

MANASQUAN BOARD OF EDUCATION
169 Broad Street, Manasquan, NJ 08736

Request for Proposal For
Health Insurance Brokerage Services
2023-2024

To Be Received on or Before

Tuesday, June 6, 2023 at 11:00 a.m. prevailing time

Send to the Attention of:

Pete Crawley
School Business Administrator/Board Secretary
Manasquan Board of Education
169 Broad Street
Manasquan, NJ 08736

Manasquan Board of Education
Health Insurance Brokerage Services 2023-2024

ETHICS IN PURCHASING
Statement to Vendors
School District Responsibility

Recommendation of Purchases

It is the desire of the Manasquan Board of Education to have all Board employees and officials practice exemplary ethical behavior in the procurement of goods, materials, supplies, and services.

School district officials and employees who recommend purchases shall not extend any favoritism to any vendor. Each recommended purchase should be based upon quality of the items, service, price, delivery, and other applicable factors in full compliance with N.J.S.A. 18A:18A-1 et seq.

Solicitation/Receipt of Gifts – Prohibited

School district officials and employees are prohibited from soliciting and receiving funds, gifts, materials, goods, services, favors, and any other items of value from vendors doing business with the Manasquan Board of Education or anyone proposing to do business with the Board.

Vendor Responsibility

Offer of Gifts, Gratuities -- Prohibited

Any vendor doing business or proposing to do business with the Manasquan Board of Education, shall neither pay, offer to pay, either directly or indirectly, any fee, commission, or compensation, nor offer any gift, gratuity, or other thing of value of any kind to any official or employee of the Manasquan Board of Education or to any member of the official's or employee's immediate family.

Vendor Influence -- Prohibited

No vendor shall cause to influence or attempt to cause to influence, any official or employee of the Manasquan Board of Education, in any manner which might tend to impair the objectivity or independence of judgment of said official or employee.

Vendor Certification

Vendors or potential vendors will be asked to certify that no official or employee of the Manasquan Board of Education or immediate family members are directly or indirectly interested in this request or have any interest in any portions of profits thereof. The vendor participating in this request must be an independent vendor and not an official or employee of the Board of Education.

Pete Crawley
School Business Administrator/Board Secretary

Manasquan Board of Education
Health Insurance Brokerage Services 2023-2024

The Manasquan Board of Education invites applications for interested insurance brokers to provide health insurance brokerage services as per the following:

Request for Proposal Health Insurance Brokerage Services

The Manasquan Board of Education, a Type II district, is a PreK-12 school district located in Monmouth County. It consists of two schools: Manasquan Elementary School that houses grades PK-8, and Manasquan High School for grades 9-12. The current enrollment for grades PreK-12 is approximately 1526 students. The current workforce consists of approximately 228 employees of which approximately 72% currently receive health benefits.

I. Award of Services

The purpose of the Request for Proposal is to obtain proposals for Health Insurance Brokerage Services coverage. The Board intends to award a contract from July 1, 2023 through December 31, 2023 pursuant to N.J.S.A. 18A:18A-5, and may award two one-year options. Under Title 18A:18A-5(10), EXTRAORDINARY UNSPECIFIABLE SERVICES are not required to be bid or advertised and the Board is not required to award on the basis of lowest price and will award based on criteria as outlined in this request for proposals. The requests are being made to ensure that the District receives the highest quality service at a fair and competitive price.

II. Description of Services

For planning and illustrative purposes for the response to this RFP, the following represent services that will be required on an as-needed basis. This list is in no way inclusive of all tasks that may be required, but is intended to alert the bidder to the areas deemed particularly relevant to the duties of the position.

Services to be included:

- The ability to obtain viable quotes from insurance carriers.
- Servicing the needs of the school district during normal business activity.
- Assist the district during open enrollment.
- Assist employees of the district with difficult claims to reach resolution in a timely manner.
- Cooperative interaction with the Business Office personnel of the district.
- Review loss ratios on a quarterly basis and make appropriate recommendations for cost savings.
- Assist the district in obtaining a new insurance carrier if needed.
- To perform such other activities as specifically directed by the district.

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III. Interview

The Manasquan Board of Education reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Board reserves the right to request clarifying information subsequent to submission of the proposal.

IV. Compliance with Laws

The successful offer shall comply with all local, state and federal directives, orders and laws as applicable to this agreement.

V. Selection Criteria

The Manasquan Board of Education will evaluate proposals using the following criteria:

- Experience and ability to perform services;
- Qualifications and references;
- Organization; staffing; facilities;
- Fee proposal;
- Knowledge of Manasquan School District and subject matter discussed in proposal;
- Other factors demonstrated in the respondent's presentation package that may be in the best interests of the school district.

VI. Minimum Qualifications

- Five (5) years' experience working with public school districts in the State of New Jersey, three (3) years of which should be in a similarly-sized school district.
- Be licensed or authorized to transact business in the State of New Jersey and have a favorable record with the New Jersey Department of Banking and Insurance.
- Include a list of any other professional qualifications, experience, and/or credentials you feel are relevant to this RFP.

