

**CITY OF NORTH MIAMI
AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS
REQUEST FOR PROPOSAL No. 71-18-19
Thursday, August 22, 2019
3:30 PM**



**CITY OF NORTH MIAMI
OFFICE OF THE CITY CLERK
CITY HALL, FIRST FLOOR
776 NE 125TH STREET
NORTH MIAMI, FL 33161**


ORIGINAL

E. Mike Gelin, CEBS
Gelin Benefits Group, LLC
1801 NE 123rd Street Suite 314,
North Miami, FL 33181
www.gelinbenefitsgroup.com



A. Cover Page (Included in Appendix “B” of this RFP)

Include this sheet as the very first sheet of your Proposal. Please complete the form in its entirety. The contact person indicated should be someone the City may contact for any questions or provide any correspondence related to this RFP.



COVER PAGE & CONTACT INFORMATION

RFP No. 71-18-19
AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS

This form should be included as the very first page of your Proposal. Please complete the form in its entirety and have it signed by an authorized officer and/or principal of the Respondent. The “Contact Person” listed below should be an authorized designee of the Respondent whom the City may contact for any questions and/or to forward any correspondence related to this Solicitation.

Legal Name of Proposer(s): Gelin Benefits Group, LLC

Federal Employee Identification (FEIN) Number: 47-2805753

Mailing Address: 6750 N. Andrews Avenue, Suite 200

City, State, Zip Code: Fort Lauderdale, FL 33309

Contact Person: Elberg Mike Gelin

Title: President

Email Address: mike@gelinbenefitsgroup.com

Telephone Number: (954) 260-0181

Fax Number: (if any) (888) 960-6146

RFP No. 71-18-19
AGENT OF RECORD FOR EMPLOYEE BENEFIT PROGRAMS Page 14 of 40

B. Table of Contents

| | |
|--|-----|
| C. Letter of Introduction | 3 |
| D. Business Structure & Licenses | 4 |
| E. General Company Information | 6 |
| F. Benefits Brokerage and Consulting Services | 24 |
| G. Benefit Communication & Enrollment Services | 60 |
| H. Benefit Administrative Services..... | 64 |
| I. Cost Savings Initiatives | 69 |
| J. Compensation..... | 72 |
| K. References | 74 |
| L. Local Business Preference | 76 |
| M. Additional Information | 81 |
| N. Litigation..... | 82 |
| O. Insurance Requirements | 83 |
| P. RFP Forms | 86 |
| Form A-1 Public Entity Crimes Affidavit..... | 87 |
| Form A-2 Non-Collusive Proposal Certificate | 90 |
| Form A-3 Local Preference Affidavit (<i>if applicable</i>) | 93 |
| Form A-3(a) Statement of Intent (<i>if applicable</i>) | 96 |
| Form A-5 Acknowledgement of Addenda (<i>if applicable</i>)..... | 104 |
| Form A-6 Disclosure of Subcontractors & Suppliers (if applicable) | 105 |
| Form A-7 Insurance Requirements (Provide copies of the required Insurance or letter of intent to provide required insurance) | 106 |

C. Letter of Introduction

Provide a brief introduction letter highlighting the overall experience and qualifications of the Respondent with respect to the services requested under this Solicitation.

Alberto Destrade
Purchasing Director
City of North Miami
776 NE 125th Street
North Miami, Florida 33161

Dear Mr. Destrade and Selection Committee Members,

The Gelin Benefits Group is pleased to submit this proposal for RFP No. 71-18-19 Agent of Record for Employee Benefits Programs to the City of North Miami. We affirm that we can provide the scope of services outlined in the RFP and have the resources, skills, experience, and capacity to successfully meet the needs of the City of North Miami.

The Gelin Benefits Group is an insurance advisory, brokerage and benefits consulting firm with over 50 years of combined industry experience. The team is led by Mike Gelin, a Certified Employee Benefits Specialist, who spent 15 years advising large, complex clients at some of the largest and most respected global insurance brokerage firms including Marsh & McLennan and Aon Consulting. The Gelin Benefits Group takes a systematic and detailed approach to managing projects and tasks. We fully understand the scope of services outlined in the RFP and commit to providing those services based on the highest level of expectations.

The City of North Miami offers a comprehensive employee benefits package, wellness program, and online enrollment system to a diverse, multigenerational, and multi-ethnic group of employees and dependents. The Gelin Benefits Group staff has the insurance, brokerage, advisory, and cultural understanding necessary to communicate the strengths of the benefits program to the City's valued employees and dependents. We will assist in identifying gaps in coverage and making recommendations to cover those gaps while educating employees on how to best maximize the benefits and wellness program services offered. We will also help the City to strategize to maximize its benefit plans while saving money.

The Gelin Benefits Group is uniquely qualified and positioned to provide all the services outlined in this Request for Proposal. We look forward to working with you in helping the City attain its budgetary and human capital objectives. We will provide unparalleled service, legal advice, actuarial expertise if necessary, and technology solutions to the City of North Miami's valued employees and their dependents.

Sincerely,



E. Mike Gelin, CEBS

D. Business Structure & Licenses

Corporations, Joint Ventures, or Partnerships - Submit copy of State of Florida Department of State records indicating when corporation organized, corporation number, and date and status of most recent annual report. Provide copies of current City / County / State Occupational License(s) where applicable Respondents submitting applications as joint ventures shall submit a copy of their joint venture agreement. Any firm(s) involved in a joint venture in its proposal will be evaluated individually, as each firm of the joint venture would have to stand on its own merits. Give the location of the office, which will handle the City's account and the number of professional staff personnel at the office.

The Gelin Benefits Group was incorporated as a Limited Liability Corporation on January 15, 2015. Our corporate number/document number with the State of Florida is L15000009436. We last filed our Annual Report on April 28, 2019 and we have an "active" status and can conduct business in the state. We have included is a copy of Articles of Incorporation and our most recent annual report for the Gelin Benefits Group.

Our staff will work from the office in North Miami which is located just minutes from City Hall. We have a dedicated and experienced team ready to serve the City of North Miami.

Gelin Benefits Group, LLC
1801 NE 123rd Street
Suite 314,
North Miami, FL 33181

State of Florida Department of State

I certify from the records of this office that GELIN BENEFITS GROUP, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 15, 2015, effective January 15, 2015.

The document number of this limited liability company is L15000009436.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 28, 2019, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-eighth day of April,
2019*



Laundrea
Secretary of State

Tracking Number: 1082964742CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

E. General Company Information

- 1. Please provide a brief overview of your organization, including history, year established, entry into the benefits brokerage field, ownership, and your operational structure.**

The Gelin Benefits Group is an insurance advisory, brokerage, and employee benefits consulting firm. Mike Gelin, a Certified Employee Benefit Specialist, has over 15 years of experience at some of the world's largest and most respected global firms including Marsh & McLennan, Aon Consulting, and Lockton Companies. Mike last served as Vice President in the Boca Raton office of CBIZ Benefits & Insurance Services, a top 15 ranked firm nationally.

The organization is recognized as an S corporation and is owned 100% by Mike Gelin. Mike entered the benefits brokerage field in 2003 and has been involved in the industry since then. He has been a licensed agent for 15 years. Within 6 months of starting Gelin Benefits Group, Gelin started a benefits consulting contract with the City of Miramar. Since then, Gelin Benefits Group has provided benefits brokerage services to the Broward Sheriff's Office, Broward County Government and the City of Lauderdale Lakes.

The Gelin Benefits Group is certified as a minority business with the State of Florida Office of Supplier Diversity, Hillsborough County Government, and the School Board of Broward County. We are also certified as a small business enterprise (SBE) with Broward County Government, Broward College, Broward Health, South Florida Water Management District, and the City of Tampa. We go through a rigorous and thorough vetting process to secure and maintain public agency certifications for minority and small business status.

Our firm continues to grow due to our high level of service excellence, creative solutions, and best in class technology partners.

- 2. Describe any mergers or acquisitions in the last five years.**

There have been no mergers or acquisitions in the last five years.

- 3. Describe your firm's commitment to remain in the benefits administration, brokerage, and consulting business.**

The Gelin Benefits Group is firmly committed to remaining in the employee benefits consulting and brokerage industry. Our sole focus is employee benefits consulting and brokerage services. Unlike many of our competitors, we are not engaged in property and casualty insurance services or other lines of insurance. Since inception, we have been members of the International Society of Certified Employee Benefit Specialists, International Foundation of Employee Benefit Plans, State and Local Government Benefits Association and many other organizations dedicated to the best practices of employee benefits. Mike has demonstrated his commitment to the employee benefits field by earning the Certified Employee Benefits Specialist Designation, which is the highest and most respected industry designation.

- 4. What, if any, financial interest does your firm have in any of the companies providing services that your firm might include in this RFP or recommend for inclusion in this RFP?**

The Gelin Benefits Group does not have any financial interest in any other company.

- 5. Describe the key characteristics of your firm that distinguishes you in the marketplace (unique capabilities, products or services).**



Gelin Benefits Group may be a small business, but we provide impeccable service, resources, and product delivery because we are agile as a company and able to pivot to meet our client demands. We are a strong provider of employee benefits brokerage, consulting and administrative services with a solid growth record and we are well positioned to develop and administer programs that support a marketplace advantage for your organization.

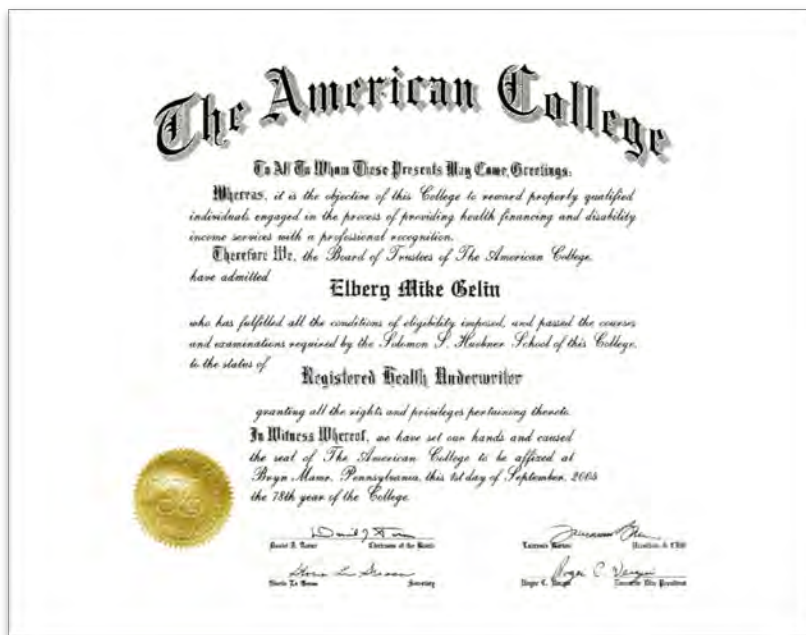
In today's complex marketplace, the City will have a trusted partner who is committed to making a genuine difference in the health and welfare of both your valued employees and your bottom line. We have a number of government clients and we have access to industry benchmarks and analytics.

Since our founder, Mike Gelin, has worked at some of the largest and most successful global insurance brokerage firms, he intimately understands the strengths and weaknesses of those firms. He built his company specifically to distinguish the Gelin Benefits Group from that of others in the marketplace. For example, many of the larger firms and some local firms invest and/or own their own benefits administration technology and/or online enrollment solution. However, technology changes rapidly. So, we do not commit to one partner and leave our clients out of the technology vendor selection process. We include clients in the process so, they can have input on the platform that the client will ultimately work with going forward.

Our focus is on delivering the best in class service, resources, tools, technology, and talent to our clients. The key characteristics that distinguish our firm include **demonstrated expertise, independent advice, diversity, and best in class resource partners.**

Demonstrated Expertise: Founder and President, Mike Gelin, has earned the industry's most recognized and respected designation as a Certified Employee Benefit Specialist. The CEBS program is a joint program of the Wharton School of the University of Pennsylvania and the International Foundation of Employee Benefit Programs. Graduates must go through eight rigorous courses to attain the designation. Mike also earned additional professional designations including the Group Benefits Associate and Registered Health Underwriter designation. Finally, Mike is also considering the State & Local Government Benefits Association Certification to demonstrate his expertise and commitment to public sector benefits. All employees are encouraged and supported in their quest for continuing education.





Our Vice President of Compliance and Benefits Consultant, Shaheewa Jarrett is a licensed agent and experienced attorney. Shaheewa Jarrett has demonstrated her expertise in benefits by earning a certificate from the Hartford School of Insurance Group Benefits School. She is intricately involved in all of the company's clients work, contract negotiations, and more. The leading agents of our firm demonstrate their expertise through knowledge, practice, and experience.





The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850-561-5600
www.FLORIDABAR.org

State of Florida)

County of Leon)

In Re: 0618071
Shaheewa T. Jarrett
Shaheewa Jarrett Esq.
6750 North Andrews Ave. Suite 200
Ft. Lauderdale, FL 33309

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **December 13, 2002**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 30th day of **July**, 2019.

Cynthia B. Jackson, CFO
Administration Division
The Florida Bar

PG-R10
CTM-51407



Independent Advice: As an independent agency, we provide the best advice to our clients that serves in the client's best interest, rather than our own interest. Other agencies that tout their gold, platinum or preferred status with various insurance carriers are incentivized to shift business to specific carriers and are rewarded for doing so. This may cloud their judgement. As an independent agency, we do not face those challenges and can offer truly independent advice and counsel. We pride ourselves in focusing solely on the best interest of our clients and we do not have any "preferred status" with the insurance carriers, specifically because it is in our firm's core values to have professional and cordial relationships with all of the insurance carriers but to work only for the best results for our clients. Gelin Benefits Group enjoys a solid reputation as a highly ethical company and our commitment to transparency has also contributed to our growth by earning the trust of our clients.

Diversity: There are very few African-American, Haitian-American or minority businesses providing benefit consulting services. Our firm is proud to have employees from a diverse background representing Haiti, Jamaica, the United States and other countries. The cultural background, in addition to our demonstrated expertise and knowledge, allows us to communicate with employees from a variety of backgrounds and relate to their life experiences. Healthcare is very personal, and we have found that because we can relate culturally to a variety of individuals, we are able to earn their trust in very sensitive and personal healthcare issues. This is critical in health care especially since certain racial groups, based on empirical evidence, do not get the same level of health care services, even when controlled for income. For instance, it has been well documented by numerous studies that the health concerns of black women are often disregarded, undiagnosed or underdiagnosed, and they experience a higher mortality rate for fairly routine medical procedures. However, we are keenly aware of this data and we actively advocate for our clients and their employees to get the care that they need and deserve.

Best in Class Resource Partners: Our goal is to provide our clients with the best resources, tools, and technology. While Mike worked with other larger firms, this was not possible. Larger firms develop or purchase solutions and attempt to profit from those investments. However, sometimes those resources do not match client needs and are not the best product on the market. We developed a truly independent model where we are not contracted or married to other vendors, such as benefit administration companies, wellness platforms, or other third party administrative companies. Our focus is to provide the best solution for our client. We believe in being as flexible and adaptable as possible. Therefore, after we consult with our clients to understand their needs and goals, we then offer solutions and products.

