

# RESPONDENT'S MINIMUM QUALIFICATIONS

## "Pre-paid (Post Tax) Voluntary Legal Services" RFP NO. 21-101-11-10-JAG

**Hidalgo County reserves the right to reject any and all proposals, accept any proposal or portion of proposals that do not meet minimum qualifications listed below.**

*Indicate with a check mark if your firm meets or exceeds minimum qualifications.*

1. \_\_\_\_\_ Content required should be separated by tabs. Tabs should be labeled by description of content for easy access.
2. \_\_\_\_\_ A Letter of Introduction is required of all respondents. Letter should include a summary of all products being proposed, confirmation of a 3 year rate guarantee for each product, and contact information of the representative assigned to the account. Requested information is required to satisfy this obligation.
3. \_\_\_\_\_ It is mandatory that all respondents propose products that can fully and completely be integrated onto the County's electronic enrollment and administration system. The Respondent should commit to coordinate the integration of products, premiums and benefits with County staff and system administrators in preparation for open enrollment as deemed necessary by the county.
4. \_\_\_\_\_ The Respondent shall agree to the weekly electronic feeds. The terms and conditions are stipulated in the enclosed document, Enrollment System Maintenance Agreement.
5. \_\_\_\_\_ Valid licensing and certification must be provided as required by the State of Texas.
6. \_\_\_\_\_ Voluntary products presented during the County's annual open enrollment period and new hires Enrollment periods should be offered on a guaranteed issue basis. Evidence of Insurability should be waived for those products where it would otherwise be required.
7. \_\_\_\_\_ The enclosed "Scope of Services Acknowledgment Worksheet" and "Summary of Benefits Worksheets" should be completed thoroughly and submitted in excel format.
8. \_\_\_\_\_ Respondents must comply with the Requirements and Specifications as indicated for each plan design under SECTION III-PLAN DESIGNS.

*Your signature below will serve as an acknowledging that the above-referenced minimum qualifications are met.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RFP Submission Form for All Product Lines

**PRODUCT SUPPORT: Please address and respond to the following: Yes or No**

- 1) Your company has the ability to generate member reports, in excel format, to include social security numbers as requested?  
\_\_\_\_\_
- 2) Your company has the ability to provide correspondences and reports electronically at no additional cost? \_\_\_\_\_
- 3) Your company has the ability to provide monthly electronic bills, in excel format, to include social security numbers per member for reconciling purposes? \_\_\_\_\_
- 4) Your company has the ability to submit monthly electronic reports for overage dependents the month prior to dependents losing coverage due to their 26<sup>th</sup> birthday? \_\_\_\_\_
- 5) Hidalgo County, Employee Benefits Division Staff, will have the ability to view membership data on the vendor's online enrollment system to confirm coverage with members? \_\_\_\_\_
- 6) Hidalgo County's enrollment platform consolidates all products and submits updated data electronically once a week, or as needed, to participating vendors; schedule will be provided. Is your company's online enrollment system capable of receiving data feeds? \_\_\_\_\_
- 7) All cancellations, changes, updates to any product are handled through Hidalgo County. At times, members may call your company directly, requesting that changes be done by your representatives. Is your company able to flag and block such requests and refer members to Hidalgo County without updating policies? \_\_\_\_\_
- 8) Your company's proposed products, riders and amendments are currently filed and approved by the State of Texas? \_\_\_\_\_
- 9) Does your Agency currently have any legal actions pending of any of the products being proposed? If yes, explain. \_\_\_\_\_
- 10) Does your company have any actions brought against you by any State Department of Insurance for any of the products being proposed? If yes explain. \_\_\_\_\_
- 11) Do you make your products available to new hires? \_\_\_\_\_
- 12) Will a Master AGREEMENT be issued to Hidalgo County? \_\_\_\_\_
- 13) Is your company capable of meeting all requirements as stated throughout the RFP? \_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

# **AGENT(S) INFORMATION:**

**SUBMIT THIS FORM WITH YOUR PROPOSAL**

Please provide the following information for the agent(s) selected by the insurance company. Hidalgo County will accept different unique proposals from an insurance carrier. Hidalgo County at its sole discretion will select the Agent(s) of Record. No agent(s) fees will be paid by Hidalgo County. Multiple submissions for the exact same plan/benefits may be disqualified. Please provide the following information for your selected agent(s).

a) Copy of Agent's E & O Insurance certificate. \_\_\_\_\_

b) Name/Address of agent(s): \_\_\_\_\_

c) Agent(s) experience with insurance company (Length of association, number of groups, Premium generated):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Will a "Hold Harmless Agreement" with provisions comparable to those presented in the RFP specifications be executed? Yes \_\_\_\_\_ No \_\_\_\_\_

e) Selected agent(s) must provide a brief outline of services and confirmation of acceptance of all service required by this RFP.

**HIDALGO COUNTY**  
Agent(s) Felony Conviction  
Notification RFP Submission Form

State of Texas legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person of business entity that enters into a contract with a HIDALGO COUNTY must give advance notice to HIDALGO COUNTY if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “HIDALGO COUNTY may terminate a contract with a person or business entity if HIDALGO COUNTY determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. HIDALGO COUNTY must compensate the person or business entity for services performed before the termination of the contract.”

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION**

**Please check off one box and sign the form in the appropriate space(s)**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

Agent(s) Name \_\_\_\_\_

Authorized Company Official's Name (Printed) \_\_\_\_\_

- A) My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: \_\_\_\_\_

- B) My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: \_\_\_\_\_

- C) My firm is owned and operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

\_\_\_\_\_ of Conviction(s): \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all General Agreement terms and conditions as set forth in **RFP No. 21-101-11-10-JAG**

My signature also certifies that by submitting a proposal in response to the Request for Proposal, the respondent represents that in the preparation and submission of this proposal, said respondent did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Anti-Trust Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Texas.

I certify that I am authorized to sign as a representative for the respondent:

Name of Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

Fed. Id #: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

## Enrollment System Maintenance Agreement

Hidalgo County

(Vendor)\_\_\_\_\_

Agreement from Awarded Vendor:

- a) Awarded Vendor shall coordinate the process of integrating the insurance product(s), premiums and benefits onto the enrollment system platform, Benefits Connect with county staff and system administrators.
- b) The Awarded Vendor shall receive and submit enrollment data via web-based enrollment system electronically on a weekly basis. The schedule to submit and receive data from both parties will be set during the implementation meetings of the products after award is announced by Board of Commissioners' Court.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

# Exhibit A-1

## ATTACHMENTS

### FOR SUBMISSION PURPOSES (MUST SUBMIT IN EXCEL FORMAT)

Scope of Services Acknowledgment Worksheet  
Summary of Benefits Worksheets

### FOR REFERENCE ONLY

Current Legal Services Plan

Current Legal Services Flyer

Current Hidalgo County Employee Census

Current Hidalgo County Drainage District No.1 Employee Census

Current Hidalgo County Community Service Agency Employee Census

Current Hidalgo County Head Start Program Employee Census

Current Hidalgo County Appraisal District Employee Census