VII. Evaluation Process; Methodology of Awarding Contract

All RFP responses are to be evaluated on the basis of whose response is the most advantageous to the district, price and other factors considered, and whose response will provide the highest quality of service at fair and competitive prices.

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VIII. Proposal

Each broker is required to submit two (2) copies of the proposal with the following information in its proposal:

- Form 1 - Proposal Certification Form.
- Form 2 - Proposed fee structure.
- Form 3 - Recommendations from at least three current public school clients.
- Form 4 - Broker Response Form.
- Form 5 - Affirmative Action Statement.
- Form 6 - Political Contribution Disclosure Form.
- Form 7 - Stockholder Disclosure Certification.
- Form 8 - Non-Collusion Affidavit.
- Form 9 - Other services or proposals your firm would offer.
- Form 10 - Disclosure of Investment Activities in Iran
- Exhibit A - Mandatory Equal Employment Opportunity Language.
- A list of all current New Jersey public school clients and length of service to each. Please identify the grade level of each school district and identify any that might be regional districts.
- A list of all New Jersey public school clients that have terminated services in the past two years.
- Background information on the broker and staff to be assigned to the Manasquan Board of Education.
- Business Registration Certificate
 - N.J.S.A. 52:31-44 requires that each vendor awarded a contract submit proof of business registration with the submission. Proof of registration shall be a copy of the respondents Business Registration Certificate (BRC).
- Information beyond the minimum requirements may also be submitted.

All proposals are to be submitted in writing in a sealed envelope and must be clearly marked “**Health Insurance Brokerage Services**”. Proposals must be received no later than Tuesday, June 6, 2023 at 11:00 a.m. prevailing time. Proposals are to be submitted to:

Pete Crawley
School Business Administrator/Board Secretary
Manasquan Board of Education
169 Broad Street
Manasquan, NJ 08736

Faxed proposals WILL NOT be accepted

The Manasquan Board of Education intends to appoint the successful firm by July 1, 2023. Services of the selected firm(s) will commence immediately thereafter.

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REQUIRED FORMS

PROPOSAL CERTIFICATION FORM

I certify that:

1. I have read and fully understand the Request for Proposal.
2. The firm meets all the requirements contained in the Request for Proposal.
3. The information contained an all of the Request for Proposal documents are true.
4. I am authorized to submit the proposal on behalf of the firm.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name of Firm

Representative's Signature

Witness:

Typed Name and Title

Address

Name

Telephone Number

Title

Fax Number

Affix Corporate Seal

Email

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FORM - 2

The respondent by signing this proposal form, acknowledges that he/she has carefully examined the proposal specifications and documents; and further acknowledges he/she understands and is able to render the scope of activity and services outlined in the proposal.

Area of Coverage	Current Insurance Company	Estimated monthly premium	Fee for Brokerage Services
Dental Insurance	Horizon Blue Cross Blue Shield of New Jersey	\$ 12,198.16	
Health Insurance	Horizon Blue Cross Blue Shield of New Jersey	\$376,223.18	
Prescription	Horizon Blue Cross Blue Shield of New Jersey	\$ 38,181.74	
List Other Fees if applicable			

Five one-year renewals may be awarded in accordance with 18A:18A-42 if services are being performed in an effective and efficient manner.

BIDDER'S INFORMATION:

Name _____

Address _____ P.O. Box _____

City, State, Zip Code _____

Federal Tax ID Number _____

Phone Number () _____ Extension _____

Fax No. () _____ E-Mail _____

Authorized Agent _____ Title _____

Agent's Signature _____ Date _____

Contact Information

Public School Client Recommendation List

1. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____
Email Address: _____
2. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____
Email Address: _____
3. School District: _____
Grade Level _____ Regional? Yes _____ No _____
Contact Name and Title: _____
Telephone Number: _____
Email Address: _____

Broker Response Form

You must address all of the following points in your proposal for Health Insurance Brokerage Services. If you feel that an individual item is not applicable to your proposal, you must clearly indicate this in the proposal.

1. Name of firm.
2. Location of firm main office and branches.
3. How many years the firm has been in business.
4. Describe the services your firm routinely performs for its clients?
 - A. Indicate your firm's involvement with the application process, written communications, employee meetings, etc.
5. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
6. Describe your knowledge and experience with negotiating health insurance renewals and administering Health Insurance Contracts.
7. Describe what service you can provide to our employees when a claim dispute arises for denial of a claim by the insurance carrier.
8. Describe how your firm would develop specifications for competitive quotes and prove this information to the School Business Administrator and/or the Board.

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FORM - 5

Affirmative Action Statement

The following questions must be answered by all prospective firms:

1. Do you have a federally approved or sanctioned Affirmative Action Program?

Yes_____

No_____

- (a) If yes, please submit a copy of such approval.

