assets?
6. Indicate which of the following charges are assessed on the variable annuity or mutual fund assets and whether these charges are graded by level of fund assets or if they vary by investment option.
 - a. Mortality and expense charges.
 - b. Investment management fee.
 - c. 12b-1 fee.
7. Do you allow the transfer of accumulated values to other investment options within your contract? If yes, specify any fees or restrictions that apply.
8. Are inactive accounts subject to the same level of charges as active accounts? If no, please explain.
9. Are there any other charges/fees assessed under your contract which have not been covered in this section. If yes, please explain.
10. Are expenses guaranteed for the life of the contract for participants enrolled in your plan?
11. Under what circumstances can expenses under your contract be changed by your company for existing plan participants?

CONTRACT FLEXIBILITY

1. Do you limit changes in the allocation of future contributions?
2. Do you limit the transfer of funds between variable accounts or mutual funds within your contract?
3. Do you limit the transfer of funds from variable accounts or mutual funds to fixed/guaranteed accounts within your contract(s)?
4. Do you limit the transfer of funds from fixed/guaranteed accounts to mutual funds or variable accounts within your contract(s)? Describe in detail your restrictions and how long a participant must be in your plan for total fixed account liquidation.
5. May participants stop contributions and recommence at a later date or increase or decrease contributions at any time without penalty or charge and without issue of a new contract?
6. Does your contract allow for partial withdrawals? Is there a minimum amount that must be withdrawn?
7. Does your contract allow for a lump sum withdrawal? If yes, please explain any conditions.
8. How long does it take to process withdrawal requests?
9. Can the terminated participant leave funds on deposit in his/her account and continue to participate in the investment results until some later date such as the attainment of normal retirement age?
10. Is a toll-free number available for participants to conduct financial transactions and account inquiries?

If yes, indicate which of the following are available via the toll-free number.

- | | | |
|---|---------|--------|
| Current interest rates | Yes ___ | No ___ |
| Current fund unit values | Yes ___ | No ___ |
| Current account value | Yes ___ | No ___ |
| Account value by investment option | Yes ___ | No ___ |
| Change investment mix of current account values | Yes ___ | No ___ |
| Change investment mix of future contributions | Yes ___ | No ___ |
| Other (please specify) | Yes ___ | No ___ |

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Are there any charges for these services? If so, describe.

11. Please describe your Internet capabilities?

Please indicate which of the following are available via the Internet.

Current Interest Rates	Yes___	No___
Current fund unit values	Yes___	No___
Current account value	Yes___	No___
Account value by investment option	Yes___	No___
Change investment mix of current account values	Yes___	No___
Change investment mix of future contributions	Yes___	No___
Other (please specify)	Yes___	No___

Are there any charges for these services? If so, please describe.

12. If you offer a toll-free phone system and/or interactive web site, what type of security systems are in place?

FIXED ANNUITY OR GUARANTEED INVESTMENT OPTIONS

COMPLETE THIS SECTION SEPARATELY FOR EACH FIXED ANNUITY OR GUARANTEED INVESTMENT OPTION OFFERED.

IF YOU DO NOT OFFER A FIXED OR GUARANTEED OPTION, CHECK HERE AND GO TO THE NEXT APPLICABLE SECTION. NOT OFFERED _____.

FIXED OPTION:

1. On which basis is interest credited to this option (portfolio, new money, other)?
2. Do you guarantee the current rate on new deposits? If yes, for what period of time? Is this rate guarantee contractual?
3. If interest is credited on a new money basis, is old money banded (different rates credited to different cells or buckets), pooled (portfolio interest crediting), or using other method?
4. Do you guarantee the rate credited to old money? If yes, for what period of time?
5. Is the rate credited to funds that are annuitized under the contract the same as the rate credited to funds that are withdrawn/surrendered?
6. Is interest credited from the date of deposit?
7. Is excess interest (interest above the contractually guaranteed rate) credited on the same basis as above?
8. What is the contractually guaranteed net rate of interest? (If a two-tiered contract, provide both annuitization and cash or surrender rate.)
9. Do inactive accounts receive the same interest rates credited to active accounts?

10. Please list the net interest rates, which have been credited to new deposits for the last ten (10) years for this option. Specify the minimum guaranteed interest rate, the actual declared and effective annual rate.

