

NOTICE

TO ALL INTERESTED PARTIES. PLEASE BE ADVISED THAT THE CITY OF EAST ORANGE (HEREAFTER "CITY"), A MUNICIPAL CORPORATION OF THE STATE OF NEW JERSEY, WILL BE ACCEPTING QUALIFICATION STATEMENTS IN RESPONSE TO REQUESTS FOR QUALIFICATIONS FOR THE FOLLOWING SERVICES:

MEDICAL BENEFITS, PRESCRIPTION, AND DENTAL PROGRAMS

THE CITY OF EAST ORANGE, DEPARTMENT OF HUMAN RESOURCE SERVICES, 44 CITY HALL PLAZA, EAST ORANGE, NEW JERSEY IS SEEKING REQUEST FOR QUALIFICATION FOR ***PROFESSIONAL BROKER SERVICES*** FOR MEDICAL INSURANCE THAT COVERS FDA APPROVED LEGEND DRUGS. A PRESCRIPTION ORDER FROM A PHYSICIAN IS REQUIRED FOR DRUGS TO BE ELIGIBLE. PRESCRIPTION MAY BE REFILLED WITHIN ONE YEAR OF THE ORIGINAL PRESCRIPTION DATE WHEN AUTHORIZED BY THE PHYSICIAN. ALL COMPANIES THAT SUBMIT A QUALIFICATION STATEMENT ARE ENCOURAGED TO SHOW MULTIPLE FUNDING ARRAIGNMENTS AND PLAN OPTIONS INCLUDING FULLY INSURED PROGRAMS. OVERSIGHT ON THIS PROGRAM SHALL BE UNDER THE SUPERVISION OF THE CITY'S DEPARTMENT OF HUMAN RESOURCE SERVICES OR THEIR AUTHORIZED DESIGNEE.

QUALIFICATION STATEMENTS MUST BE RECEIVED BY THE CITY NO LATER THAN 4:00 P.M. ON MARCH 22, 2010, AND MUST BE MAILED OR HAND DELIVERED TO THE EAST ORANGE OFFICE OF PROCUREMENT, ATTENTION NATHANIEL ADAMS, EAST ORANGE CITY HALL, 44 CITY HALL PLAZA, EAST ORANGE, NEW JERSEY 07019. QUALIFICATION STATEMENTS FORWARDED BY FACSIMILE OR EMAIL TRANSMISSIONS WILL NOT BE ACCEPTED. QUALIFICATIONS SENT EITHER BY MAIL OR COURIER SERVICE MUST BE RECEIVED BY THE OFFICE OF PROCUREMENT NO LATER THAN 4:00 P.M. ON MARCH 22, 2010. THE CITY SHALL NOT BE RESPONSIBLE FOR THE LOSS, NON-DELIVERY, OR PHYSICAL CONDITION OF QUALIFICATION STATEMENTS SENT BY MAIL OR COURIER SERVICE. QUALIFICATION STATEMENTS MUST BE SUBMITTED INDIVIDUALLY IN A SEALED ENVELOPE.

COPIES OF THE CITY'S REQUEST FOR QUALIFICATIONS CAN BE OBTAINED BY DOWNLOADING THE FILE FROM THE CITY OF EAST ORANGE, WEBSITE, AT WWW.EASTORANGE-NJ.ORG. SHOULD YOU REQUIRE CLARIFICATION OF THE (RFQ), REQUEST FOR QUALIFICATIONS, CONTACT MARCIA ROBINSON, BENEFITS ADMINISTRATOR AT THE EAST ORANGE DEPARTMENT OF HUMAN RESOURCE SERVICES, EAST ORANGE CITY HALL, 44 CITY HALL PLAZA, EAST ORANGE, NEW JERSEY 07019. TELEPHONE NUMBER: (973) 266-5150. FACSIMILE (973) 266-5145.

QUALIFICATION STATEMENTS ARE BEING SOLICITED THROUGH A FAIR AND OPEN PROCESS IN ACCORDANCE WITH THE PAY-TO-PLAY LAW, N.J.S.A. 19:44A-20.5 ET SEQ., AND MUNICIPAL ORDINANCE OF THE CITY OF EAST ORANGE.