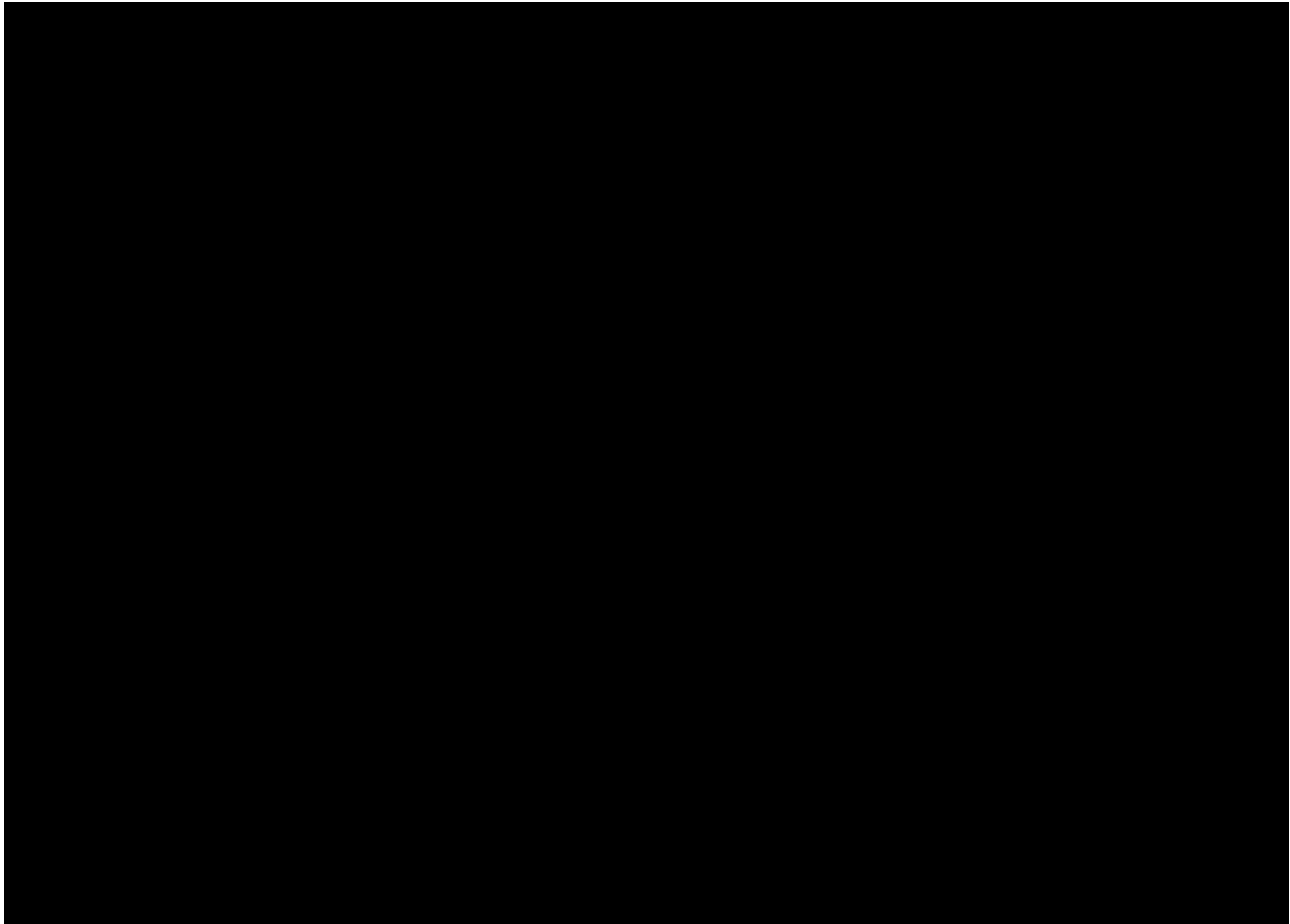
6. Describe your approach to carrier and product selection.

Our approach to carrier and product selection is based on the following client factors:

- City Budget – Current and future budget for healthcare costs.
- Carrier Credit Rating – Issuing RFP's only to creditworthy carriers
- Client Needs and Goals – Conduct surveys and discussions to determine goals and needs
- Demographics – Age and gender demographics of the group can significantly impact the cost of insurance
- Carrier Network – Determine which carrier has the broadest network to meet the needs of the City's staff

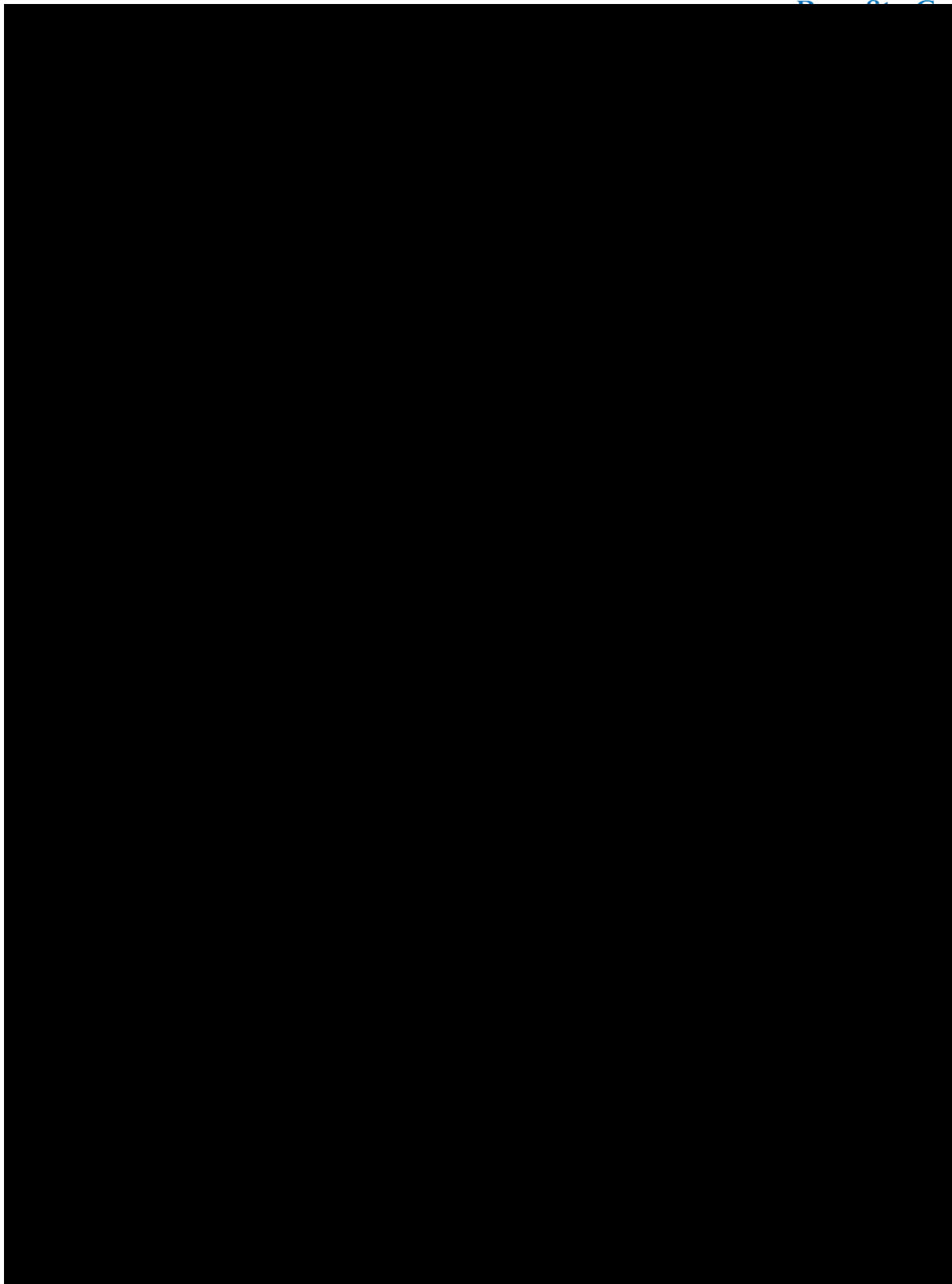
- Municipal Benchmarking – Through analysis, we will compare North Miami’s benefits, contributions, and plans compare to other like size agencies.
- Carrier Pricing – Carrier pricing will be based on premium costs and network discounts
- Carrier Customer Service Levels – The carrier must meet the service demands of the City.
- Carrier Wellness & Other Resources – Research additional benefits offered by the carrier.
- Employee surveys – Feedback from employees, their dependents as well as leadership play a factor in how we approach carrier and product selection. Our recommendations are based on your needs and wants balanced with the City’s budget.

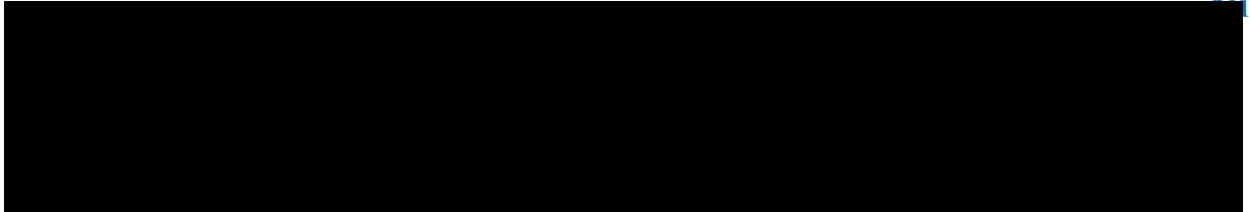
In summary, we approach the selection of a carrier and the various products they offer based on the needs, wants, desires, goals, and budget of our clients. Once we have a full understanding of our client and their goals, we can determine the best fit. The major carriers all have similar products, tools, resources, and plan designs. Some, such as United Healthcare, have stronger financial reporting and wellness capabilities, others, such as Florida Blue, have a broader and more expansive network throughout Florida. We can advise the City of North Miami as to the best carrier and product selection once we have a firm understanding of the City’s goals and employee demographics.





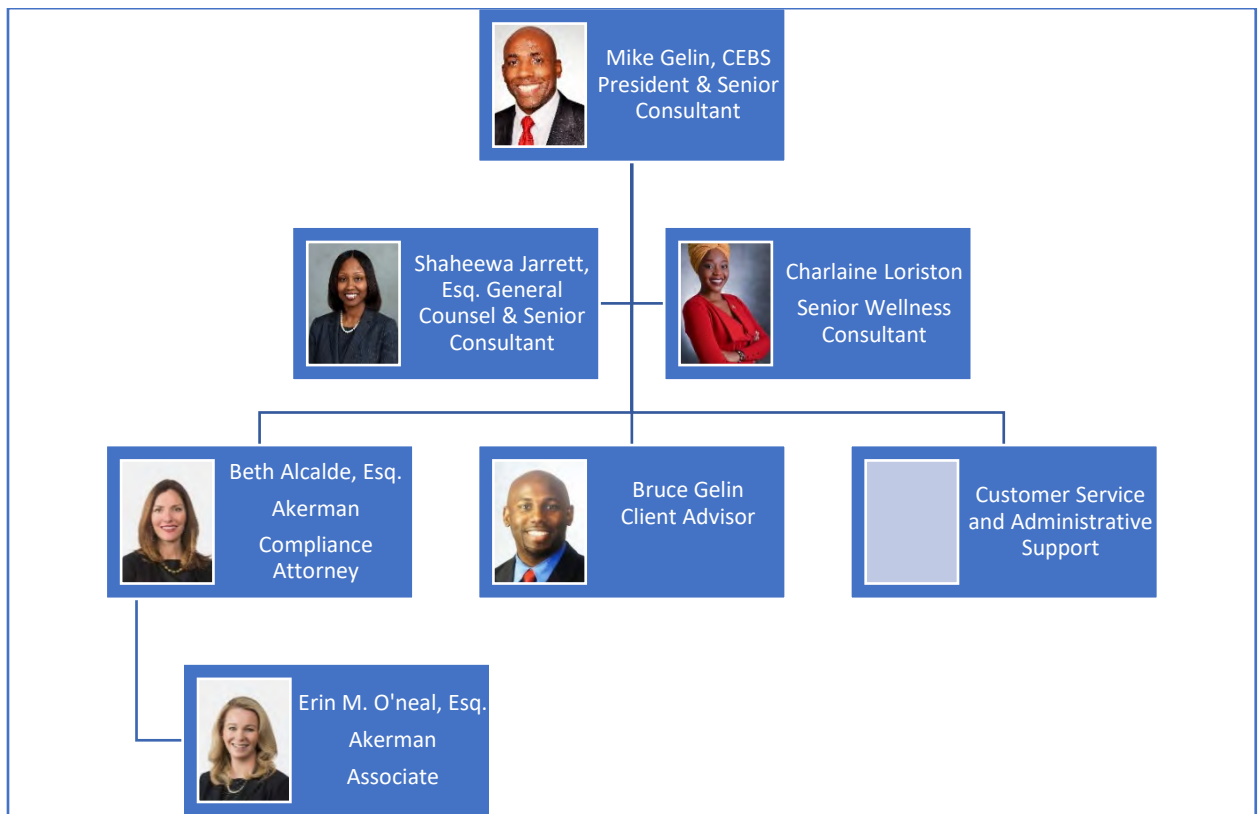
Gelin
Benefits Group





8. Provide an organizational chart that includes the key contact(s), and the employees assigned to service City's benefit plan. Include resumes and descriptions of each employee's expected role in the servicing of City's benefit plan. Identify any of these employees who are professionally licensed agents.

Mike Gelin will serve as the Senior Benefits Consultant and lead the team of insurance professionals. Shaheewa Jarrett will serve as the Senior Benefits Consultant and Compliance Attorney to ensure the City follows respective health laws. Charlaine Loriston will serve as the primary Wellness Consultant and Benefits Advisor. Bruce Gelin will serve as a Client Advisor and manage day to day services. We currently service other large clients and look forward to the opportunity to work with the City of North Miami.





E. Mike Gelin, CEBS
President
Senior Benefits Consultant



Mike Gelin is President and CEO of the Gelin Benefits Group, an insurance advisory, brokerage and consulting firm. Mike launched the firm in January of 2015 after spending over fifteen years working at some of the world's largest global consulting firms including Marsh & McLennan, Aon Consulting & Lockton Benefits. Prior to starting Gelin Benefits Group, Mike served as Vice President for CBIZ Benefits & Insurance Services. Mike also worked as an Underwriter at CIGNA early in his career. He advises medium and large size public and private entities in developing health care, wellness and funding strategies to manage healthcare costs and improve employee health behaviors.

Mike will serve as the lead Consultant and develop the multiyear benefits and strategic plan, lead negotiations with clients and spearhead the annual marketing efforts. He will also lead in providing clients and their employees with the highest level of customer service.

Notable Client Experience

- City of Miramar
- City of Coconut Creek
- Broward Clerk of Courts
- Sun Capital Partners
- Holy Cross Hospital

Professional Designations

- Certified Employee Benefit Specialist (CEBS)
- Group Benefits Associate (GBA)
- Registered Health Underwriter (RHU)

Education

- BA, Business Administration, Morris Brown College, Atlanta, Georgia
- Study Abroad Program, University of Ghana, Accra, Ghana, West Africa
- Study Abroad Program, American InterContinental University, London, England

Presentations

- Florida Public Human Resources Association Conference, FSA's HRA's & H S A's, Orlando July 2016
- Benefit Focus One Place Conference One Place Broker Panel Update Orlando, March 2016
- Human Resource Association of Broward County, Impact of Healthcare Reform, Boca Raton 2014

Professional Affiliations

- International Public Management Association for Human Resources
- Florida Public Human Resource Association
- Broward League of Cities
- Miramar Pembroke Pines Chamber of Commerce
- National Forum of Black Public Administrators, South Florida Chapter
- City of Tamarac, Insurance Advisory Board

Licenses

- Life, Health & Variable Annuities 215, Florida, Georgia, New York, New Jersey, Pennsylvania



Shaheewa T. Jarrett, Esq.
General Counsel
Vice President of Compliance
sjarrett@gelinbenefitsgroup.com



Shaheewa Jarrett, Esq. serves as the General Counsel and Vice President of Compliance for the Gelin Benefits Group, LLC. She has practiced law for almost 17 years, at the federal level, and is a licensed legal practitioner with the Florida Bar and the D.C. Bar. She is admitted to practice before the U.S. District Court for the Middle District of Florida, the U.S. District Court for the Southern District of Florida, and the Eleventh Circuit Court of Appeals.