<u>Year</u>	<u>Minimum Guaranteed Rate</u>	<u>Declared Interest Rates</u>	<u>Effective Annual Rate</u>
2006	_____ %	_____ %	_____ %
2005	_____ %	_____ %	_____ %
2004	_____ %	_____ %	_____ %
2003	_____ %	_____ %	_____ %
2002	_____ %	_____ %	_____ %
2001	_____ %	_____ %	_____ %
2000	_____ %	_____ %	_____ %
1999	_____ %	_____ %	_____ %
1998	_____ %	_____ %	_____ %
1997	_____ %	_____ %	_____ %

11. If applicable, provide the net annual effective rate credited to old money under this option during each of the following years:

<u>Initial Deposit</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
1997	XXX	___	___	___	___	___	___	___	___	___
1998	XXX	XXX	___	___	___	___	___	___	___	___
1999	XXX	XXX	XXX	___	___	___	___	___	___	___
2000	XXX	XXX	XXX	XXX	___	___	___	___	___	___
2001	XXX	XXX	XXX	XXX	XXX	___	___	___	___	___
2002	XXX	XXX	XXX	XXX	XXX	XXX	___	___	___	___
2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	___	___	___
2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	___	___
2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	___
2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	___

VARIABLE ANNUITY OR EQUITY INVESTMENT OPTIONS

COMPLETE THIS SECTION FOR EACH VARIABLE ANNUITY OR EQUITY INVESTMENT OPTION OFFERED.

IF YOU DO NOT OFFER A VARIABLE OR EQUITY OPTION, CHECK HERE AND GO TO THE NEXT APPLICABLE SECTION. NOT OFFERED _____.

1. Indicate whether the following types of investment options are offered under your contract.

- Common Stock _____
- Bond _____
- Money Market _____
- Managed or Balanced _____
- Other _____

2. Please complete the following chart for each investment option offered under your contract. Use the fund objective initials which most closely fit your fund.

<u>Fund Name</u>	<u>Fund Objective Initials</u>	<u>Fund Assets As of 12/31/06</u>	<u>Date First Offered</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

3. Are all of the funds listed above available during the annuity period?
4. Who manages the investments of these equity options? Identify the person, division of your company, or outside organization.
5. How long has the current investment manager been managing these funds?
6. Are your products registered with the SEC?
7. What is the range of investment advisory fees for the variable options included within your contract?

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8. How soon after receipt do deposits begin to participate in investment results?
9. Provide the annual rate of return for the past ten calendar years for each investment option offered.
10. Provide the total cumulative rate of return for each investment option offered for the periods specified ending December 31, 2006.

1 Year	_____
3 Years	_____
5 Years	_____
10 Years	_____

11. Assuming a deferral of \$100 had been made on the first day of each month since January 1 of each year indicated, what would have been the cumulative account balance and average compound annual net rate of return on December 31, 2006 for each period? What would have been the surrender value on December 31, 2006 for each period? Please complete the chart below using your actual fund performance history, net of all investment and administrative fees and charges.

\$100/Month Contribution Commencing January 1, 2002

<u>Initial Year of Deposit</u>	<u>Cumulative Deposits</u>	<u>Accumulated Account Value As of 12/31/06</u>	<u>Net Rate of Return *</u>	<u>Surrender Value as of 12/31/06</u>
2002	\$6,000	\$ _____	_____	\$ _____
2003	4,800	\$ _____	_____	\$ _____
2004	3,600	\$ _____	_____	\$ _____
2005	2,400	\$ _____	_____	\$ _____
2006	1,200	\$ _____	_____	\$ _____

*The rate of return that deposits must be accumulated at to produce the accumulated account value.

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MUTUAL FUNDS

COMPLETE THIS SECTION FOR EACH MUTUAL FUND OFFERED.

IF YOU DO NOT OFFER A MUTUAL FUND, CHECK HERE AND GO TO THE NEXT APPLICABLE SECTION. NOT OFFERED _____.

1. Indicate whether the following types of mutual funds are offered under your contract.

Common Stock	_____
Bond	_____
Money Market	_____
Managed or Balanced	_____
Other	_____

2. Please complete the following chart for each fund offered under your contract. Use the fund objective initials which most closely fit your fund.