QUALIFIED RESPONDENTS WILL BE APPROVED BY RESOLUTIONS OF THE EAST ORANGE CITY COUNCIL.

CITY OF EAST ORANGE
REQUEST FOR QUALIFICATIONS FOR
PROFESSIONAL BROKER SERVICES FOR MEDICAL INSURANCE
SUBMISSION DEADLINE

4:00 P.M.

March 22, 2010

ADDRESS ALL QUALIFICATION STATEMENTS TO:

Nathaniel Adams
Purchasing Agent
The City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019
(973) 266-5162

GENERAL INFORMATION & SUMMARY

ORGANIZATION REQUESTING PROPOSAL

The City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019

CONTACT PERSON

Marcia Robinson
Benefits Administrator
The City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019
(973) 266-5162

Office of the City Administrator
The City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019
(973) 266-5310

PURPOSE OF REQUEST

The City of East Orange (hereafter the “City”) provides its employees with medical coverage, including a point of service provider, prescription drugs, and a dental plan. This Request for Qualification (RFQ) is to solicit individuals qualified by experience and personnel to be Broker for Medical Insurances for the City.

The City recognizes that the cost associated with the purchase of the various types of medical insurance can be excessive if not managed properly and effectively. The City also recognizes that the insurance industry is a competitive one in which a comparison of rates charged by different insurance companies for the same type of insurance with the same amounts of coverage can result in significant savings to the City in the amount of premiums paid for insurance each year.

The City has neither the expertise nor the resources sufficient to permit the City to analyze the wide range of insurance products available and the costs associated with each. Therefore, the City is seeking the services of an insurance broker to assist the City in the selection of appropriate medical insurance programs for its entire workforce.

The City is currently self insured and utilizes Horizon Blue Cross Blue Shield of NJ as its current carrier. The City also provides prescription plans and a fully insured dental program.

Enclosed herewith is a RFQ for the furnishing of professional Broker Services for Medical Insurance for the City of East Orange.

A resolution must be passed by the East Orange City Council subject to the Mayor’s veto period. Upon expiration of the veto period, the City can then award a contract to the successful respondent.

FORM AS TO SELECTION

The successful respondent shall be awarded a Contract by the City’s governing body for a term not to exceed twenty-four (24) months. It is also agreed and understood that the acceptance of the

representation shall be considered a release in full of all claims against the City arising out of, or by reason of, the work done and materials furnished under this award.

GLOSSARY

The following definitions shall apply to and are used in this Request for Qualifications (RFQ):

"City" - refers to the City of East Orange.

"Qualification Statement" - refers to the complete responses to this RFQ submitted by the Respondents.

"Qualified Respondent" - refers to those Respondents who (in the sole judgment of the City) have satisfied the qualification criteria set forth in this RFQ.

"RFQ" - refers to this Request for Qualifications, including any amendments thereof or supplements thereto.

"Respondent" or "Respondents" - refers to the interested persons and/or firm(s) that submit a Qualification Statement.

SECTION 1

INTRODUCTION AND GENERAL INFORMATION

1.1. Introduction and Purpose.

The City is soliciting Qualification Statements from interested persons and/or firms for the provision of professional legal services, as more particularly described herein. Through a Request for Qualification process described herein, persons and/or firms interested in assisting the City with the provision of such services must prepare and submit a Qualification Statement in accordance with the procedure and schedule in this RFQ. The City will review Qualification Statements only from those persons and/or firms that submit a Qualification Statement which includes all information which includes all the information required to be included as described herein (in the sole judgment of the City).

The City intends to qualify person(s) and/or firm(s) that (a) possesses the professional, financial and administrative capabilities to provide the proposed services, and (b) will agree to work under the compensation terms and conditions determined by the City to provide the greatest benefit to the taxpayers of the City.

This RFQ contains the required qualifications and a Scope of Services which are intended to outline the City's needs.