Shaheewa is a member of the Health Law Section of the Florida Bar and the American Bar Association and keeps abreast of legal developments associated with health plan benefits. She ensures that clients are in compliance with all laws that regulate group health and welfare plans, including HIPPA, FMLA, ERISA, PPACA, COBRA, and other laws. She also provides general legal advice and guidance to clients.

Education

Bachelor of Science in Political Science, Florida State University, Tallahassee, Florida
Juris Doctorate, University of Miami School of Law, Coral Gables, Florida

Licenses

The Florida Bar
The District of Columbia Bar
Life, Health, & Variable Annuities 215, Florida

Professional Affiliations

International Public Management Association of Human Resources (IPMA-HR), Member
State and Local Government Benefits Association, (SALGBA) Member
The Florida Bar Health Law Section
American Bar Association, Health Law Section
Caribbean bar Association
TJ Reddick Bar Association

Community Service

Human Rights Committee, Broward County Commission (past)
Board of Directors, League of Women Voters of Broward County
Board of Directors, Make-A-Wish Foundation of Southern Florida (past)
Advisory Committee, Miami-Dade College School of Continuing Education & Professional Development (past)



Charlaine V. Loriston Director
Corporate Health Strategy and Promotion



Charlaine V. Loriston, MHE, CHES, serves as Director of Corporate Health Strategy and Promotion for Gelin Benefits, Group, LLC. She has 10 years of public health promotion experience both domestic and abroad. She recently completed her tour with the United States Peace Corps as a Rural Health Extensionist in Guinea, West Africa, where she collaborated with local, government, and non-governmental partners to promote maternal-child health, nutrition, and anti-malaria. Prior to her volunteer experience, Charlaine established successful prevention and wellness programs for corporations, large and small, and of varying industries including local municipalities, nursing facilities, 501c(3), and trucking.

Charlaine will use gender, culture, and corporation-sensitive assessment and project management tools to customize sustainable, results-oriented, and cost-effective workplace wellness programming with an emphasis on increased education, healthy environments, and behavior modification.

Charlaine enjoys learning about other cultures & beliefs, creating healthier recipes for better living, and teaching. Charlaine volunteers her time giving nutrition lectures and presentations for those with HIV/AIDS and Sjogren's Syndrome. Charlaine is also an adjunct professor of health & wellness at Broward College.

Notable Client Experience

- Covenant House FL
- City of Miami Beach
- Henderson Behavioral Health

Education

- Master of Science, Health Education, Kaplan University, Davenport, Iowa
- Bachelor of Science, Exercise Physiology, Florida State University, Tallahassee, Florida
- Certification of Completion, Biomedical Research, Barry University, Miami Shores, Florida

Professional Affiliation & Benevolence

- Consortium for a Healthier Miami-Dade
- Golden Key Honor Society
- American Public Health Association
- Society for Public Health Education
- Delta Sigma Theta Sorority, Inc.
- Wellness Council of America (WELCOA)
- OASIS HIV/AIDS
- Sjogren's Foundation

Licenses & Certifications

- Certified Health Education Specialist (CHES)
- Wellness Council of America (WELCOA) Faculty
- Coaching Healthy Behaviors, Cooper Institute
- Life, Health, and Variable Annuities 215, Florida
- USAID Strengthening Partnerships, Results & Innovations in Nutrition Globally (SPRING)

954-260-0181 | 6750 N. Andrews Avenue, Suite 200 | Fort Lauderdale, Florida 33309 | gelinbenefitsgroup.com

A Better way to Manage Health & Wellness



Bruce Gelin
Director of Client Services



Bruce serves as Vice President and Director of Client Services for the Gelin Benefits Group, LLC. Bruce will support the lead consultants to ensure that all client service needs are met at both the leadership and employee levels. Bruce will work with the lead Consultant to ensure all established client objectives and service needs are met. He will support employees as the day to day contact between an organization's selected vendors and employees to answer questions and resolve claims issues. Bruce will also lead and facilitate new hire employee orientation and open enrollment meetings and be available to meet with employees one on one to resolve more sensitive matters.

Bruce taught Algebra I and Geometry at Blake High School in Tampa for 2 years preparing students for advanced mathematics and college preparatory work. He also led the Algebra I Learning Development Team where he partnered with other educators on developing improved teaching methods, proper assessment creation, and curriculum enhancements. Bruce has assisted clients in developing life insurance and financial planning needs and goals as an Insurance and Investment Advisor for State Farm Insurance and VALIC.

Bruce is graduate of the University of South Florida a Bachelor of Science Degree in Management Information Systems. As a student at USF, Bruce was active in the MIS Society and Student Government Association.

Bruce has been married for 10 years and has two sons, Amari and Donovan.

Notable Client Experience

- City of Miramar
- DataCore Software Corporation
- Immuno Laboratories
- Brindley Pieters & Associates
- Broward County Government

Education

BS in Management Information Systems, University of South Florida, Tampa, Florida

Licenses

Life, Health & Variable Annuities 215, Florida

Professional Affiliations

- State & Local Government Benefits Association (SALGBA)
- International Public Management Association for Human Resources (IPMA-HR)

954-260-0181 | 6750 N. Andrews Avenue, Suite 200 | Fort Lauderdale, Florida 33309 | gelinbenefitsgroup.com

A Better way to Manage Health & Wellness



9. Identify primary contact for Employer including a description of their experience in evaluating and consulting for public entities.

Founder and President, Mike Gelin, a Certified Employee Benefit Specialist, will serve as the primary contact for the City of North Miami. Mike serves as the primary contact for other large public agencies including the City of Miramar and Broward Sheriff’s Office. Mike’s experience and biography are included in the resume above.

10. Describe your code of ethics. How is it enforced?*

As a Certified Employee Benefit Specialist and member of the International Foundation of Employee Benefit Plans, Gelin Benefits Group founder Mike Gelin, must abide by the ISCEBS code of ethics. The Gelin Benefits Group holds all employees to these standards. We have a zero-tolerance policy as it relates to any breaches of fiduciary responsibility. We enforce our code of ethics by monitoring employee behaviors, internet and cell phone activity, and client feedback.

Principle 1: In all professional, business or fiduciary relationships, a member shall act with honor and integrity in dealings with the public, plan participants, employers, clients and other professionals.

Principle 2: A member shall continually strive to maintain and improve the knowledge, skills and competence needed for effective performance in the profession. This not only includes the initial acquisition of professional knowledge and skills but also requires continued learning and development.

Principle 3: When serving an employee benefit plan, whether in a fiduciary capacity or otherwise, a member shall apply care, skill, prudence and diligence in accordance with the "prudent person rule."

Principle 4: A member shall not allow the pursuit of financial gain or other personal benefit to interfere with the best interests of plan participants, beneficiaries, employers and clients.

Principle 5: In business, professional or fiduciary activities, a member shall avoid any activity or conduct which constitutes a dishonest, deceitful, fraudulent or knowingly illegal act.

Principle 6: A member shall maintain knowledge of and comply with the enforcement of laws, regulations and codes that foster the highest level of competence, performance and ethical conduct as it pertains to employee benefit plans.

Principle 7: A member shall respect confidential relationships that may arise in business or professional activities.

Principle 8: A member shall honor the integrity and respect the limitations placed on the use of their designation.

Principle 9: A member shall recommend for membership only those individuals known by the member to engage in practices that conform with the Principles of Conduct.

11. Describe your approach to and compliance with state and federal privacy and security requirements.

Compliance is one of the first areas we will evaluate in our initial review and analysis to ensure the City of North Miami follows all applicable employee benefit laws including HIPAA privacy laws, COBRA, FMLA, and Health Care Reform. We will evaluate all processes, procedures, and practices. If necessary, we will make recommendations for changes. Based on the information provided in the RFP and Scope of Services, it appears that the City of North Miami is managing the distribution of tax forms related to the ACA efficiently. We are very vigilant with our clients because we don't want them to be in violation and possibly subject to fines or other consequences.

Compliance is important to the Gelin Benefits Group and our clients. As such, we employ a full-time attorney in Shaheewa Jarrett, Esq. She has practiced law for almost 17 years, at the federal level, and is a licensed legal practitioner with the Florida Bar and the D.C Bar. She is admitted to practice before the U.S. District Court for the Middle District of Florida, the U.S. District Court for the Southern District of Florida, and the Eleventh Circuit Court of Appeals.

Shaheewa is a member of the Health Law Section of the Florida Bar and the American Bar Association and keeps abreast of legal developments associated with health plan benefits. She ensures that clients follow all laws that regulate group health and welfare plans, including HIPPA, FMLA, ERISA, PPACA, COBRA, and other laws. She will provide the City of North Miami with general legal advice and share her professional opinion with the City Attorney.

The Gelin Benefits Group also partners with the Akerman law firm for additional compliance expertise and resources. We work with Beth Alcalde who serves as managing partner of Akerman's Palm Beach County offices. Beth is a noted employee benefits lawyer, author, and speaker. She represents Fortune 500 companies and other public and private entities, including those in the hospitality and healthcare sectors, throughout the United States.

Beth provides counsel on employer-sponsored benefit plans, from compliance with ERISA, the Affordable Care Act, and other federal regulations, to internal audits and benefits-related implications of corporate transactions. She assists clients in defending and responding to audits conducted by the Internal Revenue Service (IRS), U.S. Department of Labor (DOL), and U.S. Department of Health and Human Services (HHS).

Beth is a contributing author on benefits compliance topics for the Employee Benefits Institute of America and a frequent speaker on employer compliance, privacy, and security issues. She has been recognized as a Power Leader in Law and one of the Top 25 Influential Business Women by South Florida Business Journal.

Beth is a graduate of Harvard Law School and received her undergraduate degree from the University of Florida.

Therefore, we have a team that will regularly ensure that the City is in compliance.

12. Describe your business continuity plan as it relates to the services to be provided under this RFP.

We take all measures to ensure we can respond to client needs in the event of a natural disaster. All files are secured and saved on a secure cloud and an external hard drive. We have access to a personal "MiFi Wi-Fi" in case the internet is out for any period. We also use land lines and take

all measures to ensure availability to our clients in case there is an urgent need for medicine or other critical care needs.

13. Describe your procedures for measuring client satisfaction

Client satisfaction and service is the only way to stay in business when it comes to the insurance brokerage and consulting services industry. We pride ourselves in our ability to retain our clients and gain new ones. We start the process by identifying needs, creating specific goals, and committing to achieving said goals. We measure our progress formally and informally. We have an internal process for measuring quality work product, tracking goals, continuing education, and client satisfaction.

Formally, on an annual basis, we will have a 3rd party issue an online survey or questionnaire asking our clients to rate our services and quality on a scale of 1 to 10 in the following areas.

- Customer Service
- Technology / Enrollment Systems / Ongoing Communications / Newsletters
- Compliance
- Ongoing Communications / Enrollment booklets
- Monthly Claims Reporting
- Timeliness of product delivery / meetings / agenda items etc
- Wellness services
- Employee claim issues
- Open enrollment meetings / presentations
- Renewal analysis and negotiations

Based on the results of the survey, we will have an open discussion, focus on areas of improvement and ask for feedback constantly throughout the year. Historically, we have received marks of 9 or 10 in all categories.

On an informal basis, we will ask our clients how we are doing during our monthly, quarterly or bi-annual meetings. We want to ensure that we are meeting expectations.

Additionally, we want to know how employees feel about the benefits being offered. So, we work with the human resources team and develop survey questions to determine how employees feel about their benefits, their understanding of the benefits package, and the percentage of the insurance being subsidized by the employer. We measure customer satisfaction based on goal attainment, end user experience, and how our clients rate our services.

14. What steps are you taking to be a market leader?

Our focus is on providing the best service, value, advice, tools, resources, talent, and technology to our clients. If we continue to do that successfully, it will result in us becoming a market leader. Because of our strong level of client service and satisfaction we have been able to earn the business of some of the largest public agencies in South Florida, including the fourth largest city in



Broward County, the City of Miramar, Broward County Government, Broward Sheriff's Office, and Broward Health. Combined, these agencies have over 20,000 employees. So, while our competitors may engage organizations to publicly recognize them, we are concerned with the being rewarded with happy clients who continue to be our clients year after year.

F. Benefits Brokerage and Consulting Services

1. List and then describe the full range of Employee Benefits Brokerage and Consulting Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.

We provide the full range for employee benefits consulting services and capabilities anyone would expect from the larger national firms, including financial monitoring, plan management, client management, client services, wellness program management, compliance, and technology. The chart below details the majority of the services we provide under each category.

| Employee Benefits Consulting Services and Capabilities | | | | | |
|--|--|--|--|---|--|
| Financial Monitoring | Plan Management | Client Management | Client Services | Wellness Program | Compliance |
| Monthly, Quarterly, Mid-Year, & Annual Reports | Benefit plan modeling and selection | Employee Communications | Develop open enrollment presentations | Assist in identifying and selecting a wellness vendor | Ensure adherence to all laws related to health and welfare |
| Claims analysis | Vendor selection process | Claims, billing and general support | Create communication brochures and flyers | Create engaging programs to increase participation | Weekly and monthly tracking of proposed and pending laws |
| Budget performance analysis | Develop benefit plan strategy | Open enrollment attendance and communication support | Respond to employee claim issues | Monitor wellness progress reports | Conduct detailed compliance review |
| Inflationary trend information | Evaluate technology and communication platform | Benchmarking and Employee Service | Manage day to day service calls | Promote wellness and disease management programs | Perform HIPAA audit |
| Financial overview & Deficit/surplus analysis | Conduct annual benchmarking study | Insurance Carrier Relations | Communicate with carriers during RFP process | Health fair coordination | ACA, DOL & IRS compliance/tools |
| Claim utilization | Secure employee feedback with employee surveys | | | Assessing wellness program options | Compliance audit |
| Claim trend analysis | Employee educational seminars | | | Evaluating effectiveness workplace wellness programs | Plan documents and SPDs |
| Reserve analysis | Contract review and evaluation | | | Assist in establishing programs to achieve strategic objectives | ACA reporting tools |
| Stop-loss deductible and attachment point tracking | Strategic planning and forecasting | | | | Human Resource Portal |
| Budget projections | Client advocacy | | | | Legislative changes notification |
| Reserve calculation with actuarial opinion provided | Alternative funding arrangements | | | | Newsletters/seminars |
| Reserve adjustment analysis | Budget and rate update and review | | | | |
| Actuarial opinions | | | | | |
| Full financial overview | | | | | |
| Cost comparisons (historical and industry) | | | | | |

2. In which professional benefits associations does your firm participate?

The Gelin Benefits Group has active memberships in multiple organizations to participate in continuing education opportunities, network, learn best practices, and remain current in compliance and other issues. Included below is a summary of the benefit and government associations where we have current memberships.

Individual and Corporate Memberships

- International Society of Certified Employee Benefit Specialists
- International Foundation of Employee Benefit Plans
- State and Local Government Benefits Association
- Florida Public Human Resource Association
- Florida Public Employer Labor Relations Association
- Florida Government Finance Officers Association
- Florida League of Cities
- Broward League of Cities
- National Association of Health Underwriters
- National Wellness Institute
- Wellness Council of America














3. If you are the Successful Proposer, what will be your first objective?

Our first objective is to gain an understanding of the current program goals, structure, wellness strategy and platform, benefit plan design, and review the documented goals and strategies established by the City of North Miami and the current insurance agent. We will review the established metrics for success and create an appropriate strategic plan for the future.

As part of our strategic review, we will analyze multiple areas regarding the benefits program. The diagram below displays what we believe are the major elements of a successful health and welfare program. Each component is described in detail.



Benchmarking – We begin by comparing the number of plans, type of funding arrangements, rates and contribution levels, and detailed plan designs to see how the City of North Miami compares to other cities in South Florida.

