

FORM NO. 1: SERVICE PROVIDER PROFILE

1. Lead Firm (or Joint Venture) Name and Address:

1a. Firm / Provider is: National Regional Local

1b. Year Firm / Provider Established:

Years of Experience providing Section 125 and/or Health Reimbursement Arrangement plan administration services? _____

1c. Licensed to do business in the State of Missouri: Yes No

1d. Name, title, telephone number and email address of primary contact for questions regarding the RFP.

1e. Address of office to perform services, if different from Item No. 1d:

1. Overview of Firm History:

FORM NO. 2: FIRM PERSONNEL PROFILE

1. Name of account manager: _____
2. Experience and Credentials:
Years of Experience:
With this firm_____ other firms_____
 - a. Education: Degree(s) or Certification(s)/Year/Specialization:
 - b. Current Registration(s):
 - c. Other Experience & Qualifications relevant to the proposed services:
3. Other support personnel who would be assigned to the District's account/employees:

FORM NO. 3: EXPERIENCE/REFERENCES

Each Company must submit a minimum of five (5) references. Each reference must be presently using services similar to those requested in this RFP, include customers of similar size and scope. No reference may be an affiliate of the Company or the Company's officers, directors, shareholders or partners.

List as **primary** references any current contracts currently in force with employers of similar size; include contacts and telephone numbers for each reference. Use additional pages for additional contracts.

- 1) **Company Name:** _____
Business Address: _____
Name and Title of Contact: _____
Phone Number of Contact: _____
Contract Length: _____ **# of Participants**
(excluding dependents): _____

- 2) **Company Name:** _____
Business Address: _____
Name and Title of Contact: _____
Phone Number of Contact: _____
Contract Length: _____ **# of Participants**
(excluding dependents): _____

- 3) **Company Name:** _____
Business Address: _____
Name and Title of Contact: _____
Phone Number of Contact: _____
Contract Length: _____ **# of Participants**
(excluding dependents): _____

- 4) **Company Name:** _____
Business Address: _____
Name and Title of Contact: _____
Phone Number of Contact: _____
Contract Length: _____ **# of Participants**
(excluding dependents): _____

- 5) **Company Name:** _____
Business Address: _____
Name and Title of Contact: _____
Phone Number of Contact: _____
Contract Length: _____ **# of Participants**
(excluding dependents): _____

FORM NO. 4: CONTRACTS TERMINATED FOR DEFAULT (WITHIN LAST 5 YEARS)

All Contracts terminated for default within the last five (5) years should be noted below. Termination for default is defined as notice to stop performance due to Company's nonperformance or poor performance. Submit full details of all terminations for default experienced. The District will evaluate the facts and may at its sole discretion reject the Company's Proposal if the facts discovered indicate that the completion of a Contract resulting from this RFP may be jeopardized by selection of the Company. If the Company has experienced no such terminations for default in the past five (5) years, so indicate.

TERMINATED CONTRACTS WITHIN THE LAST FIVE (5) YEARS.

	#1	#2	#3
Company Name			
Business Address			
Name of Contact			
Title of Contact			
Telephone Number of Contact			
Contract Length			
# of Participants (excluding dependents)			
Reason for Termination			

FORM NO. 5: QUESTIONNAIRE FOR SECTION 125 (FSA) SERVICES

- 1) How long have you been administering FSAs?
 - a) How many FSA clients do you currently have?
 - b) What is your smallest group, based on eligible population?
 - c) What is your largest group, based on eligible population?
- 2) Do you provide limited scope FSAs?
- 3) What is your experience in administering limited scope FSAs? How many limited scope FSAs do you currently administer?
- 4) Do you require a minimum number of participants?
 - a) If so, how many?
 - b) What would happen at the end of each enrollment period if your minimum was not achieved?
- 5) Are your administration fees final?
 - a) If not, what would cause you to modify them?
- 6) What information do you need from the client subsequently on an ongoing basis?
 - a) How often?
 - b) In what format and medium?
- 7) What is the process for the client to provide you with payroll contribution information?
 - a) What is the turnaround time for posting payroll contribution information?
- 8) What is the process for the client to communicate election changes, terminations, new enrollments, open enrollment elections, etc. throughout the year?
- 9) Do you agree to develop and maintain the Plan Documents and Summary Plan Descriptions?
 Agree Disagree Other _____
 - a) What, if any, is the cost of the initial documents?
 - b) What, if any, is the cost of the maintenance documents / amendments?
 - c) What is the turnaround time to get SPDs and Plan Document drafts?
 - d) Provide a sample plan document and summary plan description.
 - e) Do you agree to collaborate with Lee's Summit R-VII legal regarding the plan document and summary plan description? Agree Disagree Other _____

