

**TOWNSHIP OF NEPTUNE
COUNTY OF MONMOUTH
STATE OF NEW JERSEY
REQUESTS FOR PROPOSALS/QUALIFICATIONS
BROKER/CONSULTANT HEALTH BENEFITS PROGRAM**

Sealed proposals will be received by the Township Clerk of the Township of Neptune, New Jersey and opened and read in public in the Executive Conference Room, located on the First Floor, in the Township of Neptune Municipal Complex, Office of the Municipal Clerk, 25 Neptune Boulevard, Neptune, New Jersey, on April 26, 2018 at **10:30 A.M.** for the following:

BID/PROPOSAL #2018-21 - Request for Qualifications from Insurance Brokers Interested in Serving as “Broker/Consultant for Health Benefits Program” for the Township of Neptune for period from June 1, 2018 through December 31, 2020

Successful applicants will be required to comply with requirements of N.J.S.A. 10:5-31, et seq. (N.J.A.C. 17:27) (Equal Employment Opportunity) and N.J.S.A. 52:32-44, et seq. (New Jersey Business Registration).

The Township of Neptune reserves the right to reject any or all proposals if it is deemed to be in the best interest of the Township of Neptune to do so. The Township of Neptune also reserves the right to conduct interviews of any or all applicants, as it deems necessary.

By order of the Township Committee of the Township of Neptune

NICHOLAS WILLIAMS, Mayor, Township of Neptune
RICHARD J. CUTTRELL, Municipal Clerk, Township of Neptune
MICHAEL J. BASCOM, Chief Financial Officer, Township of Neptune

**Request for Qualifications from Brokers Interested in
Serving as “Broker/Consultant for State Health Benefits Program” to
the Township of Neptune for the Period June 1, 2018
through December 31, 2020
BID/PROPOSAL # 2018-21**

Introduction

Pursuant to the Fair and Open Process established by N.J.S.A. 19:44A-1, et seq., the Township seeks Requests for Qualifications (“RFQ”) from Brokers licensed to attain and manage health benefits insurance programs in the State of New Jersey that wish to serve as Broker/Consultant for State Health benefits Program for the Township of Neptune. The successful broker must have significant experience in representing municipalities as a broker and consultant for health insurance programs within the State of New Jersey, as well as experience in administering COBRA, HIPAA and employer compliance programs in addition to significant experience in consulting in regard to collective bargaining and Medicare reimbursement programs. The successful broker will provide the following services:

- Market SHBP plan if requested by client
- Collective Bargaining Consulting, meetings, etc.
- Advise client on any grievances pertaining to group insurance
- Provide state and federal legislative insurance updates
- Ensure COBRA, HIPAA, CH. 375 employer compliance
- Provide Ongoing Enrollment Addition/Termination Services
- Manage the reimbursement of Medicare D. Pay for the attestation
- Assist in preparing documentation to comply with GASB 45
- Manage employee claims issues with the SHBP
- Maintain a web portal for employer with up to date information in regard to health benefits and insurance programs.
- Conduct an ongoing Employee Wellness Program. Regularly distribute information to employees regarding modifiable risk factors, such as smoking, dietary habits, sedentary lifestyles and stress.

The Township retainer/Salary for the entire term of the three year contract shall be \$4,250.00 per month.

Professional Information and Qualifications

Each interested broker shall submit the following information:

1. Name of broker and firm in which broker is associated;
2. Address of principal place of business and all broker’s offices and corresponding telephone and fax numbers.
3. Names and Addresses of other brokers associated with the same firm.
4. Areas of Practice;
5. Description of broker’s education, experience, qualifications, number of years with the current firm and a descriptive narrative of their experience

with projects similar to those required herein;

6. Experience as an Insurance Broker in the State of New Jersey;
7. At least four (4) references, three (3) of which must have knowledge of your representation as an Insurance Broker, with a preference of at least one (1) of those references having knowledge of the broker's qualifications;
8. Examples of your record of success as an Insurance Broker.
10. The broker's ability to provide the services in a timely fashion and availability for meetings and workload as required by the Township.
11. Any other information which the interested attorney deems relevant;
12. A copy of your New Jersey Business Registration Certificate;
13. A completed Statement of Ownership form (Attached below).

Selection Criteria

The selection criteria used in awarding a contract or agreement for professional services as described herein shall include:

1. Qualifications of the individual who will perform the tasks and the amount of their respective participation.
2. Experience and references;
3. Ability to perform the task in a timely fashion and availability for appearances on behalf of the Township, including staffing and familiarity with the subject matter; and
4. Cost Effectiveness.

Submission Requirements

Responses to the RFQ must be delivered in a sealed envelope bearing the title and Bid-Proposal Number no later than **10:30am** on April 26, 2018 to:

Township Clerk, Neptune Township of Neptune
Neptune Township Municipal Complex
25 Neptune Boulevard
Neptune, New Jersey 07753

Please submit one original and one copy of the Request for Qualifications (RFQ) on 8 ½" x 11" white paper.

NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS-NON-CONSTRUCTION

All New Jersey and out of state business organizations must obtain a Business Registration Certificate (BRC) from the Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of Treasury, State of New Jersey, must be submitted with the Division of Revenue. The contract will contain be awarded without proof of business registration with the Division of Revenue. The contract will contain provisions in compliance with N.J.S.A. 52:32-44, as amended, outlined below.

The contractor shall provide written notice to its subcontractors and suppliers of the responsibility to submit proof of business to the contractor.

Before final payment of the contract is made by the contacting agency, the contractor shall submit an accurate list and proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the contractor and each of its affiliates and each subcontractor and each of its affiliates (N.J.S.A. 52:32-44 (g) (3)) shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the "Sales and Use Tax Act" (N.J.S.A. 54:32 B-1, et seq.) on all sales of tangible personal property delivered into this state.

A business organization that fails to provide a copy of a registration as required pursuant to section 1 of P.L 2001, c.134 (N.J.S.A. 52:32-44 et seq.) or subsection e. or f. section 92 of P.L. 1977, c.110 (N.J.S.A. 5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25.00 for each day of violation, not to exceed \$50,000.00 of each business registration copy not properly provided under a contract with a contracting agency.

A sample Business Registration Certificate is attached. Other forms, such as a Certificate of Authority to collect Sales and Use Taxes or a Certificate of Employee Information Report Approval, are **not** acceptable.

Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. form NJ_REG can be filed online at:

<http://www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity>

**TOWNSHIP OF NEPTUNE
COUNTY OF MONMOUTH
STATE OF NEW JERSEY**

STATEMENT OF OWNERSHIP

The Contractor is (check one): Individual___ Partnership___ P.A___ L.L.C. ___
Corporation___ Joint Venture___ Other(specify):_____

I certify that the names and addresses of all persons and entities who own a 10% or greater interest in the Contractor are as follows (if "none", so state):

NAMES: ADDRESSES:

1. _____
2. _____
3. _____
4. _____
5. _____

NAME OF CONTRACTOR: _____

SIGNED BY: _____

PRINT NAME & TITLE: _____

DATE: _____

NOTES:

- A. Attach additional sheets as needed and check here _____
- B. If an entity owns a 10% or greater interest in the Contractor, attach a list of the owners of 10% or greater interest for each such entity. Repeat the process of disclosure as necessary for each tier or level of ownership until the name and address of each person who owns a 10% or greater interest has been disclosed. **If no person or entity owns a 10% or greater interest in a listed entity, so state.**