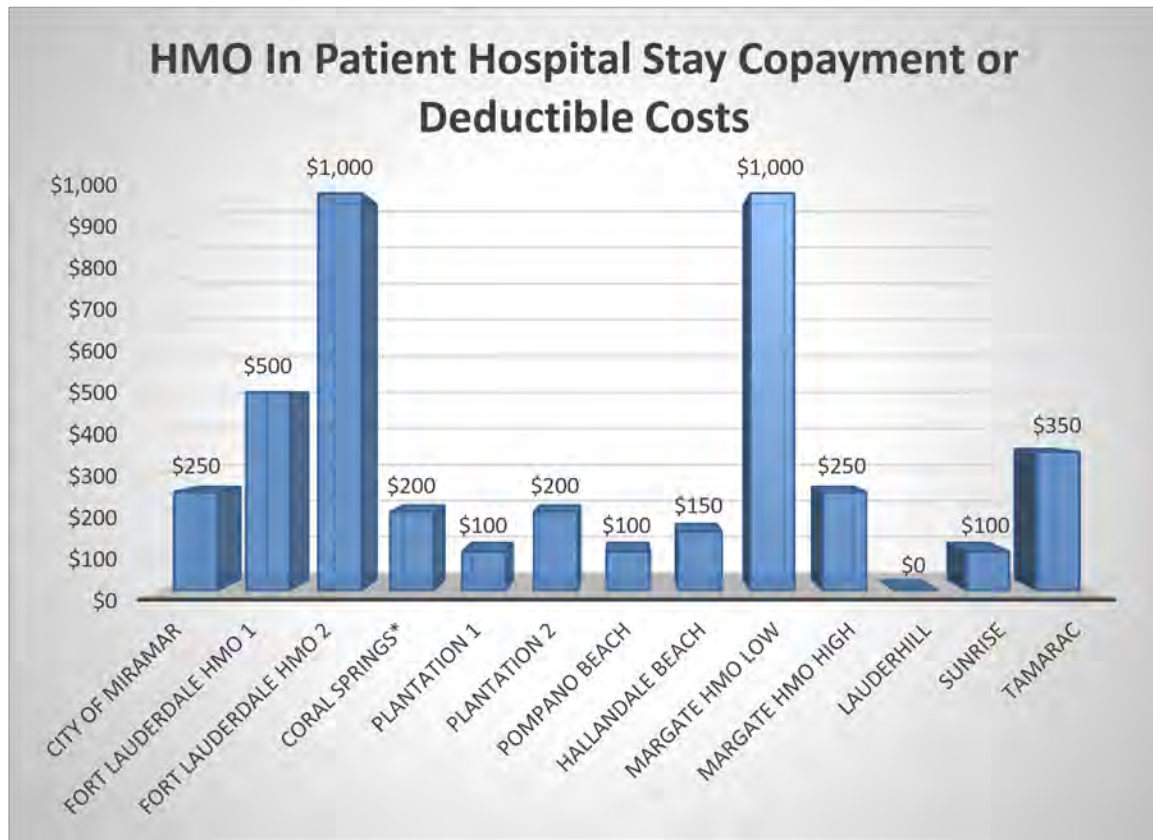
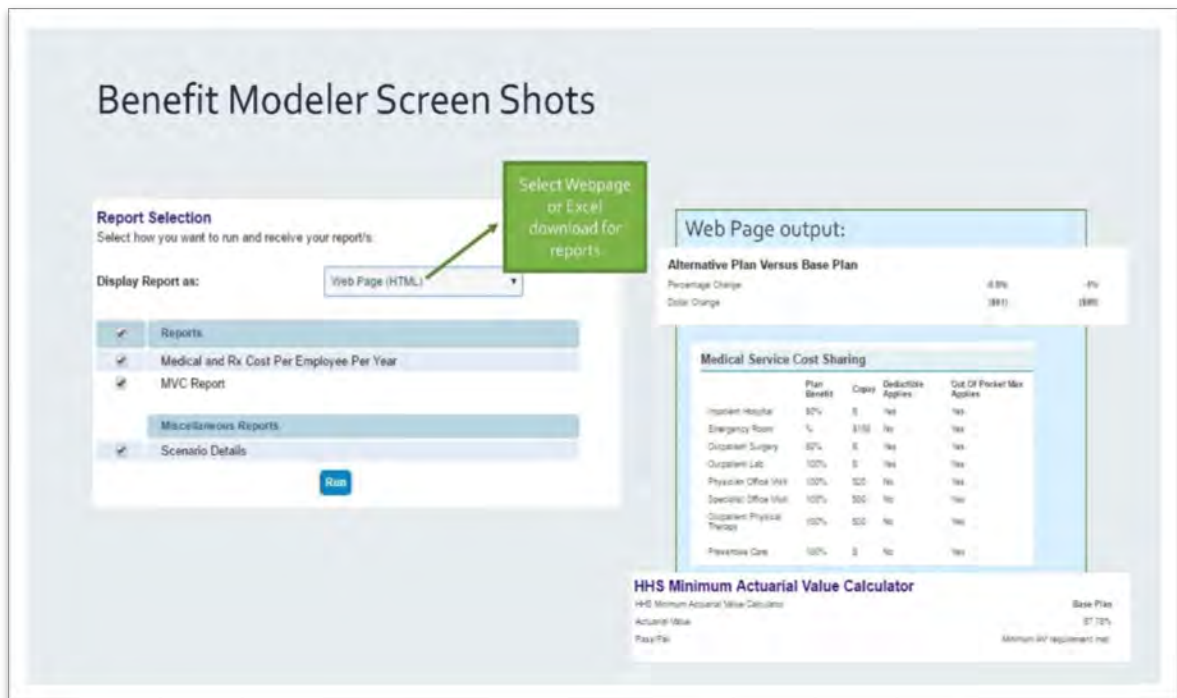


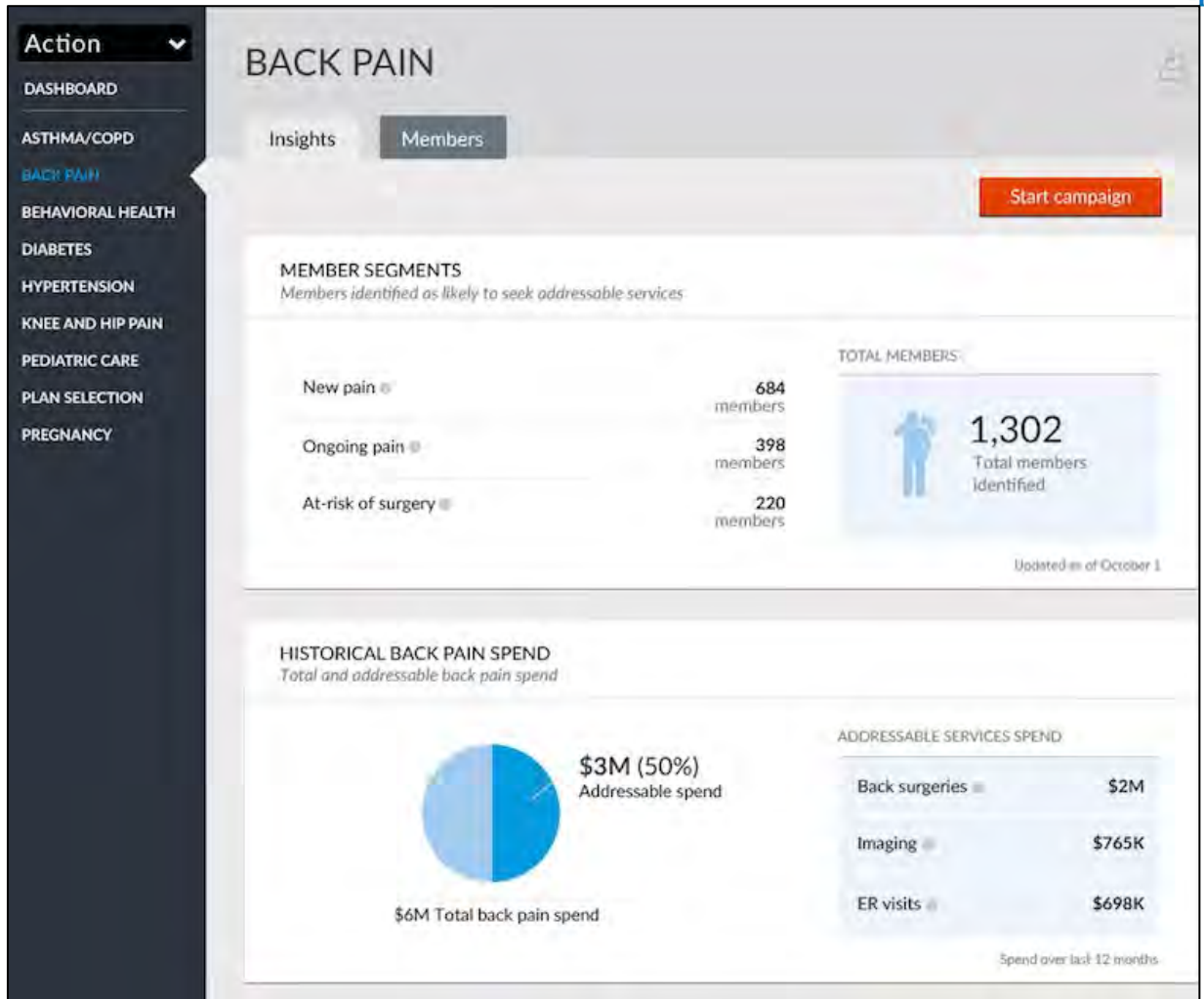
Figure 1 Screenshot from Benchmarking Survey

We then determine, with budgetary constraints in mind, the goals of the City of North Miami. The City has to determine the type of benefit package (the best benefits package in the market, top 20%, middle of the road, etc.). We then use our benefit modeling tools to estimate the cost to increase or decrease copayments and deductibles.



Employee Feedback – Before making any decisions or going to the market with the plan designs that we have in mind, we would survey North Miami’s valued employees via online surveys and small group meetings. We want to get answers to certain questions, such as the following: Do employees understand their benefits? Do they want richer benefits? Are they willing to pay more for richer benefits? We need to better understand what the end user wants and implement a plan that employees and their dependents will be happy with given budgetary constraints.

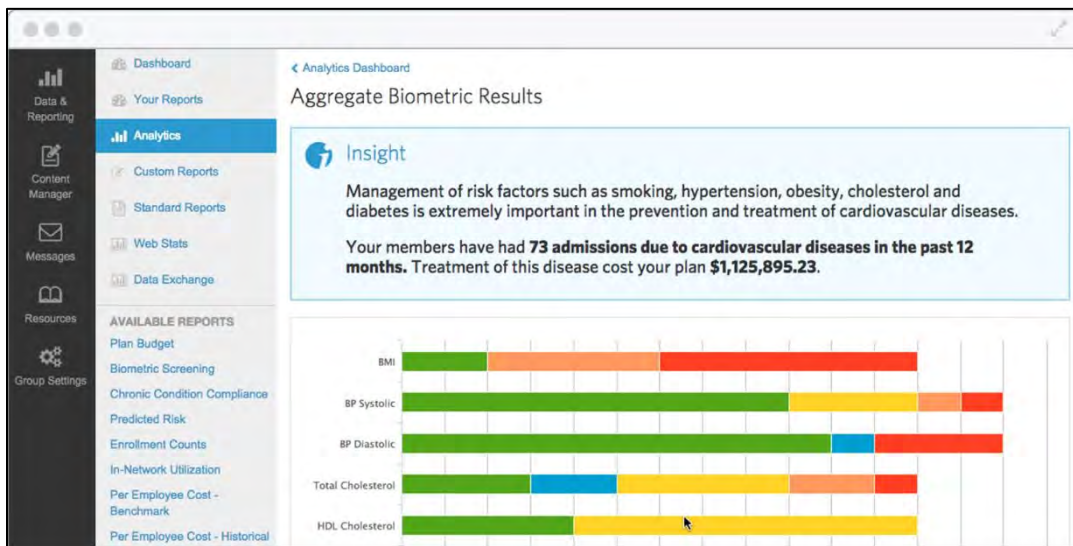
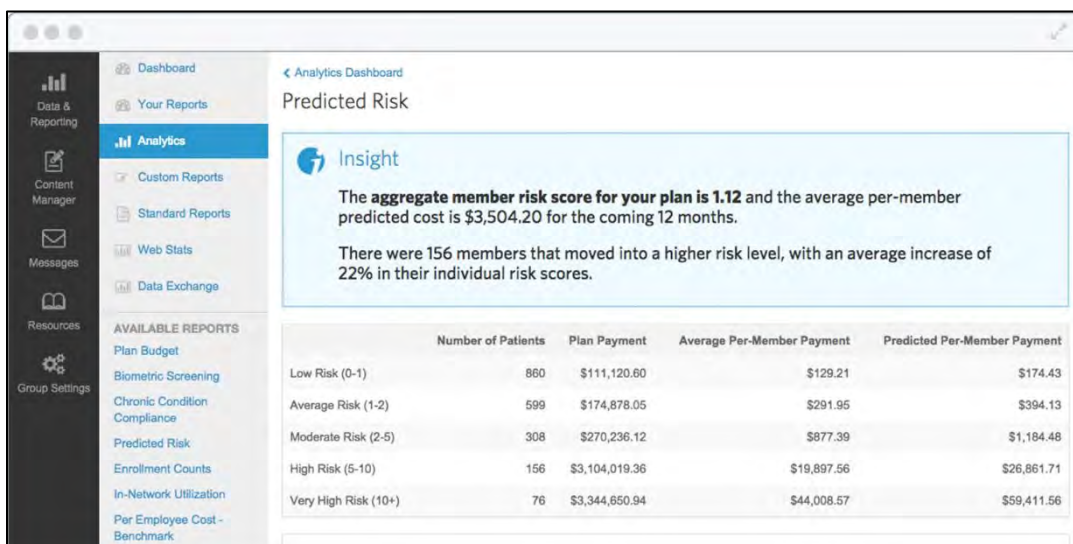
Plan Analytics – The City of North Miami should receive monthly claims reports from United and we will make sure that information is utilized to help drive employee behaviors to control costs. Through our plan analytics and predictive modeling platform, we can determine if employees are getting their annual wellness screenings and identify those that have the potential to go from a borderline health condition to a much worse or improved state. Claims information tells us what happened in the past. We use our tools and resources to project future claims costs and encourage employees to participate in available health programs to avoid higher claims.



Employee Engagement – There are numerous ways to measure employee engagement. What are the participation levels in the chronic care and disease management program? How many employees are registered on the carrier website? How often do employees log in? How many employees are actively participating in the wellness program? Are employees using the urgent care center or the emergency room? Are employees and their dependents getting their annual wellness screenings? We would help the City identify key engagement metrics that determine the cost of healthcare and improve the areas that will help reduce plan costs for the City.

Client Advocacy – Our role here is to be a resource for employees when they have any kind of issues with their provider or the insurance carrier. This includes billing issues, network issues, claims resolution issues, filing appeals for denied services, etc. We advocate on behalf of your employees to ensure the insurance company and its network of providers live up to the terms of their contract.

