EXHIBIT X
GENERAL QUESTIONNAIRE

1.0 References

1.1 Provide three current customer references. For at least one of these references, proposers must cover at least one group plan of 10,000 or more employees. The City is interested in working with carriers that have experience with and a history of providing Supplemental Insurance benefits to public sector plans of similar size.

The City may contact any customer of the vendor, whether or not included in the vendor's reference list, and use such information in the evaluation process. Provide the following for each reference:

	Reference 1	**Reference 2**	**Reference 3**
a. Customer Name	*Unlimited.*	*Unlimited.*	*Unlimited.*
b. Length of time serviced	*Unlimited.*	*Unlimited.*	*Unlimited.*
c. Number of covered members	*Unlimited.*	*Unlimited.*	*Unlimited.*
d. Description of services	*Unlimited.*	*Unlimited.*	*Unlimited.*
e. Name of contact	*Unlimited.*	*Unlimited.*	*Unlimited.*
f. Contact title	*Unlimited.*	*Unlimited.*	*Unlimited.*
g. Contact phone number	*Unlimited.*	*Unlimited.*	*Unlimited.*
h. Contact email	*Unlimited.*	*Unlimited.*	*Unlimited.*
i. Contact address	*Unlimited.*	*Unlimited.*	*Unlimited.*

1.2 Provide this same information for two (2) former customers. Include the reason the engagement ended.

	Reference 1	**Reference 2**
a. Customer Name	*Unlimited.*	*Unlimited.*
b. Length of time serviced	*Unlimited.*	*Unlimited.*
c. Number of covered members	*Unlimited.*	*Unlimited.*
d. Description of services	*Unlimited.*	*Unlimited.*
e. Name of contact	*Unlimited.*	*Unlimited.*
f. Contact title	*Unlimited.*	*Unlimited.*
g. Contact phone number	*Unlimited.*	*Unlimited.*
h. Contact email	*Unlimited.*	*Unlimited.*
i. Contact address	*Unlimited.*	*Unlimited.*

j. Reason engagement ended	*Unlimited.*	*Unlimited.*

2.0 Company Overview

2.1 Provide the information below on the individual(s) that would be responsible for managing the City's contracts.

	Contact 1	**Contact 2**
a. Name	*Unlimited.*	*Unlimited.*
b. Title	*Unlimited.*	*Unlimited.*
c. Address	*Unlimited.*	*Unlimited.*
d. Email	*Unlimited.*	*Unlimited.*
e. Phone number	*Unlimited.*	*Unlimited.*
f. Length of time servicing accounts	*Unlimited.*	*Unlimited.*

2.2 Have you been cited or fined or been threatened with citation or financial penalties within the last five years by federal or state regulators for violations of federal or state laws and/or failure to implement regulations?

Single, Pull-down list. 1: Yes 2: No	*Limited to 250 words .* If yes, please explain.

2.3 Is your firm involved in any current litigation against or from the City? If yes, please describe.

Single, Pull-down list. 1: Yes 2: No	*Limited to 250 words.* If yes, please describe.

2.4 Does a former City employee (executive level) work for your firm? If so, in what capacity and how long?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, how long and in what capacity.

2.5 Do you anticipate any mergers, transfers of company ownership, sales management reorganizations, or departures of key personnel within the next three years that might affect your ability to carry out your proposal if it results in a contract with the City of Houston?

EXHIBIT X
GENERAL QUESTIONNAIRE

Single, Pull-down list. 1: Yes 2: No	*Limited to 250 words.* If yes, please explain.

3.0 Experience

3.1 Describe your organization's experience administering and providing Supplemental Insurance benefits. (*Limit response to 250 words.*)

3.2 How many years has your organization provided supplemental insurance benefits?

3.3 Provide statistics regarding your Supplemental Insurance business for five (5) clients with more than 10,000 employees. Please complete the table below:

	Employer Group Client: Name and Address:	**Benefits Manager: Phone number:**	**State, Public, or Private Employer**	**Number Enrolled –**	**Type(s) of policies provided**	**Type of services provided**	**Length of time as a client**
1		*Unlimited.*	*State, Public, Private.*	*Unlimited.*	*Unlimited.*	*Limited to 100 words.*	*Unlimited.*
2		*Unlimited.*	*State, Public, Private.*	*Unlimited.*	*Unlimited.*	*Limited to 100 words.*	*Unlimited.*
3		*Unlimited.*	*State, Public, Private.*	*Unlimited.*	*Unlimited.*	*Limited to 100 words.*	*Unlimited.*
4		*Unlimited.*	*State, Public, Private.*	*Unlimited.*	*Unlimited.*	*Limited to 100 words.*	*Unlimited.*
5		*Unlimited.*	*State, Public, Private.*	*Unlimited.*	*Unlimited.*	*Limited to 100 words.*	*Unlimited.*

3.4 Provide the names of any clients who have terminated contracts with your firm since January 1, 2010, for cause or under dispute for any services that you propose to provide. Provide the names and telephone numbers and email address of the former clients' contact person for the account.