2. Do you have a State Certificate of Employee Information Report approval?

Yes_____

No_____

- (a) If yes, please submit a copy of such approval.

3. If the firm cannot present #1 or #2, the firm is required to submit a completed Employees Information Report (Form AA-302) at the time of the award only.

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FORM – 6

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit
no later than 10 days prior to the award of the contract.**

Part I – Vendor Information

Vendor Name:			
Address:			
City:		State:	Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Signature

Printed Name

Title

Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

D Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

D Check here if the information is continued on subsequent page(s)

D No Reportable Contributions (Please check if applicable)

I certify that _____ (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20-26.

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FORM - 6

List of Agencies with Elected Officials Required for Political Contribution Disclosure
N.J.S.A. 19:44A-20.26

County Name: Monmouth

State: Governor, and Legislative Leadership Committees

Legislative District #: 10

State Senator and two members of the General Assembly per district.

County:

Freeholders

County Clerk

Sheriff

County Executive

Surrogate

Municipalities (Mayor and members of governing body, regardless of title):

Borough of Manasquan

Boards of Education:

Members of the Manasquan Board of Education

Fire Districts:

Borough of Manasquan Board of Fire Commission

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FORM - 7

STOCKHOLDER DISCLOSURE CERTIFICATION
This Statement Shall Be Included with Submission

Name of Business _____

☐ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

If a corporation owns all or part of the stock of the corporation or partnership submitting the bid, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that owning corporation. If no one owns 10% or more stock, attest to that.

Check the box that represents the type of business organization:

☐ Partnership

☐ Corporation

☐ Sole Proprietorship

☐ Limited Partnership

☐ Limited Liability Corporation

☐ Limited Liability Partnership

☐ Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Subscribed and sworn before me this ____ day of _____, 2 ____.

(Affiant)

(Notary Public)

(Print name & title of affiant)

My Commission expires:

(Corporate Seal)

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FORM - 8

**NON-COLLUSION AFFIDAVIT
HEALTH INSURANCE BROKER SERVICES**

STATE OF NEW JERSEY

COUNTY OF _____
I, of the City of _____

ss:

in the County of _____ and the State of _____
_____ of full age, being

duly sworn according to law on my oath depose and say that:

I am _____

of the firm of _____

_____ the firm making the

Proposal for the above named project, and that I executed the said proposal with full authority so to do; that said firm has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Margate Public Schools relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____

_____(N.J.S.A.52:34.25)

(name of contractor)

Subscribed and sworn to
before me this _____ day

of 20 _____

Signature

Notary Public of _____

My commission expires _____, 20____

Other Services/Variations

The services indicated are those that will be in effect for the duration of the Contract.

1. Any other services or proposals your firm would offer. If there are conditions or charges, please state them:

2. Describe any variations from the required services listed in the Request for Proposals here:

STANDARD BID DOCUMENT REFERENCE				FORM 10		
Name of Form	COMBINED CERTIFICATION: PROHIBITED ACTIVITIES IN RUSSIA AND BELARUS & INVESTMENT ACTIVITIES IN IRAN					
Statutory Reference	P.L. 2022, c. 3 N.J.S.A. 52:32-55 et seq. N.J.S.A. 40A:11-2.1 N.J.S.A. 18A:18A-49.4					
Applicability		Y/N		Mandatory	Optional	N/A
	LPCL	Y	Goods and Services	X		
	PSCL	Y	Construction			X
Instructions Reference						
Description	<p>P.L. 2022, c. 3 prohibits the award, renewal, amendment, or extension of State and local public contracts for goods or services with persons or entities engaging in prohibited activities in Russia or Belarus. P.L. 2012, c.25 prohibits the award or renewal of State and local public contracts for goods and services with persons or entities engaged in certain investment activities in the energy or finance sectors of Iran.</p> <p>Before a goods and services contract can be entered into, vendors and contractors must certify that neither they nor any parent entity, subsidiary, or affiliate is listed on the New Jersey Department of the Treasury's list of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 ("<u>Russia-Belarus list</u>") or in Iran pursuant to P.L. 2012, c. 25 ("<u>Chapter 25 list</u>").</p>					

The Certification form requires the insertion of contracting unit identification information which should be filled in (in italics on the form) prior to its use.

Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>
www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be provided by law, rule, or contract, including but not limited to imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the party.

CONTRACT AWARDS AND RENEWALS



I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

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CONTRACT AMENDMENTS AND EXTENSIONS



I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

IF UNABLE TO CERTIFY



I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

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Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the Manasquan Board of Education is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Manasquan Board of Education to notify the Manasquan Board of Education in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Manasquan Board of Education and that the Manasquan Board of Education at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)		Title	
Signature		Date	

Manasquan Board of Education
Health Insurance Brokerage Services 2023-2024

Name of Company: _____ City/State/Zip: _____ FORM 11

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27 5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender

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identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

I certify that the above information is correct to the best of my knowledge.

Vendor Name

Signature

Title

Date