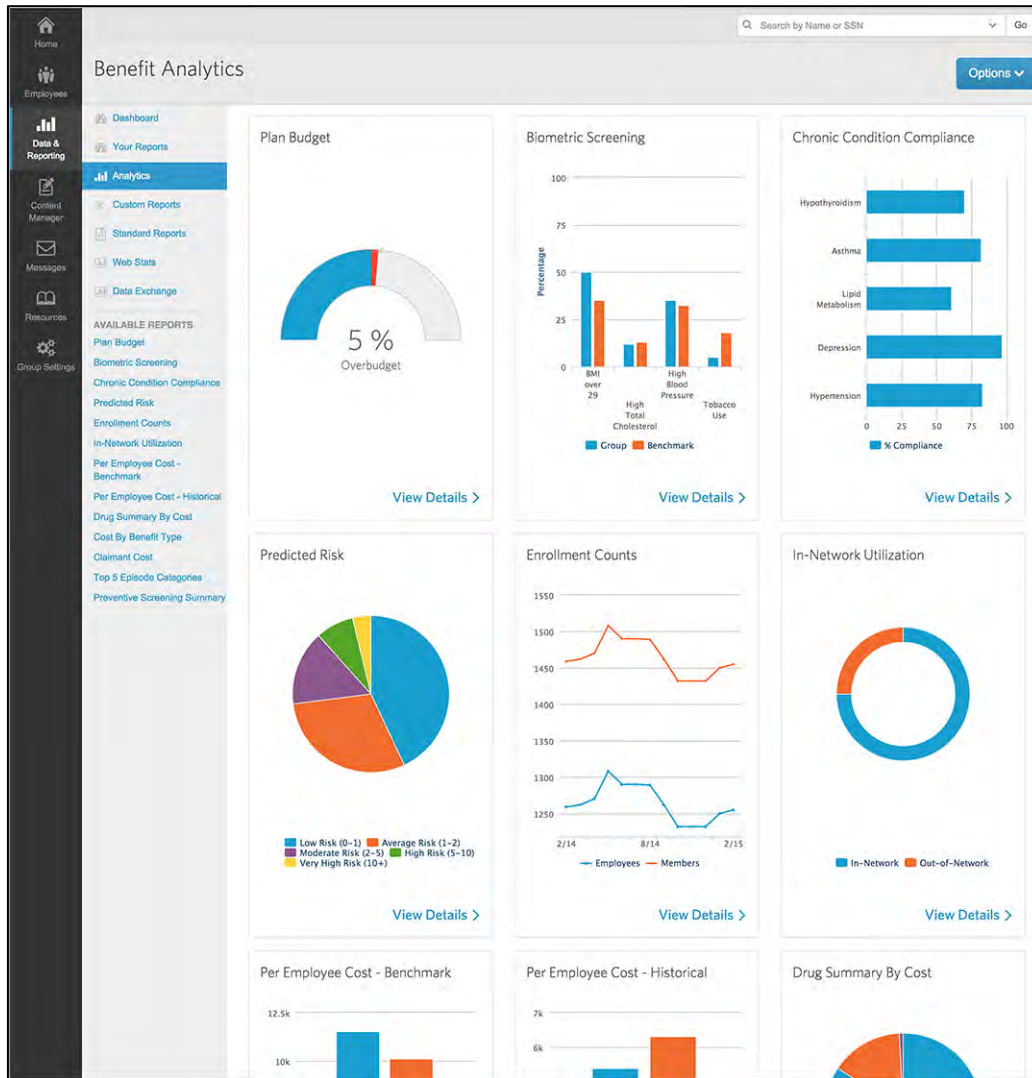
Relevant Technology – We ensure that our clients make the best use of technology. Does the City of North Miami use technology to help employees make smart decisions about their health insurance? Can employees pull up their ID card on their smart phone? When the Gelin Benefits Group consulted with Miramar in 2015, we evaluated four different benefit enrollment and communication platforms. The Gelin Benefits Group favored one platform that included plan analytics, which projected health costs for each individual employee based on prior year spending patterns and additional factors. Gelin Benefits Group arranged for the vendor to present to City leaders in Finance, Payroll, Budget, IT, and an Assistant City Manager. They were impressed by the technology and understood that this is the type of relevant technology the City of Miramar needed to better manage plan costs and drive improved employee health behaviors. Please see the screenshot examples below.

Predicted Risk

Insight
 The **aggregate member risk score for your plan is 1.12** and the average per-member predicted cost is **\$3,504.20** for the coming 12 months. There were **156 members** that moved into a higher risk level, with an average increase of **22%** in their individual risk scores.

| Risk Level | Number of Patients | Plan Payment | Average Per-Member Payment | Predicted Per-Member Payment |
|----------------------|--------------------|----------------|----------------------------|------------------------------|
| Low Risk (0-1) | 860 | \$111,120.60 | \$129.21 | \$174.43 |
| Average Risk (1-2) | 599 | \$174,878.05 | \$291.95 | \$394.13 |
| Moderate Risk (2-5) | 308 | \$270,236.12 | \$877.39 | \$1,184.48 |
| High Risk (5-10) | 156 | \$3,104,019.36 | \$19,897.56 | \$26,861.71 |
| Very High Risk (10+) | 76 | \$3,344,650.94 | \$44,008.57 | \$59,411.56 |



Education – We educate employees throughout the year to ensure that they understand their plan terms and benefits. However, we believe in having a targeted education campaign unique to various employees based on their health behaviors. For employees that are healthy, we want to continue to encourage and motivate them to remain active. For those suffering from chronic conditions, our goal is to make sure that they are enrolled in chronic care management, disease management, and pain management, while following the prescription drug protocols. Our targeted and focused education campaign will be data driven and designed to produce improved healthcare results.

Contract Review – Insurance companies promise the world when submitting proposals and oftentimes the sales representative means well. In some circumstances, some sales representative may not be completely truthful in what the carrier can deliver. This is where our in-house attorney Shaheewa Jarrett will provide significant value. As an attorney and licensed

insurance agent, Shaheewa will be involved in the negotiations, make sure the contract reflects negotiated terms and ensure that the selected insurance companies deliver on what is stated or promised. Contracts are reviewed once Gelin Benefits Group is hired and after each renewal period.

Strategy – An effective health and welfare program begins with a strategic plan that provides answers to these types of questions. What is the City of North Miami’s current Health and Benefits Strategy? What are the goals? Are they documented? How will the City achieve those goals? What is the budget today, a year from now, and 3-5 years from now? Through our discovery process, we will help the City design and document a comprehensive Benefits Strategic Plan with feedback from Human Resources, Finance, Budget, City Management and the City’s valued employees. Once a strategic plan is outlined and developed, we can focus on taking the appropriate steps to meet those goals.

Wellness – One of the most proven ways to reduce healthcare cost is to have a healthy population. This is also one of the most challenging ways, as it is difficult to change employee behaviors and habits. There are some variables that the City does not control as an employer. For example, it is a known insurance fact that approximately 80% of a healthcare plan’s cost come from between 5% and 20% of a group. Therefore, the goal is to keep the remaining 80% of the population as healthy as possible through wellness and other programs to manage and lower health plan costs.

While acting as a consultant for a client, the Gelin Benefits Group helped negotiate an increase of wellness dollars by 33%. We then contracted with a provider of wellness service to create a robust wellness program. We will negotiate wellness dollars from UHC and or other carriers to help promote and engage employees in the wellness program. Our goal would be to educate as many employees as possible and help improve the culture of wellness in the City.

Compliance – Compliance is one of the areas we will focus on from the outset. Our in-house compliance attorney, Shaheewa Jarrett, will review all documents, contracts, enrollment guide, and other documents to ensure the City is in compliance with all applicable benefit laws. Additionally, we will make recommendations for best practices based on certain laws designed for private sector organizations but that would serve the City well in practicing.

How we Approach Servicing clients.

We believe our process will lead our clients to the perfect plan and program for them.

Our methodology begins with engaging each client to understand their goals, objectives, company culture and budget. We work with each client and their leadership team to include City management, finance, budget and human resources to help the leadership team understand where their benefit levels, funding designs and contribution levels are compared to the market through an annual Miami Municipal Benchmarking study. Once the leadership teams understand how they compare to other municipalities, we consult and provide guidance to the team to gain an understanding on where the City wants to go. Below is a snapshot of our process.



Two-Phase Strategy

Building a strategic benefits plan requires a two-phase strategy, that continues over multiple years

Phase II

Communication,
Enrollment, and
Implementation

Phase I

Strategic review,
benefits analysis,
and plan design

The Gelin Benefits Group believes communications begins with our discussions and strategic plans with the leadership of the City of North Miami agreeing to a set of core principles and guidelines. We then use the best in class technology to communicate with employees in the way that best meets their communication style. Employees can enroll in their benefits on a mobile app, tablet, or laptop. If they desire to meet with someone in person, the Gelin Benefits Group staff will be available to meet with those employees.

We believe that building a strategic benefits plan requires a two-phase strategy that continues over multiple years and is constantly being revised and refined. This approach has two phases. In Phase one, we review the current plans in place, analyze the claims and network access, survey employees, conduct a benchmarking survey and establish a starting point.

HR spends a great deal of time selecting the right products plans and benefits for employees. So, in phase two, we focus on communicating those plans in the best and most diverse mediums possible, facilitate a smooth open enrollment and implementation process.



Step 1: Discovery

Organize the teams, and kick off the project



Step 1: Discovery:

We will conduct interviews with key leaders to learn the history of benefit changes, discuss pain points, and create the initial hypotheses for improvement. We will also survey employees to gauge the end user's feedback on the product, process, physician access, customer service, cost and plan features. We will also benchmark the City of North Miami's benefit plans against other municipalities and public entities in South Florida. We then coordinate team activity and involve key partners including finance, HR, leadership, and other external advisors if needed. This is an important part of the process as it will drive the next steps and strategies as we move forward.

Step 2: Strategize & Analyze

Dive into the details, uncover areas for improvement

Analyze relevant census and benefits plan information data. Conduct any relevant benefits diagnostic services: health care reform check-up, claims/loss review, cost forecasting, or competitive benchmarking, as appropriate. Summarize results from analysis and discovery, and share initial hypotheses for improvement

OUR APPROACH

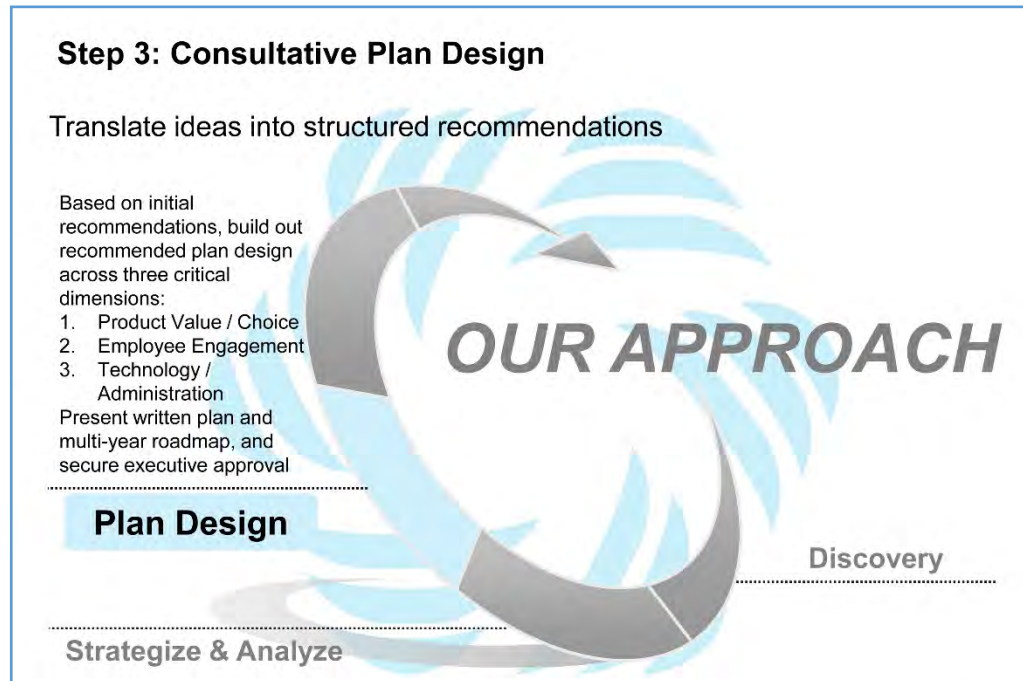
Discovery

Strategize & Analyze



Step 2: Strategize & Analyze

We will analyze relevant census and benefits plan information to help us determine what is best for the City of North Miami. Thereafter, we will conduct relevant benefits diagnostic services including a health care reform check-up, claims/loss review, cost forecasting, and competitive benchmarking, as appropriate. We will summarize results from the initial analysis and discovery and share initial hypotheses for improvement with the human resource and leadership team.



Step 3: Consultative Plan Design

Once the analysis is complete, we will discuss the strategic goals, budget and direction for the City of North Miami and recommend the best product options based on the goals of the City. We also believe it is important to get direct feedback from the end user which are North Miami employees and their dependents in the form of surveys and or small group discussions.

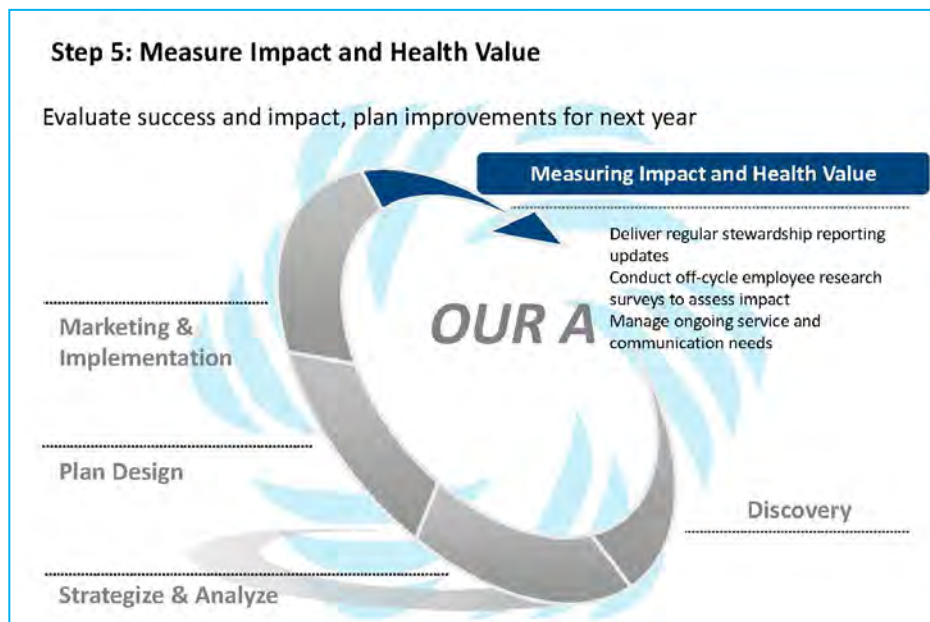


Step 4: Marketing and Implementation

Once goals are established, we can issue a laser focused RFP to carriers that can meet the needs and demands of North Miami employees and the City's budget. Factors in evaluating qualified insurance carriers that we will consider include, but it's not limited to the following:

- Carrier's Physician's & Hospital Network Access
- Potential Employee Disruption
- Customer Service Capabilities
- Wellness Program
- Disease Management Program
- Performance Guarantees
- Plan Design
- Claim Reporting Capabilities
- Client Service Team Support

Upon completing the marketing results and coming to an agreement on the selected plan designs, benefit options, rates, and contribution levels, we will prepare and execute our communication, implementation and open enrollment strategy. Finally, we initiate project management steps to ensure a smooth, fun, and educational open enrollment experience to engage employees and ensure they understand how to maximize their benefits.



Step 5: Measure Impact and Health Value

At the end of the first year we will evaluate milestones of success and impact, plan improvements for next year and deliver regular stewardship reporting updates. We will also conduct off-cycle employee research surveys to assess impact and manage ongoing service and communication needs. By following this process, you can expect to achieve:

- Predictability and consistency in benefits management
- Accurate cost forecasting, and contingency plans for unexpected changes
- Benefits that clearly tie to overall human capital objectives
- Smooth implementation – with back up plans, if needed and
- A Human Resource team that is viewed as strategic business partner

In preparation of the final analysis to the insurance committee, we break down the plan details, rates and network strength among a multitude of other factors to help the insurance committee make the best decision on all relative facts and the City's employee demographics. Oftentimes, an uninformed committee will focus on price rather than the strength of a carrier's network.