1.2. Procurement Process and Schedule.

The selection is in accordance with the "New Jersey Local Unit Pay-to-Play" Law and municipal ordinances establishing the "pay-to-play" criteria. The City has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive fair and open process to assure that each person and/or firm is provided an equal opportunity to submit a Qualification Statement in response to the RFQ. Qualification Statements will be evaluated in

accordance with the criteria set forth in Section 2 of this RFQ, which will be applied in the same manner to each Qualification Statement received.

Qualification Statements will be reviewed and evaluated by the City's Corporation Counsel and Purchasing Agent. The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial areas described in this RFQ. Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent, Corporation Counsel and Purchasing Agent will determine which Respondents are qualified (professionally, administratively and financially).

The RFQ process commences with the issuance of this RFQ. The steps involved in the process and the anticipated completion dates are set forth in Table 1, Procurement Schedule. The City reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFQ or the RFQ process shall be directed to the City's Designated Contact Person, in writing.

Qualification Statements must be submitted to, and be received by the Office of Procurement, via mail or hand delivery, by 4:00 p.m. on March 22, 2010. Qualification Statements will not be accepted by facsimile or e-mail transmissions. Qualification Statements shall be opened in the Office of Procurement located on the first floor of East Orange City Hall, 44 City Hall Plaza, East Orange, and New Jersey on March 24, 2010, at or about 10:00 A.M.

Subsequent to issuance of this RFQ, the City (through the issuance of addenda to all persons and/or firms that have received a copy of the RFQ) may modify, supplement or amend the provisions of this RFQ in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by (and in the sole judgment of) the City.

TABLE 1

ANTICIPATED PROCUREMENT SCHEDULE

ACTIVITY DATE

1. Issuance of Request for Qualifications - March 8, 2010.
2. Receipt of Qualification Statements - March 22, 2010.

1.3. Conditions Applicable to RFQ.

Upon submission of a Qualification Statement in response to this RFQ, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- * This document is an RFQ and does not constitute a Request for Proposals (RFP).
- * This RFQ does not commit the City to issue an RFP.
- * All costs incurred by the Respondent in connection with responding to this RFQ shall be borne solely by the Respondent.
- * The City reserves the right (in its sole judgment) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration for this procurement.
- * The City reserves the right (in its sole judgment) to reject any Respondent that submits incomplete responses to this RFQ, or a Qualification Statement that is not responsive to the requirements of this RFQ.
- * The City reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFQ, or otherwise request additional information.
- * All Qualification Statements shall become the property of the City and will not be returned.
- * All Qualification Statements will be made available to the public at the appropriate time, as determined by the City (in the exercise of its sole discretion) in accordance with law.
- * The City may request Respondents to send representatives to the City for interviews.
- * Any and all Qualification Statements not received by the City's Office of Procurement by 4:00 p.m. on March 22, 2010 will be rejected.
- * Neither the City, nor its officers, officials or employees shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualification Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Qualification Statement or for participating in this procurement process.

1.4. Rights of City.

The City reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

- * To determine that any Qualification Statement received complies or fails to comply with the terms of this RFQ.
- * To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.
- * To waive any technical non-conformance with the terms of this RFQ.
- * To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.
- * To conduct investigations of any or all of the Respondents, as the City deems necessary or convenient, to clarify the information provided as part of the Qualification Statement and to request additional information to support the information included in any Qualification Statement.
- * To suspend or terminate the procurement process described in this RFQ at any time (in its sole discretion.) If terminated, the City may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.
- * The City shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

1.5. Addenda or Amendments to RFQ.

During the period provided for the preparation of responses to the RFQ, the City may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the City and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the Qualification Statement submission date.

1.6. Cost of Qualification Statement Preparation.

Each Qualification Statement and all information required to be submitted pursuant to the RFQ shall be prepared at the sole cost and expense of the Respondent. There shall be no claims whatsoever against the City, its officers, officials or employees for reimbursement for the payment of costs or expenses incurred in the preparation of the Qualification Statement or other information required by the RFQ.