Please complete the table below:

	Client: Name and Address:	**Benefits Manager's Phone number:**	**Email Address**	**State, Public, or Private Employer**	**Number Enrolled –**	**Type(s) of policies provided**	**Type of services provided**	**Length of time as a client**	**Reason for termination**
1		*Unlimited.*			*Unlimited.*	*Unlimited.*	*Limited to 100 words*	*Unlimited.*	*Limited to 100 words*

2		*Unlimited.*			*Unlimited.*	*Unlimited.*	*Limited to 100 words*	*Unlimited.*	*Limited to 100 words*
3		*Unlimited.*			*Unlimited.*	*Unlimited.*	*Limited to 100 words*	*Unlimited.*	*Limited to 100 words*

3.5 Please complete the table below with the most recent financial ratings for your company:

	Rating	**Date**
A.M. Best	*Unlimited.*	*Unlimited.*
Moody's	*Unlimited.*	*Unlimited.*
Standard and Poor's	*Unlimited.*	*Unlimited.*

3.6 Confirm that you will provide the most recent two (2) fiscal years of your firm's audited financial Statements or Federal tax forms filed to the Internal Revenue Service. Provide the requested financial statements as an attachment to your proposal.

Single.
1. Confirmed
2. Not confirmed

Pull-downlist.
attached

4.0 CANCER INSURANCE QUESTIONNAIRE

Section 1 – Plan Design and Provisions

4.1 Complete **Exhibit XIV** in describing the plan design of your cancer insurance product, which includes the following information:

- Clearly identify all differences from the existing City of Houston policy, as well as any coverage limitations and exclusions.
- What do you believe are the competitive strengths of your product?
- What riders are available under this coverage (additional dread disease and other types of riders)?
- Please describe any such additional benefits and provide the contractual rider(s) and associated costs.
- Does your policy include Waiver of Premium? What are the eligibility requirements? When does it end?

EXHIBIT X
GENERAL QUESTIONNAIRE

4.2 Does this policy coordinate with any other group or individual policy?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

4.3 Does this policy coordinate with any other voluntary benefit being requested in this proposal?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

4.4 Do any benefits or coverage provisions decrease with age?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

4.5 Describe the policy provisions regarding benefits for drugs/medicines while confined as an inpatient or while undergoing cancer treatment on an outpatient basis. (*Limited to 250 words.*)

Section 2 – Underwriting and Premium Structure

4.6 What (if any) are your participation requirements for the initial enrollment period and thereafter? (*Limited to 100 words.*)

4.7 Provide your renewal provision and/or formula for the optional years of the contract? (*Limited to 200 words.*)

4.8 Complete the chart below for clients with over 10,000 eligible employees for the last three years?

	Client 1	**Client 2**	**Client 3**
a. Number of eligible employees			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
b. Rate increase percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*

EXHIBIT X
GENERAL QUESTIONNAIRE

Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
c. Average loss ratio percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
d. Average benefit paid per claimant			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*

4.9 How do you handle employees who leave employment, including persons who retire, and want to continue coverage? (*Limited to 100 words.*)

4.10 Is coverage guarantee renewable for life (at current rates), even if the City no longer offers this product?

Single, Pull-down list. 1: Yes 2: No

4.11 What are your underwriting guidelines? *(Limited to 250 words)*

4.12 a. If a current cancer policy holder enrolls in your cancer policy, what are the underwriting requirements? (*Limited to 100 words.*)

b. What does an employee/family have to do to become enrolled and covered under this product? (*Limited to 100 words.*)

4.13 Do your premiums increase with age?

Single, Pull-down list. 1: Yes 2: No	*Attached.* If yes, provide a copy of the age-rated premium levels that would be applicable to the City contract.

<u>Additional Questions</u>

4.14 Do you agree the contract will be effective on May 1, 2016?

Single, Pull-down list.	*Limited to 100 words.*

EXHIBIT X
GENERAL QUESTIONNAIRE

1: Yes 2: No	If no, provide the effective date and explain why.