4. Explain, with examples, your experience in identifying potential cost containment controls and how you implement these controls.

Please see the following examples of recommendations we have made to help clients contain costs. Our recommendations are based on the culture, budget, management style, and expectations of each client.

Case Study # 1

Our client received a 30% rate increase from Florida Blue. We did not feel this renewal increase was justified based on the group's claims experience and healthcare trends. We issued an RFP to secure competitive offers from other insurance carriers. The market responded with rates in the range of 8 to 20%. We did not agree with the market response and conducted a self-funded feasibility study. Based on this study, we found that our client would save significantly more if they move to a self-funded platform. We continued our negotiations with Florida Blue and they continued to lower their requested increase. However, it did not meet our client's budget. We gave a firm deadline for a final response and they responded with a 3.5% increase which is well below trend of 7% and at our client's budget. This rate increase came with no changes in plan designs. In fact, we achieved an average rate increase of 5% in the last 6 years with no plan changes. These plans are the richest plans offered by Florida Blue.

| Date | Total Premium | Inpatient Services | Outpatient Services | Physician Services | Other Services | Total Medical Costs | Pharmacy | Total Claims | Medical Loss Ratio |
|---|--------------------|--------------------|---------------------|--------------------|------------------|---------------------|------------------|--------------------|--------------------|
| Jun-15 | \$ 122,912 | \$ - | \$ 28,571 | \$ 25,770 | \$ 7,315 | \$ 61,657 | \$ 29,303 | \$ 90,960 | 74% |
| Jul-15 | \$ 119,819 | \$ 16,525 | \$ 33,192 | \$ 25,425 | \$ 8,944 | \$ 84,086 | \$ 12,767 | \$ 96,853 | 81% |
| Aug-15 | \$ 107,024 | \$ - | \$ 9,449 | \$ 26,488 | \$ 8,399 | \$ 44,336 | \$ 17,029 | \$ 61,365 | 57% |
| Sep-15 | \$ 119,286 | \$ 28,529 | \$ 29,651 | \$ 26,446 | \$ 22,531 | \$ 107,156 | \$ 28,015 | \$ 135,172 | 113% |
| Oct-15 | \$ 127,111 | \$ 63,867 | \$ 24,478 | \$ 35,932 | \$ 12,493 | \$ 136,770 | \$ 20,407 | \$ 157,177 | 124% |
| Nov-15 | \$ 121,127 | \$ 14,931 | \$ 18,197 | \$ 30,345 | \$ 6,719 | \$ 70,192 | \$ 33,435 | \$ 103,626 | 86% |
| Dec-15 | \$ 128,800 | \$ 22,985 | \$ 10,220 | \$ 62,531 | \$ 26,951 | \$ 122,687 | \$ 16,715 | \$ 139,402 | 108% |
| Jan-16 | \$ 133,100 | \$ 6,871 | \$ 14,997 | \$ 21,527 | \$ 7,869 | \$ 51,265 | \$ 18,954 | \$ 70,219 | 53% |
| Feb-16 | \$ 134,956 | \$ - | \$ 21,071 | \$ 20,273 | \$ 25,963 | \$ 67,306 | \$ 27,609 | \$ 94,916 | 70% |
| Mar-16 | \$ 124,747 | \$ - | \$ 33,132 | \$ 27,046 | \$ 6,407 | \$ 66,585 | \$ 9,904 | \$ 76,489 | 61% |
| Apr-16 | \$ 131,496 | \$ - | \$ 17,999 | \$ 21,722 | \$ 5,799 | \$ 45,520 | \$ 20,886 | \$ 66,407 | 51% |
| May-16 | \$ 132,936 | \$ 35,342 | \$ 23,566 | \$ 32,889 | \$ 7,440 | \$ 99,236 | \$ 21,082 | \$ 120,318 | 91% |
| Total | \$1,503,315 | \$189,050 | \$264,522 | \$356,393 | \$146,830 | \$956,795 | \$256,107 | \$1,212,902 | 81% |
| Average | \$125,276 | \$15,754 | \$22,043 | \$29,699 | \$12,236 | \$79,733 | \$21,342 | \$101,075 | 81% |
| Median | \$125,929 | \$10,901 | \$22,318 | \$26,467 | \$8,134 | \$68,749 | \$20,647 | \$95,884 | 77% |
| Total Premium Less Expenses for Renewal Period | | | | | | | | \$290,413 | |

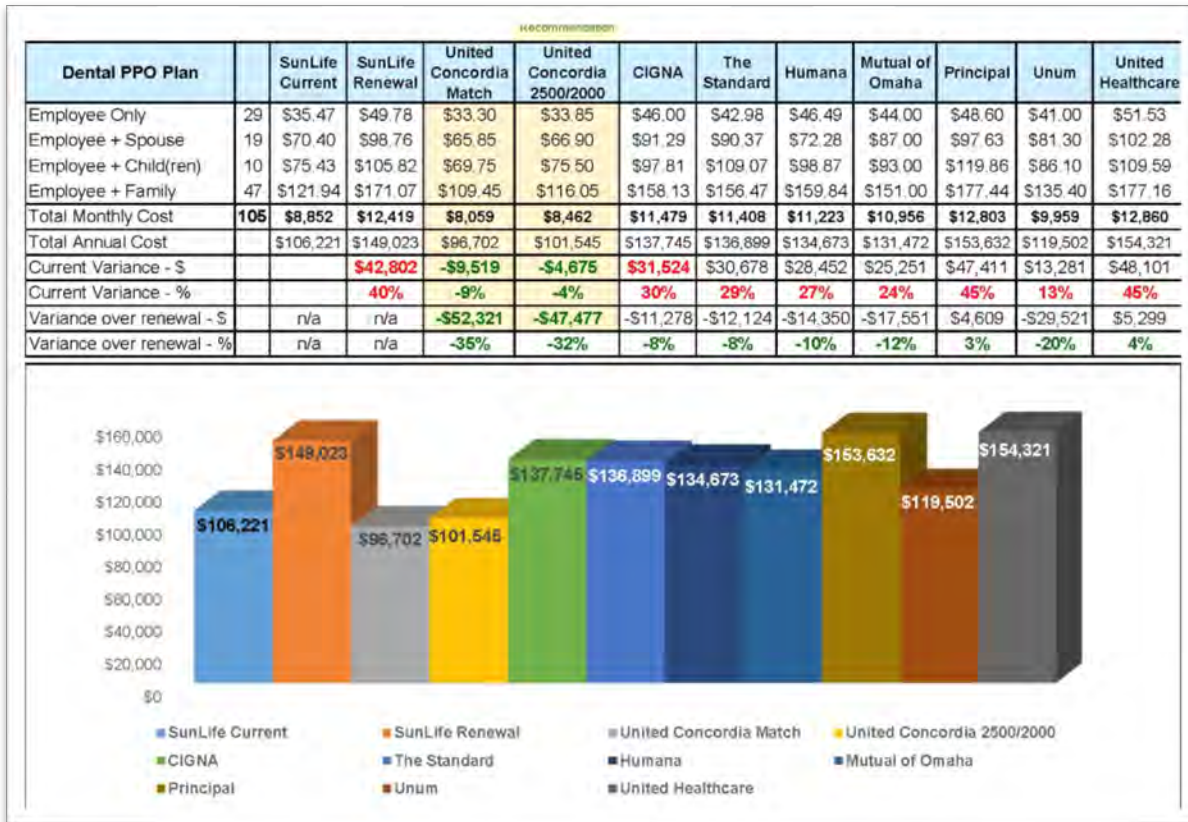


| | | Round 1 | Round 2 | Round 3 |
|---|------------------------------|----------------------|----------------------|--------------------|
| Florida Blue Traditional PPO Plan 3748 | 2016 Premium Rates | Initial Rates | Revised Rates | Final Rates |
| Employee Only | \$557.30 | \$717.54 | \$613.28 | \$576.48 |
| Employee + Spouse | \$1,326.37 | \$1,707.73 | \$1,459.60 | \$1,386.62 |
| Employee + Child(ren) | \$1,025.43 | \$1,320.26 | \$1,128.43 | \$1,072.01 |
| Employee + Family | \$1,738.77 | \$2,238.71 | \$1,913.43 | \$1,817.76 |
| Estimated Monthly Premium | \$105,151 | \$135,385 | \$115,713 | \$109,928 |
| Estimated Annual Premium | \$1,261,813 | \$1,624,615 | \$1,388,561 | \$1,319,135 |
| Variance - \$ | | \$362,802 | \$126,748 | \$57,322 |
| Variance - % | | 29% | 10.04% | 4.54% |
| Florida Blue High Deductible Health Plan with Health Savings | FL Blue Premium Rates | Initial Rates | Revised Rates | Final Rates |
| Employee Only | \$363.84 | \$471.73 | \$403.19 | \$383.03 |
| Employee + Spouse | \$948.77 | \$1,231.58 | \$1,052.63 | \$1,000.00 |
| Employee + Child(ren) | \$733.50 | \$952.15 | \$813.80 | \$773.11 |
| Employee + Family | \$1,243.77 | \$1,614.51 | \$1,379.92 | \$1,310.92 |
| Estimated Monthly Premium | \$17,380 | \$22,553 | \$19,276 | \$18,312 |
| Estimated Annual Premium | \$208,560 | \$270,632 | \$231,309 | \$219,744 |
| Variance - \$ | | \$62,073 | \$22,750 | \$11,184 |
| Variance - % | | 30% | 10.91% | 5.36% |
| Total Combined Health Plans | \$1,470,372 | \$1,895,247 | \$1,619,870 | \$1,538,878 |
| Overall Increase - \$ | | \$424,874 | \$149,498 | \$68,506 |
| Overall Increase - % | | 28.90% | 10.17% | 4.66% |

Case Study # 2

Sun Life Financial offered dental insurance through United Concordia for many years. Last year, Sun Life Financial acquired Assurant, a life and disability and dental insurance company. Due to the merger, Sun Life terminated their partnership with United Concordia. Sun Life offered our client a 40% increase with no guarantee that employees would be able to keep their dental providers. We issued an RFP and the market responded with increases that ranged from 13% to 45%.

While the market responses were competitive in terms of their cost as it related to the renewal, they were not competitive as compared to current rates. We decided to go to United Concordia directly and had (2) cost saving options. Our client had the option of saving 9% or \$10,000 or 4% or \$4,600 with richer benefits. We recommended the richer plan option. In this case, we were able to reduce the cost of insurance while increasing the annual maximum from \$2,000 to \$2,500 and increased the Orthodontia lifetime maximum from \$1,500 to \$2,000 with no reduction in benefit levels and no loss of dental providers.



Case Study # 3

For many years, our client has offered an employer paid fully insured short term disability program. Each year there were minimum or no claims losses. Yet, there would be a request for an increase. After conducting a demographic analysis, we determined it would save our client money if they moved to a self-insured short-term disability program with advice to pay (ATP). The chart shows that in 2014, our client spent \$23,000 in premium payments, the insurance company spent about \$7,000 in claims cost and kept \$13,000 in profit. We moved to a self-insured platform in 2015 keeping the same level of benefits and paying the insurance company a nominal administrative fee. The year was going great until about October when a highly compensated employee had a serious illness and was out on short term disability. This moved increase our clients cash flow from month to month saving about \$1,800 a month and ended up saving nearly \$3,000 at the end of the year. 2016 was a better year. The same employee was out for another 3 months in 2016 and there were no additional STD claims in 2016. As a result, the client saved about \$11,000 in premium payments they would have paid if they would have remained fully insured.

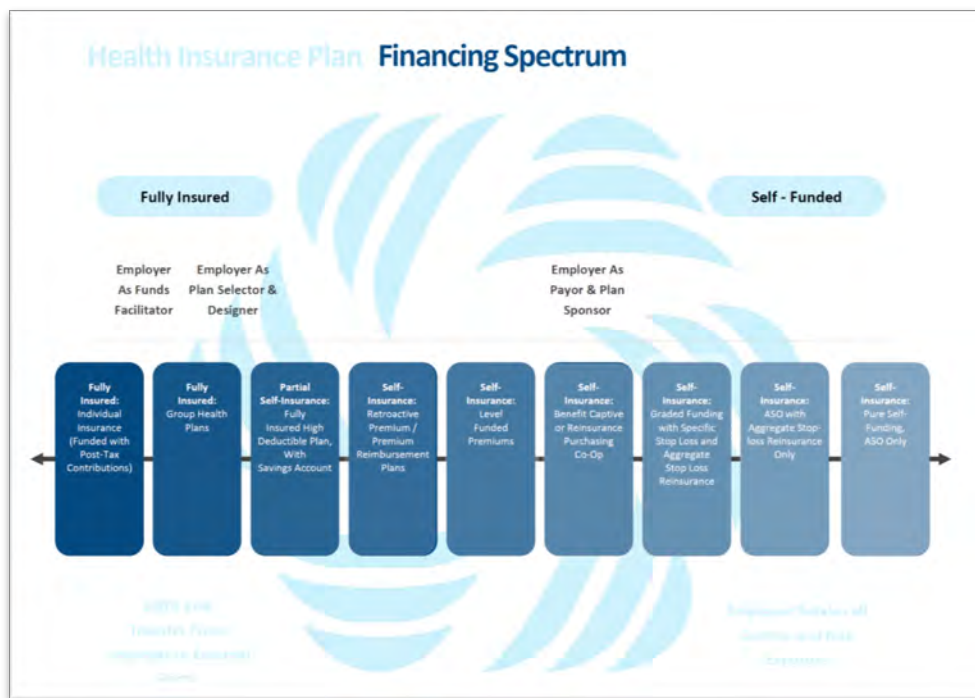
The CFO of this organization was comfortable with taking the risk of being self-insured. Furthermore, since the short-term disability plan is only for six months with a maximum benefit of \$2,000 weekly, there is an inherent cap to the loss for each potential claimant.

The City of North Miami offers an employee paid STD plan so this recommendation would not apply. However, it demonstrates that we will customize cost saving solutions designed to meet each client's needs.

5. Further outline the experience of the assigned staff in evaluating and employing alternative funding methods in relation to various benefit plans.

Each member of our team is experienced in evaluating alternative funding methods. Since the passage of the Affordable Care Act, a significant number of employers have moved to a self-funding arrangement. Insurance carriers are offering self-funded products to employers with as few as 25 employees.


The image below shows the full range of options available to employers. We can assist the City of North Miami in conducting a cost benefit analysis to determine which funding arrangement best meets the goals and needs of the City. We also partner with nationally experienced actuaries to conduct a self-funded feasibility study to determine the appropriate stop loss limits.



Reduce Risk Through Data Driven Decisions

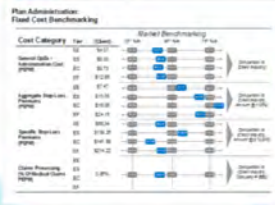
Our agency can leverage benchmarking and predictive modeling data to identify risks before they surface, to assist your firm in the ideal plan design structure

Stop-Loss Insurance Plan Parameters Benchmarking



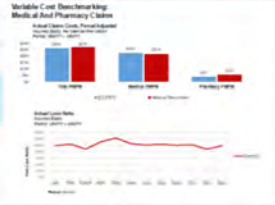
Through our proprietary databases, we can offer benchmarking and insight to the right level of stop-loss coverage (aggregate and specific) and review appropriate contract terms with third-party administrators

Plan Administration Fixed Cost Benchmarking



When marketing and pricing your stop loss coverage and administration fees, we will compare costs to provide perspective on what is normal/appropriate for a company in your industry, based on your coverage

Variable Cost Benchmarking: Medical & Pharmacy Claims



Throughout the plan year, we will provide updates on claims utilization and loss reporting, to assist in quarterly budgets and forecasting for upcoming fiscal periods

6. Describe and provide samples of on-going plan reporting and planning tools.

We provide basic reporting for all plans offered including the medical, dental, vision, life and disability insurance. Additionally, we can provide some predictive modeling tools to help our clients understand how current claims experience may be impacted in the future. Below are samples of our reporting capabilities.