<u>Fund Name</u>	<u>Fund Objective Initials</u>	<u>Fund Assets As of 12/31/06</u>	<u>Date First Offered</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

- Are all of the funds listed above available during the annuity period?
- Who manages the investments of your mutual funds? Identify the person, division of your company, or outside organization.
- How long has the current investment manager been managing these funds?
- What has been the investment company's turnover experience of key employees over the past 3 years? _____%.
- How soon after receipt do deposits begin to participate in investment results?

8. Provide the annual rate of return for the past ten calendar years for each fund option offered.

9. Provide the total cumulative rate of return for each fund offered for the periods specified ending December 31, 2006.

1 Year	_____
3 Years	_____
5 Years	_____
10 Years	_____

10. Assuming a deferral of \$100 had been made on the first day of each month since January 1 of each year indicated, what would have been the cumulative account balance and average compound annual net rate of return on December 31, 2006 for each period? What would have been the surrender value on December 31, 2006 for each period? Please complete the chart below using your actual fund performance history, net of all investment and administrative fees and charges.

\$100/Month Contribution Commencing January 1, 2002

<u>Initial Year of Deposit</u>	<u>Cumulative Deposits</u>	<u>Accumulated Account Value As of 12/31/06</u>	<u>Net Rate of Return *</u>	<u>Surrender Value as of 12/31/06</u>
2002	\$6,000	\$ _____	_____	\$ _____
2003	4,800	\$ _____	_____	\$ _____
2004	3,600	\$ _____	_____	\$ _____
2005	2,400	\$ _____	_____	\$ _____
2006	1,200	\$ _____	_____	\$ _____

*The rate of return that deposits must be accumulated at to produce the accumulated account value.

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ANNUITY/RETIREMENT BENEFITS

COMPLETE THIS SECTION IF YOUR CONTRACT OFFERS AN ANNUITY OPTION.

IF YOU DO NOT OFFER AN ANNUITY OPTION, CHECK HERE AND GO TO THE NEXT APPLICABLE SECTION. NOT OFFERED ____.

1. Do you provide the following annuity settlement options:

- ____ Fixed Dollar
- ____ Fixed Period
- ____ Life Annuity
- ____ Life Annuity with Period Certain
- ____ Joint & Survivor Annuity
- ____ Interest Income
- ____ Other

2. Does your contract provide a minimum distribution or systematic withdrawal option to meet the distribution requirements of the IRS?

3. Can a portion of the participant's account value be annuitized?

4. Does the contract require a minimum accumulation value to annuitize?

5. Indicate on which basis an annuity benefit may be taken:

- Fixed Payout _____
- Variable Payout _____
- Combination of the above _____

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6. Please attach a 5 year history of your guaranteed and current unisex fixed annuity rates per \$1,000 for age 65 for a Life Annuity Option and Life Annuity with 10 Years Certain Option.

	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____
10 Year Period Certain	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____
15 Year Period Certain	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____
Life Only	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____
Life with 10 Year Certain	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____
Joint & Full Survivorship (Both same age.)	55	\$ _____
	60	\$ _____
	62	\$ _____
	65	\$ _____

7. Can monies remain invested in the same investment options during the distribution phase as during the accumulation phase? If no, specify options not available.

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SECTION IV. - ADMINISTRATIVE SERVICES

ADMINISTRATION

1. Please provide a brief summary of your company's qualifications to provide administrative services for the County of Hidalgo's Deferred Compensation Program, including all experience in the field of Section 457 Plans.
2. Will all the plan implementation, data processing, record-keeping, and administration proposed by your company be performed by its own salaried personnel?