1.7. Qualification Statement Format.

Qualification Statements must cover all information requested in this RFQ. Qualification Statements which in the judgment of the City fail to meet the requirements of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

SECTION 2

SCOPE OF SERVICES

PROFESSIONAL BROKER SERVICES FOR MEDICAL INSURANCE (inclusive of Health (Stop Loss), Prescription, And Dental Plans)

The City of East Orange is seeking a Broker who will be responsible for providing and handling of its Employees Health and Welfare Program including Stop Loss, Prescription and Dental Plans.

The City is currently self insured and utilizes Horizon Blue Cross Blue Shield of NJ as its current carrier. The City also provides prescription plans and a fully insured Dental program.

The successful respondent must be able to design, market, and implement the broadest insurance program at the most reasonable cost. All programs should be cost effective, provide services equal to or better than the existing plan, and provide service for retirees in and out of the State of New Jersey;

The City's current Health plan is self funded with Horizon Blue Cross Blue Shield of NJ.

Broker will be responsible for providing the best possible Health plans at the lowest cost available. Once chosen, it will be the Brokers' responsibility to:

Review the City's existing Health, Prescription and Dental Plans and contracts to ensure adequate coverage.

Analyze results and recommend strategies for the City in order to secure cost effective medical services equal to or better than the existing plan for the existing workforce, and provide service for retirees in and out of the State of New Jersey.

Review and analyze utilization data for active employees and retirees in order to monitor and manage claims costs.

Make appropriate recommendations and assist in procurement of said policies, including preparation of any required RFP's and analysis of proposals in connection with insurance procurement, including, but not limited to the following: establish selection criteria; recommend market place; evaluation of proposals and involvement in the selection process

Act as liaison between the City and insurance companies.

Assure quality administrative services through interaction with the individuals responsible for: Enrollment, Claims Adjudication, and Accounts Receivable/Payable.

Provide an in-depth review and analysis on all renewals, and financial reports in an effort to enable the City to negotiate the best possible rates.

Perform other services as may be required, requested, or directed by the City to be performed with relation to insurance analysis and advice.

Ensure timely and accurate receipt of utilization reports from all carriers.

Perform monthly review of premium versus claims for all lines of business.

Provide the City with quarterly analysis on related trends and developments in the health insurance industry.

Manage legislative health care reform information by explaining the impact and its impact on the City and its Unions.

Develop and implement long term benefits and strategies including a multi-year strategy to foster a healthier workforce (e.g., incentives for employees to adopt wellness programs and healthier lifestyles).

Review the feasibility of implementing a Web-based benefits management system, allowing employees and management 24-hour access to enrollment changes; policies and procedures; employee handbooks etc.

Provide support to the City in its Union Negotiations.

Ensure the provision of an 800 Help-Line for all eligible employees to resolve benefit, and claims problems.

Provide other creative programs which may benefit the City of East Orange and its employees.

Make recommendations for cost reductions and plan design.

Provide claims management services including:

1. Assist the City in the adjustment and settlement of claims and losses.
2. Maintain accurate claims data and provide the City with a detailed monthly status report, including, but not limited to reserves and expenses.
3. Advise the City on coverage application to specific claims
4. Provide financial information, including development and trending of utilization, ratings analysis, and other information as appropriate.

The current Prescription plan is administered on a self funded basis with the following specifics.

Broker will be responsible for securing a Prescription plan equal to or better than the existing plan;

Type of Program: The City is seeking a two tier Pharmacy co-payment plan: \$10.00/ \$15.00 the lower \$10. Co-pay applies to generic drugs; the higher \$15. Co-pay is for brand drugs.

Benefit Period: Lifetime Unlimited

Supply: Retail, up to 90 days (1 co-pay applies for each 30 day supply) Mail Order up to 90 days (1 co-pay applies for the 90 day supply)

Coverage Determination Program: Focusing on select drugs or drug categories know for overuse and misuse. These drugs are commonly used for purposes other than those approved by the Food and Drug Administration (FDA). Eligibility for coverage of some of these drugs or drug categories cannot be determined from the information received with ordinary claims transactions. Therefore, there may be

times when additional information is requested from the prescribing physician to clarify eligibility for coverage. Under these circumstances the prescribing physician will need to submit a request for prior authorization or a request for quantities above the plan limit.