HEALTH STATUS |

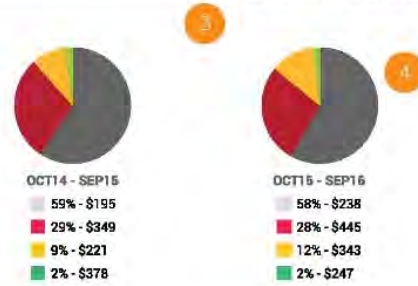
Pfannerstill Inc LLC
9-2016

What's the health of your organization? This report offers a snapshot of your risk profile, risk drivers, high risk members and utilization movement.

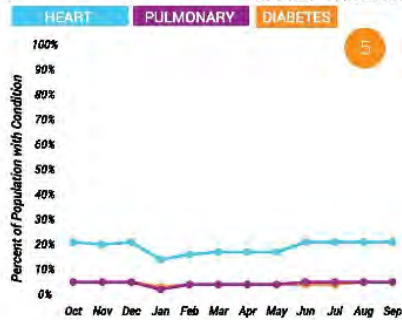
GAPS IN CARE



RISK STRATIFICATION



GROUP DISEASE PROFILE

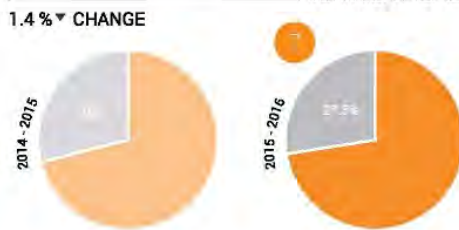


FORECASTED RISK

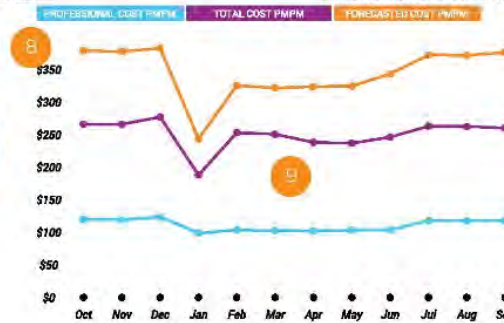
| TOP 10 CONDITIONS | FORECASTED COSTS | MEMBERS | % OF POP. W. CONDITION |
|------------------------------|------------------|---------|------------------------|
| Age/Gender/Preventive | \$291,632 | 799 | 101% |
| Musculoskeletal Disorders | \$216,691 | 213 | 28% |
| Minor Infection Related Cond | \$154,674 | 286 | 38% |
| Dermatological Disorder | \$125,236 | 201 | 27% |
| Metabolic Conditions | \$100,489 | 124 | 16% |
| Hypertension | \$82,078 | 101 | 13% |
| Diabetic Disorders | \$69,793 | 41 | 5% |
| Trauma Related Condition | \$64,976 | 80 | 11% |
| Neurological Disorder | \$64,566 | 58 | 8% |
| Urinary Disorders | \$60,688 | 67 | 9% |

TOP 10 TOTAL FORECASTED COSTS: \$1,189,822

HIGH RISK MEMBERS



UTILIZATION TRENDS





RISK STRATIFICATION

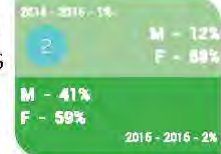
Flatley-Torp LLC / OCT14-SEP16

Where is your population performing well?
This report makes it easy to classify risk, so you can identify where the greatest opportunities exist in your organization.

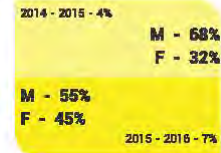
BIOMARKERS

EMPLOYER RISK PROFILE

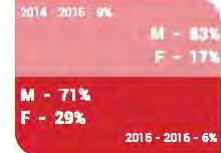
HEALTHY



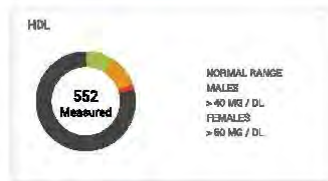
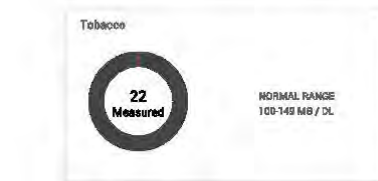
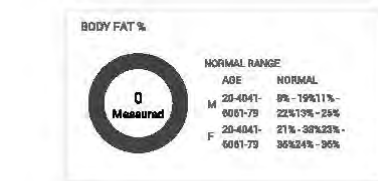
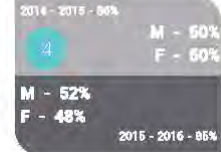
PREVENTABLE



HIGH RISK



UNKNOWN





FINANCIALS

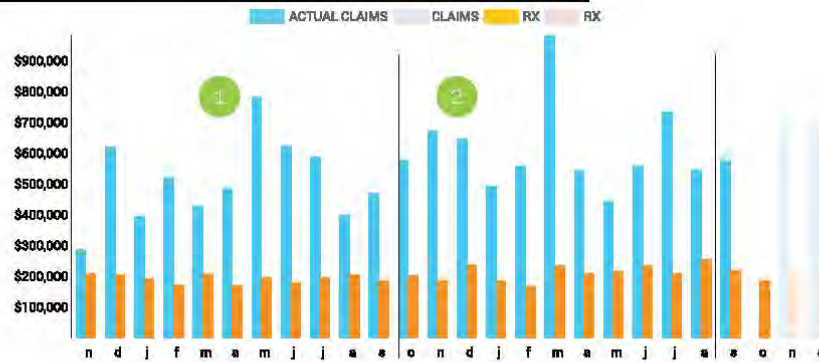
Crist-Spencer and Sons / 10-2016

CLAIMS SUMMARY

| |
|---|
| NOV14 - OCT16 / \$8,907,683 / PMPM \$642 |
| NOV15 - OCT16 / \$9,925,993 / 4%~ / PMPM \$577 / 6% |
| Forecasted 12 / \$8,261,469 / -12%~ / PMPM \$525 / -9%~ |

Where are the dollars spent in your population? Look beyond historical claims with predictive cost modeling of where health costs are headed.

HISTORIC CLAIMS & RX



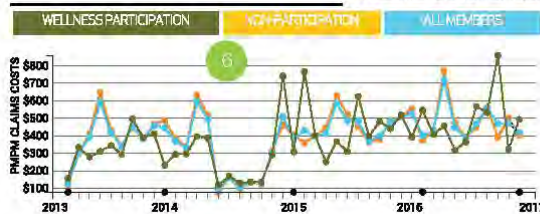
UTILIZATION METRICS

| CURRENT YEAR | | CURRENT YEAR | |
|-------------------|-------|------------------------|-------|
| ADMITS/1000 | 59 | OT + PT COST PMPM | \$35 |
| DAYS IP CARE/1000 | 187 | INPATIENT COST PMPM | \$22 |
| OP ER VISITS/1000 | 297 | OUTPATIENT COST PMPM | \$288 |
| ER COST/VISIT | \$492 | PROFESSIONAL COST PMPM | \$119 |
| RX \$ / SCRIPT | \$143 | TOTAL COST PMPM | \$689 |
| RX COST PMPM | \$160 | FORECASTED COST PMPM | \$574 |

TOP TEN RX

| PRESCRIPTION | BY DOLLAR |
|------------------------|-----------|
| COPAXONE | \$92,757 |
| IBRANCE | \$65,701 |
| HUMIRA | \$81,369 |
| DFEV | \$76,287 |
| ESOMEPRAZOLE MAGNESIUM | \$72,139 |
| REBIF | \$69,325 |
| CIALIS | \$65,118 |
| NOVO LOG | \$46,672 |
| ARIPRAZOLE | \$43,988 |
| OMNITROPE | \$43,648 |

WELLNESS & ENGAGEMENT



TOP TEN DIAGNOSIS CATEGORIES

| CATEGORY | BY DOLLAR |
|------------------|-------------|
| ORTHOPEDIC | \$1,224,226 |
| NEOPLASM | \$1,173,072 |
| GASTROINTESTINAL | \$863,164 |
| HEART | \$688,696 |
| TRAUMA | \$683,464 |
| DIABETES | \$619,917 |
| ENT | \$430,388 |
| INFECTION | \$344,833 |
| PULMONARY | \$327,173 |
| PSYCHIATRIC | \$304,068 |



Gaps in Care

Flatley-Torp LLC / 9-2016

Where can we improve care for chronic diseases?

This report helps identify trends and trouble spots by comparing population care against best practices for chronic disease treatment.

Conditions by Savings Opportunity

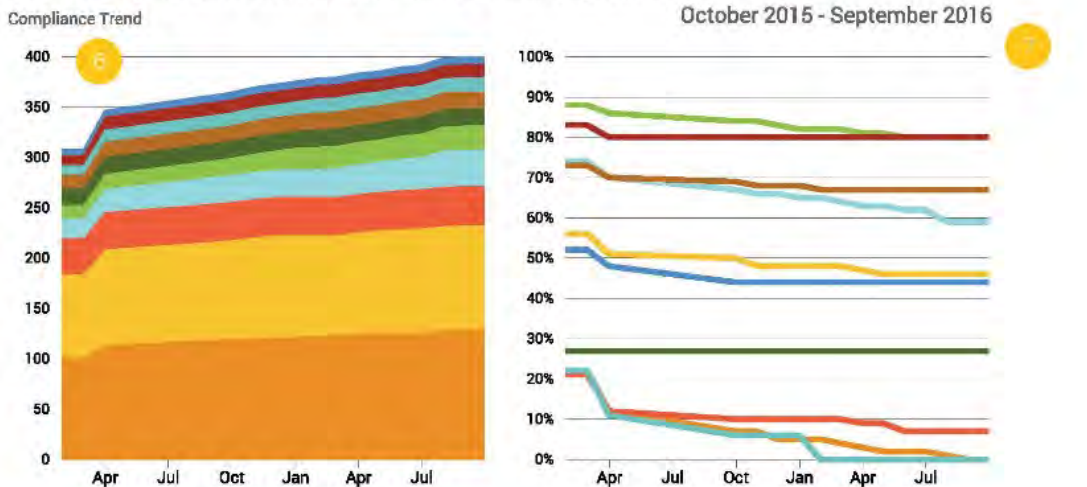
1 21% MEMBERS WITH GAPS IN CARE

2 44% SPEND LAST 12 MONTHS

3 44% PREDICTED SPEND NEXT 12 MONTHS

| Disease State | Members | Not Compliant | Compliance % | Unique | Savings Opportunity |
|----------------|------------|---------------|--------------|--------|---------------------|
| Diabetes | 129 | 129 | 0% | 81 | \$417,083 |
| Cholesterol | 224 | 122 | 46% | 71 | \$218,196 |
| CAD | 67 | 62 | 7% | 27 | \$129,156 |
| HBP | 143 | 59 | 59% | 32 | \$111,372 |
| Low Back Pain | 173 | 35 | 80% | 19 | \$59,725 |
| Osteoporosis | 41 | 30 | 27% | 16 | \$51,918 |
| RX Management | 127 | 25 | 80% | 11 | \$52,016 |
| General Asthma | 18 | 18 | 0% | 13 | \$20,842 |
| COPD | 27 | 15 | 44% | 7 | \$39,020 |
| CVA | 10 | 10 | 0% | 4 | \$6,175 |
| TOTALS | 623 | 400 | 36% | | \$837,399 |

Columns may not sum to totals due to members with multiple conditions.



7. Describe your experience with negotiation and tracking of progress of performance guarantees on behalf of your clients, including the results of these guarantees.

Performance guarantees are difficult to measure because they are largely self-reported by the insurance carrier. So, while we measure and track the performance guarantees carriers agree to, we also rely on client and member feedback to gauge the reliability of the carrier reports. The last time an RFP was issued for a large City we work with, we asked if any of the carriers paid a performance guarantee for failure to perform. All responded no. Performance guarantees are used primarily as a sales pitch by carriers to

sweeten their offer. We will monitor and track performance guarantees. However, it is important to note that clients normally decide to terminate a carrier based on price and service.

8. Describe how you monitor the performance of insurance providers, in order to ensure the provider can meet the requirements of Employer. What is the notification process to the Employer if a provider has fallen below the acceptable financial rating?

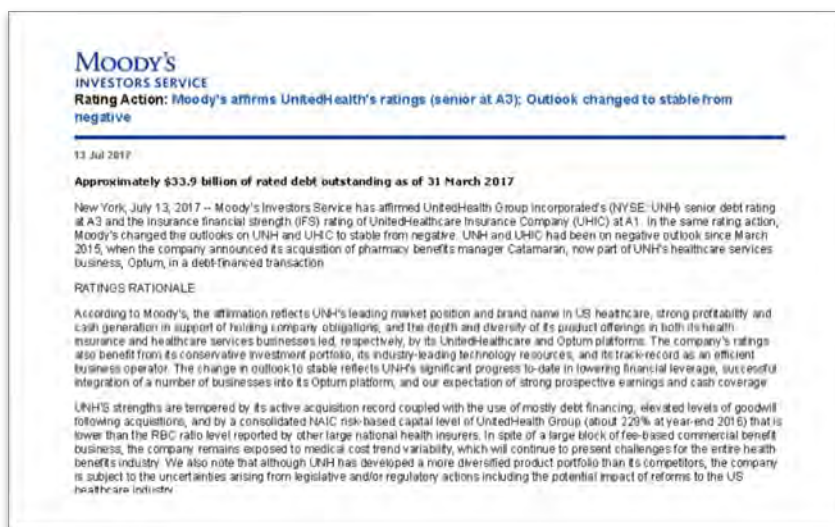
To determine if an insurance carrier can meet the requirements of the City of North Miami, we evaluate the network size, network discounts, claims payment patterns, customer service satisfaction levels, and other metrics on a regular basis as we conduct RFP's for other clients. In reviewing these details regularly, we understand whether a given carrier can meet the requirements of our clients.

The Gelin Benefits Group works with and has clients with all of the major national insurance carriers including CIGNA, Aetna, United Healthcare, and Humana which are publicly traded firms. As publicly traded firms, their financial performance is reported on a quarterly basis and is available daily on most financial websites. We also subscribe to notification alerts from credit reporting agencies such as Moody's, Fitch, & Standard & Poor and receive regular updates regarding the credit rating of these firms.

We also work with AvMed and Florida Blue, which operate as a nonprofit and not-for-profit entity respectively. We rely on AM Best to get updated on the credit status of insurance companies operating as non-profit or not-for-profit status such as AvMed and Florida Blue.

If an insurance carrier's credit rating falls below standard, we will notify the City of North Miami and other clients as to the status, potential impact, and options to consider.

Included below is a sample report on United Healthcare. As a corporate entity United Healthcare's credit rating declined and has been on a decline for a while due to their aggressive acquisition strategy. However, United Healthcare's rating as an insurance company is higher and stable due to their market position, brand name, strong profitability and cash flow. In this case, there would be no required update to the City of North Miami.





9. Describe the full range of Regulatory Consulting Services that your firm provides. Explain your ability to monitor regulatory and legislative developments on the federal and state level that may impact City’s benefit plans and how your firm will disseminate this information to Employer.

Our Vice president of Compliance, Shaheewa Jarrett, serves on the Health Law Section of the American Bar Association. As a member, she receives information on various stages of laws including proposed, pending and planned laws.

Health Lawyer – A bimonthly magazine that provides in depth health law articles

ABA Health e-Source – Monthly electronic newsletter that details current trends in health law

HL Bytes – Weekly bulletin from the health law section of the American Bar Association highlighting major developments in areas of interest in health law.