If no, provide the name, address and qualifications of each organization or individual that your company either has contracted or intends to contract for any such services.
3. Does your company maintain a local office with personnel for the purpose of providing local servicing to both the employer and employees?
4. Please provide the name, address and qualifications of the individual(s) who will be responsible for management and service of the County of Hidalgo's Deferred Compensation Plan at the local level.
5. Will your company agree that no part of your administrative responsibilities may be subcontracted without prior written approval of the County of Hidalgo? Your company will remain fully responsible for any results of any subcontractor's services.
6. Will you provide all necessary forms to service the County of Hidalgo's Deferred Compensation Plan, such as enrollment forms, salary reduction agreements, investment allocation change forms, and settlement arrangements? If yes, provide sample forms.
7. Do you make available a 457 plan document? If yes, please provide a copy. Will you provide assistance to the employer in amending its 457 plan? Has this document received a favorable private letter ruling from the Internal Revenue Service?
8. What assistance will you provide in making necessary 457 changes to comply with the exclusive benefit requirement of the Small Business Job Protection Act of 1996, as well as other changes in such Act and other legislation?

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RECORD KEEPING

1. Will your company establish a Master Account for the County of Hidalgo with separate subaccounts for each participating employee?
2. When are deferrals credited to individual participant accounts?
3. Will your administrative systems accept computer tape input, electronic transfer of remittance data, and wire transfer of funds?
4. Describe your firm's electronic data processing ("EDP") services and capabilities.
5. Specify the basic record-keeping system to be provided for the program, with specifics as to timeliness, accuracy, and confidentiality of records.

REPORTS

1. Will you provide the employer with a summary of contributions made for all plan participants on a quarterly basis? If yes, provide a sample statement.
2. Will you provide the employer with an annual statement showing total contributions, investments and payouts made for all participants and the current value of the master account? If yes, provide a sample statement.
3. Do you offer Internet access for plan sponsors? What information and capabilities are available through you sponsor Website?
4. Do you provide annual plan sponsor reviews? If so, what information do include in such reviews?
5. What type of marketing and communication materials do you provide for plan sponsors? Do you offer quarterly sponsor newsletters? Please include copies of relevant sponsor materials?
6. Do you provide plan participants with an immediate confirmation of changes in investment allocations or distributions? If yes, provide a sample statement.
7. Will you provide plan participants with a statement of account activity showing total contributions, investments, payouts and the current value of the account on a quarterly basis? If yes, provide a sample statement.

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8. If requested by the employer, will you mail individual participant statements directly to participants?

SECTION V. - ENROLLMENT PROCEDURES AND SERVICES

1. Describe your suggested method of communicating and enrolling the program. (The County of Hidalgo will permit enrollment to take place during normal work hours and on premises.)
2. Will you provide all necessary sales and promotional material specifically for the County of Hidalgo's Deferred Compensation Plan without charges to the County of Hidalgo or plan participants? If yes, please provide samples. Will you customize educational and promotional material for participants? What is the cost for this customization?
3. Will enrollment and counseling services proposed by your company be performed by its own personnel?

If no, provide the name, address and qualifications of each organization or individual that your company either has contracted or intends to contract for any such services.

4. Are your local sales representatives readily available to:
 - Make periodic presentations to groups of employees acquainting them with this product.
 - Meet individually with each employee as requested to answer questions about your products and complete enrollment and salary reduction forms.
 - Review annual reports of individual's accounts with participants upon request.
 - Advise participants nearing retirement regarding settlement options available.
 - List any other services you provide on a local level.
5. Describe in detail, the training, background, specialized knowledge and skills your company representatives must possess or attain. What services will these people provide, other than the enrollment of participants?
6. Do you provide any communications to participants on a regular basis (e.g., newsletters)?

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7. Do you provide seminars/meetings at sites designated by the sponsor for employees and retirees? What is covered at these seminars/meetings?
8. Do you use a laptop for on-site appointments that develop scenarios for participants regarding impact on taxes from contributions/distribution alternatives, etc?
9. Are you willing to establish performance guarantees regarding service? If so, what specific guarantees will you offer?
10. Are you willing to be on site at the sponsor's location? If so, how often?
11. Provide sample surveys you have used to determine customer satisfaction. How often will surveys be conducted?
12. Highlight those services that distinguish you from others providing deferred compensation products and services?

PAYOUTS

1. Will you withhold necessary state and federal income taxes and prepare and submit W-2's or 1099 forms as applicable?
2. Specify the length of time it takes your company to process withdrawal requests.

CHARGES

Identify all charges for administrative services. Administrative services include preparation of materials explaining the Deferred Compensation Plan, record keeping, transaction charges, and for general reporting preparation.