5.0 HOSPITAL INDEMNITY INSURANCE QUESTIONNAIRE

Section 1 – Plan Design and Provisions

5.1 Complete **Exhibit XIV** in describing the plan design of your hospital indemnity insurance product, which includes the following information:

- Clearly identify all differences from the existing City of Houston policy, as well as any coverage limitations and exclusions.
- What do you believe are the competitive strengths of your product?
- What riders are available under this coverage (additional dread disease and other types of riders)?
- Please describe any such additional benefits and provide the contractual rider(s) and associated costs.
- Does your policy include Waiver of Premium? What are the eligibility requirements? When does it end?
- Provide the waiting period for Sickness and Accidents.

5.2 Do you agree to waive any benefit waiting period that has already been met?

5.3 What are the maximum benefits per confinement?

5.4 What types of facilities are eligible as a covered hospitalization?

5.5 Define continuous period.

5.6 Do any benefits or coverage provisions decrease with age?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

5.7 Does this policy coordinate with any other group or individual policy?

Single, Pull-down list.	*Limited to 100 words.* If yes, please explain.

EXHIBIT X
GENERAL QUESTIONNAIRE

1: Yes 2: No	

5.8 Does this policy coordinate with any other voluntary benefit being requested in this proposal?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

Section 2 – Underwriting and Premium Structure

5.9 Complete the chart below for clients with over 10,000 eligible employees for the last three years?

	Client 1	**Client 2**	**Client 3**
a. Number of eligible employees			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
b. Rate increase percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
c. Average loss ratio percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
d. Average benefit paid per claimant			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*

5.10 What (if any) are your participation requirements for the initial enrollment period and thereafter? (*Limited to 100 words.*)

5.11 Provide your renewal provision and/or formula for the optional years of the contract?

(*Limited to 200 words.*)

5.12 How do you handle employees who leave employment, including those persons who retire, and want to continue coverage? (*Limited to 100 words.*)

5.13 Is coverage guarantee renewable for life (at current rates), even if the City no longer offers this product?

Single, Pull-down list. 1: Yes 2: No

5.14 Do your premiums increase with age?

Single, Pull-down list. 1: Yes 2: No	*Attached.* If yes, provide a copy of the age-rated premium levels that would be applicable to the City contract.

5.15 What are your underwriting guidelines? (*Limited to 250 words.*)

5.16 a. If a current hospital indemnity policy holder enrolls in your hospital indemnity policy, what are the underwriting requirements? (*Limited to 100 words.*)

b. What does an employee/family have to do to become enrolled and covered under this product? (*Limited to 100 words.*)

Section 3 – Additional Questions

5.17 Do you agree the contract will be effective on May 1, 2016?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If no, provide the effective date and explain why.

6.0 ACCIDENT/DISABILITY INSURANCE

Section 1 – Plan Design and Provisions

6.1 Complete **Exhibit XIV** in describing the plan design of your hospital indemnity insurance product, which includes the following information:

- Clearly identify all differences from the existing City of Houston policy, as well as any coverage limitations and exclusions.

EXHIBIT X
GENERAL QUESTIONNAIRE

- What do you believe are the competitive strengths of your product?
- What riders are available under this coverage (additional dread disease and other types of riders)?
- Please describe any such additional benefits and provide the contractual rider(s) and associated costs.
- Does your policy include Waiver of Premium? What are the eligibility requirements? When does it end?
- Provide the waiting period for Sickness and Accidents.
- Please provide a detailed schedule of the lump sum injury benefits.
- Work related exclusions.

6.2 Within how many days or hours must a charge be incurred in order to be eligible under the hospital indemnification policy?

6.3 Within how many days or hours must a charge be incurred in order to be eligible under the accidental death policy?

6.4 What are the maximum benefits per confinement?

6.5 What types of facilities are eligible as a covered hospitalization?

6.6 Define continuous period.

6.7 Do you agree to waive any benefit waiting period that has already been met?

6.8 Do any benefits or coverage provisions decrease with age?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

6.9 Does this policy coordinate with any other group or individual policy?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

EXHIBIT X
GENERAL QUESTIONNAIRE

6.10 Does this policy coordinate with any other voluntary benefit being requested in this proposal?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If yes, please explain.