Diabetic Supplies: Blood Glucose Monitors; Test Strips; Insulin: Injection Aids; Cartridges for the Legally Blind; Syringes: Insulin Pumps, Infusion Devices and appurtenances; Oral Agents for Controlling Blood Sugar.

Specialty Pharmacy Program: Condition specific education, medication administration instructions and expert advice to help manage therapy. Claims assistance to help determine individual coverage and file the necessary paperwork. Easy access to pharmacists and other health experts 24 hour a day, seven days a week. Single, reliable source for specialty medications needs. Easy ordering with a dedicated toll-free number. Confidential and convenient delivery to the location of choice (i.e., home, physician's office). Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress.

Inclusion: Smoking Cessation Aids, Growth Hormones (with prior authorization), Prescribed Pre-natal Vitamins, Anti-Obesity Drugs, Fertility Drugs.

Exclusions: Over the counter Vitamins & Minerals, Drugs for Cosmetic Purposes, Immunization Agents and Allergy Serum

Dental Plans

Brokers will be responsible for providing the most cost effective Dental plans equal to or better than the existing plans;

The City is currently offering three fully insured plans; Delta Preferred, DeltaCare and Unity Dental, a Dental Preferred Organization (DPO) Plans. All have a four tier premium; single, two Adults, parent & child, and family. Dependent children are covered to age 19, and age 23 if a full time college student. DPO plan should include adult orthodontic procedures

SECTION 3

SUBMISSION REQUIREMENTS

3.1. General Requirements.

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section 3 and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

3.2. Administrative Information Requirements.

The Respondent shall, as part of its Qualification Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.
2. An executed Letter of Qualification.
3. Name, address and telephone number of the Respondent submitting a Qualification Statement pursuant to this RFQ, and the name of the key contact person.
4. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each Respondent, its ownership and its organizational structure.
 - (a) Provide the names and business addresses of all Principals of the Respondent submitting the Qualification Statement. For purposes of this RFQ, "Principals" mean persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who has any operational control over the Respondent, and every stockholder having an ownership interest of 10% or more in the firm.
 - (b) If a Respondent is a partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the Respondent submitting a Qualification Statement. Describe the approval process.
 - (c) If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
 - (d) A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
5. The number of years Respondent has been in business under the present name.

6. The number of years Respondent has been under the current management.
7. Whether the Respondent is now or has been involved in any bankruptcy or reorganization proceedings in the last ten (10) years. If yes, please explain.
9. Confirm appropriate federal and state licenses to perform activities.
10. Respondent must maintain Errors and Omissions Insurance not less than \$1 million.
10. An executed letter of intent.

3.3. Professional Information Requirements.

I. Organization / Staffing

- a. Please describe the structure of your organization, its history and evidence of its knowledge of the New Jersey marketplace
- b. Please provide a copy of your professional liability insurance policy and errors and omissions coverage
- c. What is the primary area of concentration and expertise of your firm?
- d. Provide “marketing” materials generally descriptive of your firm’s insurance experience.
- e. Provide a client list, with a particular emphasis on municipal government clients, including the nature and scope of services provided. Include at least five (5) client contacts for referral purposes.
- f. Provide a copy of your firm’s most recent annual report.
- g. Provide resumes/biographical sketches of all key employees who would service the City.
- h. Identify the team manager who would be the primary liaison to the City.

II. Service

- a. Please provide an overview of your servicing capabilities and client serving objectives. Please show how your firm is organized to meet your client servicing objectives. Please indicate how your organization interacts with insurance carrier(s) and how servicing responsibilities are coordinated.
- b. Assuming an August 1, 2010 date of change in insurance carriers, how would you guide the City in its transition to a new carrier (e.g., overall timetable, communication with competing carriers, employee notification, implementation of new insurances, and any other key tasks involved)?
- c. In light of recent federal legislative proposals and the state of the medical insurance industry in general, what proposals and/or measures would you recommend to curtail rising health insurance costs and realize savings for the City in the coming years?