- 10) Do you agree to attend employee group meetings and assist with enrollments?
 Agree Disagree Other _____
- a) How many employee group meetings are included within fee?
b) Is there an additional cost?
- 11) Do you agree to prepare and provide enrollment communication materials, including (but not limited to) a letter announcing the program, questions and answers about FSAs, examples of the benefits of FSAs, a worksheet for employees to estimate the amounts they may want to have placed in FSAs, an enrollment form and tax examples?
 Agree Disagree Other _____
- a) If you agree, is there an additional cost?
a) Can the items in #11 be customized by Lee's Summit R-7?
b) If so, is there an additional cost?
- 12) Do you agree to provide claim forms for medical care and dependent care reimbursement?
 Agree Disagree Other _____
- a) Include samples.
b) Can claim forms be customized?
- 13) What are the claims submission methods?
 Electronic Fax Mail
If electronic, please provide a list of the electronic methods available to staff.
- 14) What is your turnaround time guarantee on claims?
- 15) Please provide the frequency of claims reimbursement.
- 16) In the event of contract termination, how will you process "run- out" claims:
 Service not available
 A predetermined fee per claim processed
 A predetermined percentage of monthly fee
- 17) Would you agree to process run-out claims to match the provision(s) of the plan?
- 18) Would you agree to provide forfeiture reporting and disbursement?
- 19) Would you agree to provide final reports consistent with your standard reporting to the Plan.
- 20) If you are responsible for reconciliation of the Plan's bank account, would you agree to complete the final reconciliation, including finalizing any uncashed/unclaimed checks/funds? Please describe your process.
- 21) Please describe your fee to administer run-out in the event the contract is terminated.
- 22) Do you agree to provide individual account status reports to participants?
 Agree Disagree Other _____

Please indicate frequency of account status reports and the delivery method to participants.

- 23) Do you have the ability to offer participants an FSA Debit Card program?
- a) If yes, what is the cost?
 - b) Is there a banking fee associated with debit card transactions? If so, what is the fee?
 - c) Do you require a separate account for the Debit Card?
 - d) Is there a required amount to be deposited prior to the start of the plan year?
 - e) If no, how are participants reimbursed?
- 24) Do you offer the Debit Card for the Dependent Care FSA?
- a) If yes, is it the same debit card used for the medical FSA?
 - b) If no, how are participants reimbursed?
- 25) Are you willing to hold the client harmless and defend it against any action by your employees for negligent or otherwise wrongful counseling?

FORM NO. 6: QUESTIONNAIRE FOR HEALTH REIMBURSEMENT ARRANGEMENT (HRA) SERVICES

- 1) How long have you been administering HRAs?
 - a) How many HRA clients do you currently have?
 - b) What is your smallest group, based on eligible population?
 - c) What is your largest group, based on eligible population?
- 2) Do you require a minimum number of participants?
 - a) If so, how many?
 - b) What would happen at the end of the enrollment period if your minimum was not achieved?
- 3) Are your administration fees final?
 - a) If not, what would cause you to modify them?
- 4) What information do you need from the client subsequently on an ongoing basis?
 - a) How often?
 - b) In what format and medium?
- 5) What is the process for the client to provide you with payroll contribution information?
 - a) What is the turnaround time for posting payroll contribution information?
- 6) What is the process for the client to communicate election changes, terminations, new enrollments, open enrollment elections, etc. throughout the year?
- 7) Do you agree to develop and maintain the Plan Documents and Summary Plan Descriptions?
 Agree Disagree Other _____
 - a) What, if any, is the cost of the initial documents?
 - b) What, if any, is the cost of the maintenance documents / amendments?
 - c) What is the turnaround time to get SPDs and Plan Document drafts?
 - d) Provide a sample plan document and summary plan description.
 - e) Do you agree to collaborate with Lee's Summit R-VII legal regarding the plan document and summary plan description? Agree Disagree Other _____

- 8) Do you agree to attend employee group meetings and assist with enrollments?
 Agree Disagree Other _____
- a) How many employee group meetings are included within fee?
b) Is there an additional cost?
- 9) Do you agree to prepare and provide enrollment communication materials, including (but not limited to) a letter announcing the program, questions and answers about HRAs and enrollment form?
 Agree Disagree Other _____
- a) If you agree, is there an additional cost?
- 10) Can the items in #9 above be customized by Lee's Summit R-7?
a) If so, is there an additional cost?
- 11) Do you agree to provide claim forms for HRA accounts?
 Agree Disagree Other _____
- 12) What are the claims submission methods?
 Electronic Fax Mail
If electronic, please provide a list of the electronic methods available to staff.
- 13) What is your turnaround time guarantee on claims?
- 14) Please provide the frequency of claims reimbursement.
- 15) In the event of contract termination, how will you process "run- out" claims:
 Service not available
 A predetermined fee per claim processed
 A predetermined percentage of monthly fee
- 16) Would you agree to process run-out claims to match the provision(s) of the plan?
- 17) Would you agree to provide forfeiture reporting and disbursement?
- 18) Would you agree to provide final reports consistent with your standard reporting to the Plan.
- 19) If you are responsible for reconciliation of the Plan's bank account, would you agree to complete the final reconciliation, including finalizing any uncashed/unclaimed checks/funds? Please describe your process.
- 20) Please describe your fee to administer run-out in the event the contract is terminated.
- 21) Do you agree to provide individual account status reports to participants?
 Agree Disagree Other _____

Please indicate frequency of account status reports and the delivery method to participants.