Section 2 – Underwriting and Premium Structure

6.11 What (if any) are your participation requirements for the initial enrollment period and thereafter?

(*Limited to 100 words.*)

6.12 What is your renewal provisions and/or formula for the optional years of the contract?
(*Limited to 100 words.*)

6.13 Complete the chart below for clients with over 10,000 eligible employees for the last three years?

	Client 1	**Client 2**	**Client 3**
a. Number of eligible employees			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
b. Rate increase percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
c. Average loss ratio percentages			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*
d. Average benefit paid per claimant			
Year 1	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 2	*Unlimited.*	*Unlimited.*	*Unlimited.*
Year 3	*Unlimited.*	*Unlimited.*	*Unlimited.*

EXHIBIT X
GENERAL QUESTIONNAIRE

6.14 How do you handle employees who leave employment, including those persons who retire, and want to continue coverage? (*Limited to 100 words.*)

6.15 Is coverage guarantee renewable for life (at current rates), even if the City no longer offers this product?

Single, Pull-down list. 1: Yes 2: No

6.16 Do your premiums increase with age?

Single, Pull-down list. 1: Yes 2: No	*Attached.* If yes, provide a copy of the age-rated premium levels that would be applicable to the City contract.

6.17 What are your underwriting guidelines? (*Limited to 250 words.*)

6.18 a. If a current accident/disability policy holder enrolls in your accident/disability policy, what are the underwriting requirements? (*Limited to 100 words.*)

b. What does an employee/family have to do to become enrolled and covered under this product? (*Limited to 100 words.*)

<u>Section 3 – Additional Questions</u>

6.19 Do you agree the contract will be effective on May 1, 2016?

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* If no, provide the effective date and explain why.

7.0 Account Management and Membership Services

7.1 Please provide an organizational chart for the proposed account manager and team responsible for the overall service and day-to-day operations for this account. Attach the following information for each team member:

a. Biography
b. Primary responsibility on this account
c. Years of experience

d. Years with the company
e. Proposed percent of time dedicated to this account (based on 40 hour work-week)
f. Office location

7.2 Provide the geographic location of the Member Service unit(s) that will be servicing the City's members.

Location Address	
a. Claims Processing	*Unlimited.*
b. Customer Service Inquiries	*Unlimited.*

7.3 Confirm each of the following:

	Response	**Comments**
a. At a minimum, Proposers will operate a member services unit with a toll-free dedicated member services telephone line to answer questions from the City's members between the hours of 8:00 am and 6:00 pm CT, Monday through Friday.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
b. Proposers will have special telephone features for the hearing impaired.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
c. Resources will be available to assist non-English speaking callers through a translation service.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
d. Will this member services unit be dedicated? If not, please explain.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
e. All calls will be recorded and kept for 24 months and made available for the City's review upon request.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
f. Member Services Representative (MSR) will warm or soft transfer Members to other service areas or vendors	*Single, Pull-down list.*	*Limited to 100 words.* Nothing required

including the City, if necessary.	1: Confirmed, 2: Not confirmed	
g. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required
h. Members will be able to access user-friendly website to obtain: general policy and other related information, enrollment application, claim and other forms, policy changes, contact member/customer service, status of claim(s), and payments.	*Single, Pull-down list.* 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required

8.0 Contractual Issues

8.1 Confirm that you agree that throughout the life of the contract, and for twelve (12) months following termination, any direct contact, direct marketing, educational material, and other communication made to plan participants, other than responses to individual member inquiries regarding individual member service issues, are strictly prohibited without the authorization and approval of the City.

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required

8.2 Explain the impact to employees receiving disability benefits if the Supplemental Insurance contract is terminated before the completion of a plan year. (*Limited to 100 words.*)

8.3 Do you agree to a three-year contract with fixed rates as shown in the Cost Quotation Section of your proposal, regardless of participation levels or any other variables?

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required

8.4 Have you provided rates on a stand-alone basis for each type of supplemental coverage that you are proposing?

Single, Pull-down list. 1: Confirmed,	*Limited to 100 words.* Nothing required

2: Not confirmed	

8.5 Proposer agrees to the indemnification language in the RFP. If not, detail your exceptions below.

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 250 words.* Nothing required

8.6 Proposer agrees to the insurance requirements in Exhibit VII. If not, detail your exceptions below.

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 250 words.* Nothing required

9.0 Claims Administration

9.1 Provide the following information regarding the claim offices that will be servicing the City:

	Response
Location	*Unlimited.*
Average Claims/Processor/Day	*Unlimited.*
Annual Claim Volume	*Unlimited.*
Percentage of claims that are auto-adjudicated	*Unlimited.*

9.2 Briefly summarize the typical intake process when a member files a claim.

Note to Proposal Tech: Limit response to 250 words.

a. via telephone
b. via the website

9.3 Briefly describe the claim review and payment process from date of receipt to check issued.
Note to Proposal Tech: Limit response to 250 words.