III. Compensation

- a. The City historically allows the Broker to be the Broker of Record, with the insurance company paying commissions. The proposer will provide estimates of commissions to be received from insurance companies. The City reserves the right to have access to this information.

SECTION 4

INSTRUCTIONS TO RESPONDENTS

Submission of Qualification Statements.

Respondents must submit an electronic disk original (on CD or DVD) in an un-editable and generally readable format, such as PDF) and two (2) paper hard copies of their Qualification Statement to the Designated Contact Person: The electronic version must exactly duplicate the paper version submitted.

Qualification Statements must be received by the City no later than 4:00 p.m. on March 22, 2010, and must be mailed or hand-delivered. Qualification Statements forwarded by facsimile or e-mail will not be accepted.

To be responsive, Qualification Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Qualification Statements and all related information must be bound, and signed and acknowledged by the Respondent.

SECTION 5

EVALUATION

The City's objective in soliciting Qualification Statements is to enable it to select Respondents that will provide high quality and cost effective services to the citizens of East Orange. The City will consider Qualification Statements only from Respondents that, in the City's sole judgment, have demonstrated the capability and willingness to provide high quality services to the citizens of the City in the manner described in this RFQ.

Qualification statements will be evaluated by the City on the basis of which is the most advantageous, experience and other factors considered. The evaluation criteria will be as follows:

<i>Evaluation Criteria</i>	<i>Weight</i>
A. Experience of Broker on Similar Projects:	25
Provide a description of the broker's history, structure and experience in developing, implementing and managing similar organizations within the past five years, which demonstrates the Broker's ability to perform the services. Describe the Broker's qualifications as they pertain to the Scope of Services outlines in this RFQ. Specifically include the Broker's knowledge of insurance markets and the ability to apply specialized or innovative techniques to the City: the Brokers experience in dealing with companies and the broker's degree of independence from insurance company control.	
B. Experience of Broker Team:	25
Identify the persons within the Broker's firm who will be ultimately responsible for providing the Services to the City under this RFQ, and highlight details of their qualifications and relevant	

experience in providing similar services. Specify whether team members have experience with public entities. (Please note that the Broker will be evaluated based on the experience and qualifications of the entire slated team. No changes in team composition will be allowed without prior approval of the City.

C. Approach to City's Needs:

30

Provide an explanation of the Broker's and team's understanding of the general nature of the tasks required for the successful completion of services outlined in this RFQ. Specify the broker's approach to claims administration, including procedures for management of claims. Describe the Broker's ability to audit insurance company claims handling procedures and premiums.

D. Commitment to Quality Management

10

Provide a written affirmation of the Broker's and team's commitment to quality management. Provide a description of the Broker's established Quality Assurance Program initiatives which would be implemented to assure the City that all of the Broker's professionals and support resources operate at optimum levels. In addition, address how the Broker's willingness to be evaluated by comparing performance against established goals and assignments.

E. Estimated Commission / Service Fees

10

The broker shall submit its methodology in determining (with reasonable certainty) all fees, commissions, charges, and costs associated with the Services to be provided herein. Provide an estimate of the Broker's Fees.

TOTAL SCORE 100

The City will select the most advantageous Qualification Statements based on all of the evaluation factors set forth in this RFQ. The City will make the award(s) that is in the best interest of the City.

Each Qualification Statement must satisfy the objectives and requirements detailed in this RFQ except as otherwise stated. Successful Respondents shall be determined by an evaluation of the total content of the Qualification Statement submitted. The City reserves the right to not select any of the Qualification Statements;

The City shall not be obligated to explain the results of the evaluation process to any Respondent.