- 22) Do you have the ability to offer participants an HRA Debit Card program?
- a) If yes, what is the cost?
 - b) Is there a banking fee associated with debit card transactions? If so, what is the fee?
 - c) Do you require a separate account for the Debit Card?
 - d) Is there a required amount to be deposited prior to the start of the plan year?
 - e) If yes, it is the same debit card used for medical FSA and/or dependent care?
 - f) If yes, does the debit card have stacking or priority capabilities (for example, medical FSA funds used before HRA are used)?
 - g) If no, how are participants reimbursed?
- 23) Are you willing to hold the client harmless and defend it against any action by your employees for negligent or otherwise wrongful counseling?
- 24) Do you allow future plan year HRA suspension or opt out options?
- a. If yes, please describe the process.

FORM NO. 7: ADDITIONAL QUESTIONS FOR PLAN ADMINISTRATION SERVICES

DISCRIMINATION TESTING

- 1) Do you agree to perform all nondiscrimination testing and maintain appropriate documentation of compliance?
 Agree Disagree Other _____
 - a) Will you perform the Eligibility test? Yes No
 - b) Is there a charge? If so, what is that charge?
 - c) Will you perform the Benefits test? Yes No
 - d) Is there a charge? If so, what is that charge?
 - e) Will you perform the Concentration test? Yes No
 - f) Is there a charge? If so, what is that charge?
- 2) How often will you conduct these tests?
- 3) What information do you need provided by the district to conduct the tests?
 - a) What format do you require the information?
- 4) Will you conduct the Nondiscrimination review? Yes No
- 5) Is there a charge? If so, what is that charge?

BANKING PROCESS

- 1) Please describe in detail how your banking process works.
 - a) What are the banking charges to the client, if any.
 - b) Is there a separate banking account for the debit card?
- 2) Do you require a minimum amount to be placed in the account at beginning of the plan year?
- 3) What happens when you do not have enough money in the accounts to pay claims?
- 4) Do you co-mingle Employer dollars and/or contributions, or do you establish separate accounts for each Employer's plan?

REIMBURSEMENT PROCESS

- 1) Do you notify employer before holding claim reimbursements?
 - a. Please describe your plan repayment process and provide sample communication.
- 2) Do you require any additional documentation prior to reimbursement?
 - a. If yes, how does the participant provide the documentation (ie, web, app, mail)?
 - b. If yes, how are participants notified?
 - c. If yes, how many times are participants communicated with? Please provide sample communication.
- 3) Describe your audit process regarding the debit card and over-the-counter medications reimbursements.
- 4) Of your book of business, what percent of transactions are auto-substantiated and require no supporting documentation?
- 5) Can you set up auto-payment for regular, ongoing Dependent Care and/or orthodontic expenses?
- 6) Can you offer Direct Deposit? Yes No
 - a) Is there a charge? If so, what is that charge?

TECHNOLOGY QUESTIONS

- 1) Which of the following tasks can members and plan sponsor representatives perform ONLINE?

	Members	Plan Sponsors
Enrollment (New Hires and Open Enrollment)	<input type="checkbox"/>	<input type="checkbox"/>
Changes in Status	<input type="checkbox"/>	<input type="checkbox"/>
Billing (Plan Administrators only)	<input type="checkbox"/>	<input type="checkbox"/>
Claim inquiry	<input type="checkbox"/>	<input type="checkbox"/>
Terminations	<input type="checkbox"/>	<input type="checkbox"/>
Download Forms	<input type="checkbox"/>	<input type="checkbox"/>
Access Plan Information	<input type="checkbox"/>	<input type="checkbox"/>
Access to account information (available balance, deposits to account, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

- 2) Can you accept electronic eligibility downloads from the employer? If yes, describe.
- 3) Does your company have any future plans to divest its FSA business to another entity? If yes, what is the timeframe for that divestiture?

- 4) Does your company have any future plans to convert your FSA business to a different computer platform than is used currently? If yes, when is that conversion scheduled?

REPORTING QUESTIONS

- 1) What reports do you provide the employer?
a) With what frequency?
- 2) Do you agree to provide annual forfeiture report and semi-monthly check reconciliation reports to the client?
- Agree Disagree Other _____

FORM NO. 8: SUMMARY/COST

1. Include a two paragraph executive summary of rationale describing why your firm should be selected by the District.
2. Costs:

Cost Summary	Fee	Comments
Initial Set-up Fee		
Annual Renewal Fee		
Monthly Admin Fees		
Debit Card Fee		
Employer cost		
Employee cost		
Additional charges (if applicable) for other services (e.g., Premium Pre-Tax, SPD/plan doc preparation/printing, communications support, Form 5500 Filing, customized materials/reporting, etc.). Please list all applicable fees. Fees not listed will not be the responsibility of the District.		

Years above fees are guaranteed: _____ years

The foregoing is a statement of facts.

Signature:

Typed Name and Title:

Telephone Number:

Date: