

APPENDIX B – RESPONSE FORM
ITN 99066 – FSA/HSA/HRA MANAGEMENT SERVICES

RESPONDENT INFORMATION:

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

FAX: _____

WEBSITE: _____

NAME & EMAIL OF CONTACT: _____

QUOTATION OF RATES

Maximum score for criterion is: 36 Points

Respondent shall provide fixed fees or charges for all services described in this ITN by completing the Response Form. The fees provided shall include **all** benefit services, implementation costs, reporting, bank fees, NDT testing, electronic data transfers, taxes, necessary travel, printing, employee meeting representation and any overhead items.

Transfer totals from FSA Administration Services Fee Exhibit.

FSA	Total Estimated First Year Annual Cost
	\$
	Total Estimated Second Year Annual Cost
	\$

Transfer totals from HSA Administration Services Fee Exhibit.

HSA	Total Estimated First Year Annual Cost
	\$
	Total Estimated Second Year Annual Cost
	\$

Transfer totals from HRA Administration Services Fee Exhibit.

HRA	Total Estimated First Year Annual Cost
	\$
	Total Estimated Second Year Annual Cost
	\$

Transfer totals from Fee Exhibit for all services for the Two Year term.

FSA/HSA/HRA – Two Year Term Total	Total Estimated Two Year Cost
	\$

PAST PERFORMANCE/COMPANY EXPERIENCE

Maximum score for this criterion: 9 Points

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The three (3) account references provided in the Minimum Qualifications section of this ITN will be scored for points in this section.

At Minimum include the following information on the Appendix B – Minimum Qualification Form:

- o Reference Company Name
- o Reference Business Sector, e.g. public, private, transportation, utility, financial services, etc.
- o Reference Contact Person Name. Phone, Email and Address
- o Annual value of the Contract
- o Number of participants included in the contract
- o Respondent's Lead Consultant
- o Brief description of the scope and services included in the contract (not to exceed ten (10) lines)
- o Describe how the project/contract is similar to JEA's Technical Specifications

TECHNICAL CAPABILITIES

Maximum score for this criterion: 29 Points

Respondent must provide their complete understanding of the requirements of this solicitation, and its ability, approach and/or plan to satisfy the same in complete compliance with all applicable federal, state and local laws, statutes, ordinances, rules and regulations. Respondent must outline any deviations or restrictions in services outlined in the Scope of Work and Appendix A – Technical Specifications. If specific deviations are not identified in the ITN, it is assumed that all services will mirror the existing benefits and services. In addition the ITN Interrogatories/ Questionnaire will be used to score this section.

ABILITY TO DESIGN AN APPROACH AND WORK PLAN TO MEET THE PROJECT REQUIREMENTS

Maximum score for this criterion: 26 Points

Respondent must describe in their own format their approach to provide the services described in the Scope of Work and Appendix A – Technical Specifications. Describe how your company will manage the various benefits being administered, provide adequate staffing, provide dedicated client management, customer service call center staffing and all benefit resolutions to include unfavorable benefit determinations for JEA employees.

Provide the following additional information:

Methodology

1. Describe the Proposer's understanding of the requirements of this solicitation, and its ability, approach and/or plan to satisfy the same in complete compliance with all applicable federal, state and local laws, statutes, ordinances, rules and regulations. Note: JEA is a non-ERISA company.
2. Describe Proposer's approach for on-site training of JEA Human Resources staff. Include training curriculum and anticipated training hours.
3. Describe how your system meets the following: 24/7/365 access, on-line capabilities and ability to see real time information.
4. Provide your implementation timeline for this project.

Customer Service

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1. Describe how the Proposer will provide customer service for the JEA account and meet the requirement of having a designated account manager. The proposer shall provide an organizational chart with team member roles.
2. Describe the parameters the Proposer has in place to assess customer service satisfaction. Describe your customer service approach and include response times to customer inquiries and the escalation process.

Compliance

1. Proposer shall provide sample compliance letters (to include authorization, disclosure and adverse action letters).

Data Security

1. Describe the measures you take to secure sensitive consumer information including the secure data that is transmitted to and from JEA and describe the confidentiality provisions that govern employees' Protected Health Information.
2. All shortlisted companies will be required to complete the JEA Cloud Outsourced or Managed Services Solution Questionnaire (Appendix B) which has two (2) critical minimum requirements. Can your Company meet the requirements listed below?
 - a. Can you provide a SOC 2 Type 2 Report?
 - b. Will all of the JEA data be stored in the United States?

The response for this section is limited to a maximum of six (6) pages.

☐ **I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public "as-is".**

Respondent's Certification

By submitting this Response, the Respondent certifies (1) that it has read and reviewed all of the documents pertaining to this ITN and agrees to abide by the terms and conditions set forth therein, (2) that the person signing below is an authorized representative of the Respondent, and (3) that the Respondent is legally authorized to do business and maintains an active status in the State of Florida. The Respondent certifies that its recent, current, and projected workload will not interfere with the Respondent's ability to work in a professional, diligent and timely manner.

The Respondent certifies, under penalty of perjury, that it holds all licenses, permits, certifications, insurances, bonds, and other credentials required by law, contract or practice to perform the Work. The Respondent also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Respondent shall immediately notify JEA of status change.

We have received addenda _____ through _____

Signature of Authorized Officer of Respondent or Agent

Date

Printed Name & Title

Phone Number