SECTION 6

GENERAL TERMS AND CONDITIONS

1. The City reserves the right to reject any or all Qualification Statements, if necessary, or to waive any informalities in the Qualification Statements, and, unless otherwise specified by the Respondent, to accept any item, items or services in the Qualification statement should it be deemed in the best interest of the City to do so.
2. Each Qualification Statement must be signed by the person authorized to do so.
3. Qualification Statements may be hand delivered or mailed consistent with the provisions of the legal notice to Respondents. In the case of mailed Qualification Statements, the City assumes no responsibility for Qualification Statements received after the designated

date and time and will return late Qualification Statements unopened. Qualification Statements will not be accepted by facsimile or e-mail.

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

The contractor or subcontractor, as 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, or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, or sex. Such action 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 non-discrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisement 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, or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act 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 the 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 employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable county employment goals determined by the Division, pursuant to 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, labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, 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 applicable 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, 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

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance & EEO as may be requested by the Division 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 Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (N.J.A.C. 17:27).

5. No Respondent shall influence, or attempt to influence, or cause to be influenced, any City officer or employee to use his/her official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.
6. No Respondent shall cause or influence, or attempt to cause or influence, any City officer or employee to use his/her official capacity to secure unwarranted privileges or advantages for the proposer or any other person.
7. Should any difference arise between the contracting parties as to the meaning or intent of these instructions or specifications, the City's Corporation Counsel's decision shall be final and conclusive.
8. The City shall not be responsible for any expenditure of monies or other expenses incurred by the Respondent in making its proposal.

END OF GENERAL INSTRUCTIONS

LETTER OF INTENT

(Note: To be typed on Respondent’s Letterhead. No Modifications may be made to this letter).

[insert date]

Nathaniel Adams,
Purchasing Agent,
Office of Procurement,
City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019

**RE: Request for Qualifications
Professional Broker Services for Medical Insurance**

Dear Mr. Adams:

The undersigned as Respondent, has (have) submitted the attached Qualification Statement in response to a Request for Qualifications (RFQ), issued by the City of East Orange (hereafter “City”), dated March 8, 2010, in connection with the City’s need for [insert services].

Name of Respondent HEREBY STATES:

1. The Qualification Statement contains accurate, factual and complete information.
2. **(Name of Respondent)** agrees (agree) to participate in good faith in the procurement process as described in the RFQ and to adhere to the City’s procurement schedule.
3. **(Name of Respondent)** acknowledges (acknowledge) that all costs incurred by it (them) in connection with the preparation and submission of the Qualification Statement and any proposal prepared and submitted in response to the RFQ, or any negotiation which results therefrom shall be borne exclusively by the Respondent.
4. **(Name of Respondent)** hereby declares (declare) that the only persons participating in this Qualification Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto. Additional persons may subsequently be included as participating Principals, but only if acceptable to the City.
5. **(Name of Respondent)** declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.
6. **(Name of Respondent)** acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the City

shall not have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFQ.

7. **(Name of Respondent)** acknowledges that any letter of engagement executed with respect to the provision of [insert services] must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take actions as are required in order to comply with such applicable laws.

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer)

(Typed Name and Title)

(Typed Name of Firm*)

Dated: _____

* If joint venture, partnership or other formal organization is submitting a qualification statement, each participant shall execute this Letter of Intent.

LETTER OF QUALIFICATION

(Note: To be typed on Respondent’s Letterhead. No Modifications may be made to this letter).

[insert date]

Nathaniel Adams,
Purchasing Agent,
Office of Procurement,
City of East Orange
44 City Hall Plaza
East Orange, New Jersey 07019

**RE: Request for Qualifications
Professional Broker Services for Medical Insurance**

Dear Mr. Adams:

The undersigned have reviewed the Qualification Statement submitted in response to the Request for Qualifications (RFQ) issued by the City of East Orange, dated March 8, 2010, in connection with the City’s need for **[insert services]**.

We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of **(Name of Respondent)**.

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief
Executive Officer)

(Signature of Chief
Financial Officer)

(Typed Name and Title)

(Typed Name and Title)

(Typed Name of Firm*)

(Typed Name of Firm*)

Dated: _____

Dated: _____

* If joint venture, partnership or other formal organization is submitting a qualification statement, each participant shall execute this Letter of Qualification.