9.4 How do you define turnaround? (*Limited to 100 words.*)

9.5 What has been the claim turnaround time over the last four quarters? Please complete the chart below.

EXHIBIT X
GENERAL QUESTIONNAIRE

Claim Turnaround Time (calendar days)	Accident/ Disability	Cancer	Hospital Indemnity
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

9.6 What is the time limit for filing a claim? (*Limited to 100 words.*)

9.7. a. If a claim is denied, what will the written notice provide? (*Limited to 250 words.*)

9.7. b. What are the claimants' options? (*Limited to 250 words.*)

9.8. Describe the quality controls, auditing and peer review mechanism in place for your organization's claim-processing department? (*Limited to 250 words.*)

10.0 Enrollment

10.1 Describe your enrollment system:

a. Hardware (*Limited to 100 words.*)
b. Software (*Limited to 100 words.*)
c. Eligibility - detail how updates are made (*Limited to 100 words.*)

10.2 Provide a copy of all enrollment forms. *(attachment)*

10.3 Provide an implementation timeline and indicate any "drop dead" dates in order to meet the proposed May 1, 2016 effective date? (*Limited to 100 words.*)

10.4 Describe your methods for premium administration given that this will be a payroll deduction product. (*Limited to 100 words.*)

10.5 After employees are enrolled, what items will the insured receive from you? (*Limited to 100 words.*)

11.0 Communication and Education

11.1 Please complete the following table:

	Response
a. Describe how your organization can effectively communicate with and educate the City's employees on the new Supplemental Insurance plan.	*Limited to 100 words.*
b. What strategies do you recommend to optimize participation in the plan?	*Limited to 100*

	words.
c. Provide samples of communication, educational and enrollment materials for each proposed product.	*Attached*
d. What strategies do you recommend to optimize participation in the plan?	*Limited to 100 words.*

11.2 Is there an additional cost for any of these materials? If yes, please explain.

Single, Pull-down list. 1: Yes 2: No	*Limited to 100 words.* Nothing required

12.0 Financial Guarantees

12.1 Please use the rate template in Exhibit XII to complete the Cost Quotation Sheet, and include all costs and fees. *You may add rows as needed, to accommodate all fees.*

Note to Proposers: Officers will be held accountable for accuracy/validity of all answers.

13.0 Underwriting

13.1 a. What is your organization's target loss ratio? (*Limited to 100 words.*)
b. What are the elements in calculating your loss ratios? (*Limited to 100 words.*)

13.2 Please confirm that all eligible participants will be covered on a 'no loss, no gain' basis. (If not confirmed, please detail below).

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required

13.3 Please outline your proposed rate guarantee in the Cost Quotation Sheet, Exhibit XII. A minimum of 3 years is required.

13.4 Are you willing to offer longer contingent guarantees subject to an incurred loss ratio? (If confirmed, please detail below).

Single, Pull-down list. 1: Confirmed,	*Limited to 100 words.* Nothing required

2: Not confirmed	

14.0 Reporting and On-Line Access to Information

14.1 Confirm that you will provide the City copies of standard monthly, quarterly, and annual reports. (If not confirmed, please detail below).

Single, Pull-down list. 1: Confirmed, 2: Not confirmed	*Limited to 100 words.* Nothing required

14.2 Describe your organization's ad-hoc reporting capabilities including turn-around time for ad-hoc requests. Any additional fee for this should be noted in the Cost Quotation Sheet. (*Limited to 100 words.*)

14.3 Describe in detail your organization's on-line reporting capabilities and available reports for the proposed Supplemental Insurance coverage. Please provide sample reports. (*Limited to 100 words and attachments.*)

15.0 Performance Guarantees

15.1 The City is interested in negotiating performance standards on financial performance results with the selected vendor to encourage the vendor to provide superior performance. Vendor's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete **Exhibit XIII** Performance Guarantees and confirm your agreement with the proposed service level targets and associated guarantees. Higher assessments than required are encouraged.

16.0 Implementation

16.1 Describe your implementation process and provide a proposed implementation plan and timetable, beginning with the award of business to the completion of the work, assuming a plan effective date of May 1, 2016. Include: (*Attachment*)

a. Steps required to implement the program;
b. Role played by the City and vendor;
c. Vendor enrollment files; and
d. Contact information (name, title, credentials, phone, fax, address, email) of personnel assigned to each step of the implementation process.

EXHIBIT X
GENERAL QUESTIONNAIRE

16.2 Describe the most frequent problems your organization has encountered during implementation of new Supplemental Insurance plans for programs of this size. How were they resolved?

Problems During Implementation	**Resolution**
Limited to 100 words.	*Limited to 100 words.*
Limited to 100 words.	*Limited to 100 words.*
Limited to 100 words.	*Limited to 100 words.*
Limited to 100 words.	*Limited to 100 words.*