Shaheewa also attends state and national conferences on the current trends and changing laws in healthcare attended by state and federal regulatory officials.

In addition to our in-house attorney, we also partner with Akerman which is the largest law firm in Florida according to Florida Trend Magazine. Beth Alcalde, Office Managing Partner in West Palm Beach will serve as the outside ERISA Attorney. Beth is a Harvard Law School educated ERISA attorney.

With more than 650 lawyers and government affairs professionals and a network of 24 offices, Akerman is ranked among the top 100 law firms in the United States by The American Lawyer (2016). Akerman also is ranked among the top 60 law firms for diversity in The American Lawyer's Diversity Scorecard (2016). Beth's detailed biography demonstrates her experience and expertise in ERISA law.

Akerman devotes considerable time and effort assisting clients in avoiding litigation by streamlining their retirement and health and benefit plan documentation, administration, and claims review procedures. In the event litigation cannot be avoided, Akerman assists our clients in all aspects of litigation. Akerman also has vast experience in all aspects of the HIPAA Privacy, Security, and Code Sets Rules as well as related state law requirements. Included are some of the ways Akerman assist some of our clients.

- Advise clients on compliance with HIPAA Privacy and Security Rules
- Draft HIPAA Privacy and Security policies and procedures
- Train employees on HIPAA compliance
- Represent clients before the Office of Civil Rights on HIPAA enforcement cases
- Advise clients on complying with federal and state breach notification requirements
- Assist clients with responding to government investigations and subpoenas of protected health information
- Advise clients on responding to law enforcement's request for documents containing protected health information
- Assist clients with responding to third party subpoenas of protected health information
- Draft, review, and revise business associate agreements

Included is the detailed biography of the Akerman attorney assigned to the City of North Miami.



akerman

People



Beth Alcalde

Partner, Employee Benefits and Executive Compensation
West Palm Beach

T: +1 561 753 5000
beth.alcalde@akerman.com
vCard

[Contact With Me](#)

A noted employee benefits lawyer, author, and speaker, Beth Alcalde represents Fortune 500 companies and other public and private entities, including those in the hospitality, healthcare, and higher education sectors, throughout the United States.

Beth provides counsel on employer-sponsored benefit plans, from compliance with ERISA, the Affordable Care Act, and other federal regulations, to internal audits and benefits related implications of corporate transactions. She assists clients in defending and responding to audits conducted by the Internal Revenue Service (IRS), U.S. Department of Labor (DOL), and U.S. Department of Health and Human Services (HHS).

Beth is a contributing author on benefits compliance topics for the Employee Benefits Institute of America and a frequent speaker on employer compliance, privacy, and security issues. She has been recognized as a "Power Leader in Law" and one of the "Top 25 Influential Business Women" by *South Florida Business Journal*.

Notable Work

Compliance: Represents clients in complying with federal laws and regulations, including ERISA, the Affordable Care Act, COBRA, and HIPAA. Assists with internal audits of 401(k) and health and welfare plans, including cafeteria plans, to satisfy plan documentation, participant disclosure, and government reporting obligations.

Transactions: Represents clients on complex compliance issues related to the benefits related implications of corporate transactions, including qualified retirement plans. Advises in all aspects of employee stock ownership plans, including their formation, implementation, and regulation. Handles multiple employer welfare arrangements (MEWAs). Represents clients before the IRS and the DOL.

Published Work and Lectures

- Health Law Rx Blog, Contributor
- Employee Benefits Institute of America, Contributing Author, *ERISA Compliance for Health and Welfare Plans*, (ongoing)
- Employee Benefits Institute of America, Contributing Author, *Cafeteria Plan Manual*, (2008-2016)
- 2016 Spring Business Connection, Speaker, "Compliance and Regulations Regarding Employer/Plan Sponsors," March 22, 2016
- Akerman Twentieth Annual Labor & Employment Law Seminar, Presenter, "Affordable Care Act - Latest Developments for Employers," September 2015

Areas of Experience

- Employee Benefits and Executive Compensation
- Tax
- Employee Benefits and ERISA Litigation
- Energy
- Hospitality
- Investment Funds
- Higher Education and Collegiate Athletics

Education

- J.D., Harvard Law School, 1995
- B.S., University of Florida, 1990, cum laude

Admissions

- Bar
- Florida

Related Content

- Scott Meyers Appointed Managing Partner of Akerman LLP
10/26/2015
- Akerman Once Again Ranked Among Top Law Firms in South Florida
10/23/2015
- Akerman Partners with Capital Strategies Investment Group for Program on Financial Empowerment and Estate Planning for Women Professionals
10/11/2015



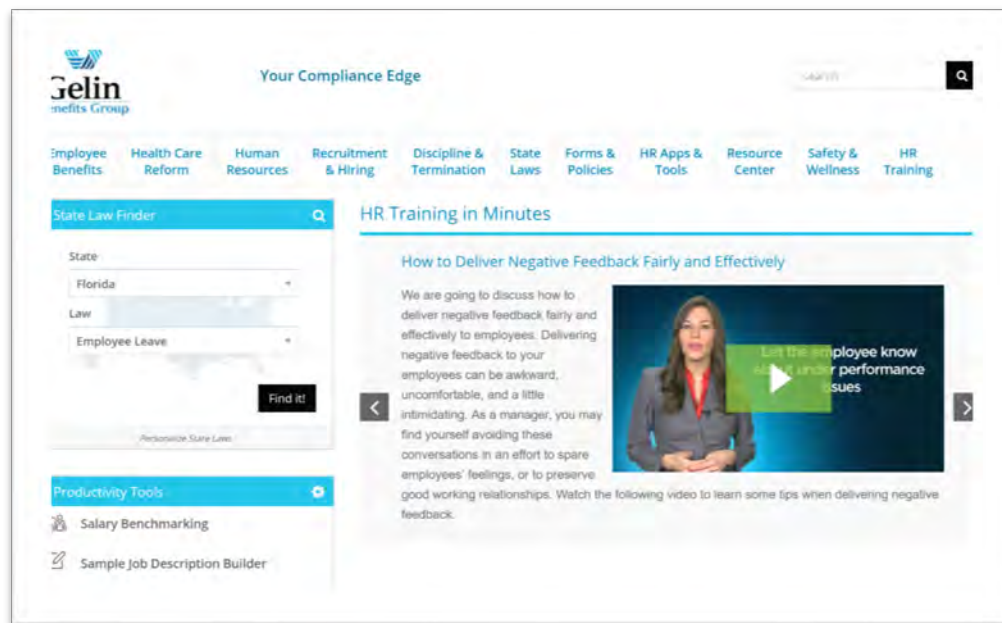
- AICPA Value Add Session, Speaker, "Affordable Care Act Developments and Compliance Strategies," December 10, 2014
- Florida Hospital Association, Speaker, "Self Insured Group Health Plans and Other Employer Based HIPAA Privacy and Security Issues," April 11, 2014
- Akerman Nineteenth Annual Labor & Employment Law Seminar, Presenter, "Affordable Care Act - What Employers Need to Know," April 2014
- HR Marin County, Speaker, "Practical Guidance for 2014 Health Care Reform Tasks," March 19, 2014
- FODIRH RED, Speaker, "Centralization vs. Decentralization of HR Companies with a Presence in the United States: Practical Implications of Health Care Reform," Madrid, February 5, 2014
- National Society of Certified Healthcare Business Consultants, Speaker, "Health Care Reform Update," January 14, 2014
- Akerman Eighteenth Annual Labor & Employment Law Seminar, Presenter, "Employee Benefit Plans: Common Compliance Pitfalls and How to Avoid," April 2013
- South Palm Beach County Bar Association Labor & Employment Law and ERISA Retirement Planning Committees Seminar, Panelist, "The Affordable Care Act: The Supreme Court Spoke, The Election is Over, Now What?," December 2012
- HR Florida 2010 Conference & *Espe: Hot Topics in the Employee Benefits Compliance World*, August 30, 2010
- Palm Coast Association of Health Underwriters, *The COBRA Subsidy: What You Need to Know*, April 2009
- South Florida Chapter of the International Society of Certified Employee Benefit Specialists, *New Cafeteria Plan Regulations*, September 2008
- Florida Institute of Certified Public Accountants, *Health and Welfare Plans: Major Compliance Issues and Other Potential Liabilities*, October 2007

Affiliations

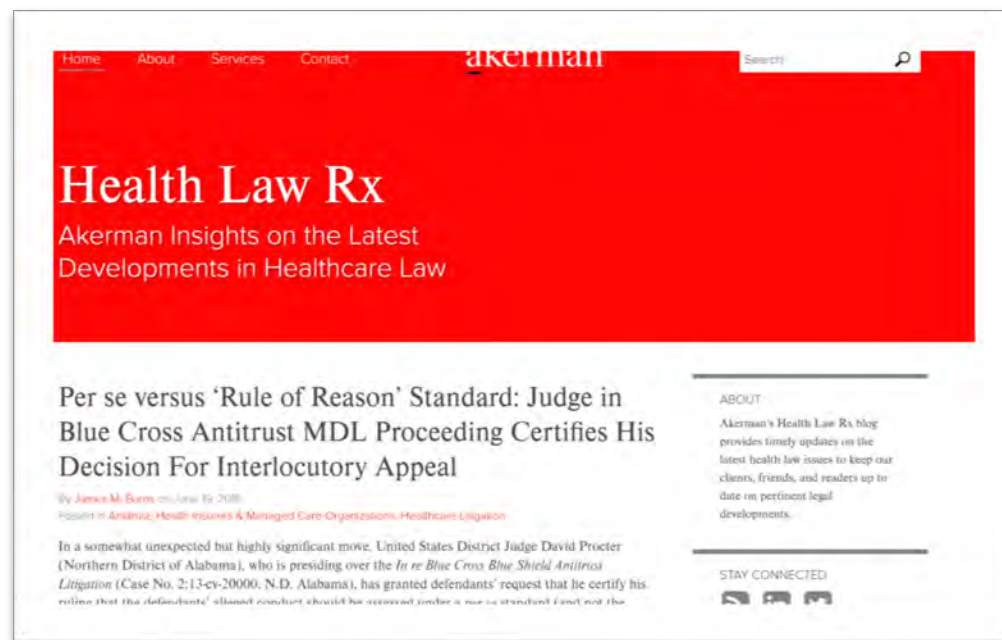
- The Florida Bar, Member
- The State Bar of Georgia, Inactive
- South Florida Executive Forum, Member
- The Economic Council of Palm Beach County, Member
- Mary's Shelter, Board Member
- Catholic Lawyers' Guild of St. Joseph
- Marin County Bar Association - Professionalism Committee Chairperson
- Marathon of the Treasure Coast, Sponsor Team Volunteer
- Marin County Little League, Volunteer

Honors and Distinctions

- *South Florida Business Journal*, Recognized as one of 2015's Most Influential Business Women
- *South Florida Business Journal* 2017, 2015, Listed as a South Florida Power Leader in Law



Our clients also have access to a customized compliance portal through Gelin Benefits Group that can be accessed anytime for a variety of resources on topics listed in the above graphic.



Clients will also receive healthcare insights and education based events from Akerman on the latest developments in Healthcare Law.

10. Does your organization publish newsletters or other descriptive publications that are routinely provided to clients? If so, please describe and provide a copy of a recent issue.

The Gelin Benefits Group distributes newsletters designed to educate and inform either the human resources leadership and/or staff members in general. We provide monthly wellness newsletters to be distributed to all employees to further promote wellness and engagement. We also provide two monthly compliance newsletters to ensure the human resource team stays abreast of all benefit laws related to employee benefits. Please see the examples below.



HealthyLife[®]

LETTER

MAY
2019

SAY goodbye to bad habits

Experts say that to stop an unhealthy habit, you must replace it with a healthy habit. Here's how to get started.

- **Set a date.** Make a plan for when you intend to quit your bad habit. Put it in your calendar or planner.
- **Stop the triggers.** For instance, don't eat in front of the T.V. if you tend to overeat while watching it. Eat at a table without distractions.
- **Keep track.** Anytime you avoid your unhealthy habit, write down your victory. You'll see how far you've come. This can help you stay motivated.
- **Be kind to yourself.** Promise yourself a healthy reward when you meet a certain milestone. And, don't focus on setbacks or mistakes. Instead, be proud of the things that you did well.

Source: National Institutes of Health





SELF-CARE
CORNER

What to know about blood clots

Healthy blood is designed to clot. When blood clots, it prevents heavy bleeding. But, if a clot happens inside a vein, it can be dangerous. This is called a deep vein thrombosis (DVT). Sometimes, the blood clot may move through the body and get stuck in the lungs. This is called a pulmonary embolism (PE).



SIGNS OF A CLOT

Signs of a DVT or PE include:

- Swelling, tenderness, redness or warmth in one area of the body
- Chest heaviness or pain
- Sweating
- Feeling out of breath
- Weakness or fainting
- Fast heart beat
- Feeling of impending doom

KNOW YOUR RISK

Certain things make you more likely to get a blood clot. They include:

- Recent surgery or an injury
- Being in bed for long periods
- Not moving a certain body part, such as a broken leg
- Sitting for a long time, including during travel
- Higher levels of estrogen from birth control pills, pregnancy or hormone replacement therapy
- Medical conditions, such as cancer, Crohn's disease, ulcerative colitis, heart disease, blood clotting disorders or lung disease
- Obesity
- Smoking
- History of atrial fibrillation (A-fib)

REDUCE YOUR RISK

Talk about your risk with your doctor.

You can lower your risk of getting a blood clot by:

- Getting up from sitting at least every two hours
- Moving around after surgery or being in bed for a long time
- Moving legs and feet while on plane trips
- Wearing loose-fitting clothes while sitting for a long time
- Exercising regularly
- Wearing compression stockings if recommended by your doctor

WHAT TO DO?

If you think you or a loved one might have a blood clot, see a doctor right away. A blood clot can be treated if it's caught early. Sometimes, doctors use medicines that dissolve the clot. Other times, doctors will perform surgery to remove the clot.

Sources: American Society of Hematology, Centers for Disease Control and Prevention





BE FIT

Getting fit in less time

Have you heard of interval training for exercise? You may have assumed this type of exercise is only for athletes. However, people of almost all fitness levels can use it.

Interval training means you add short bursts of more intense activities into your regular exercise routine. How fast and how long you do your intervals is completely up to you. This can be as simple as 10 seconds of running and then 4 minutes of walking. If that's not possible, alternate brisk walking with slower walking.

Intervals don't have to be more than a few seconds. One of the biggest advantages is that you don't need any special equipment to get started!

WHY SHOULD I DO IT?

The American College of Sports Medicine (ACSM) says interval training has several benefits, including:



BURN MORE CALORIES

Even if you can only do short intervals, you're still burning more calories than if you hadn't done the intervals at all.

MOST OF YOUR TIME

Many people can't find time for longer workouts. Instead, use the time you have to work harder with intervals.

BOOST MOOD

Exercise releases endorphins. These are feel-good chemicals in the brain. More vigorous exercise may release more endorphins than only doing light exercise.

FIGHT BOREDOM

Doing the same exercises all the time can lead to boredom. But, mixing it up with intervals can help keep you interested.

MORE AEROBIC FITNESS

Higher intensity will improve your cardio fitness. With time and practice, you'll be able to exercise harder and longer.

FOR BEGINNERS

- Choose a distance if you don't want to count or use a stopwatch. For instance, jog or walk briskly to the next tree or driveway.
- If using equipment like an elliptical machine or bike, alternate faster bouts of that exercise with your usual pace.



Interval training can be done at your fitness level. But, don't be too aggressive at first because you could get an injury. While you want to get your heart pumping, you don't want to make it so hard that you can't stick with it.

Studies suggest that interval training can be safe and helpful to most people. Ask your doctor before starting a new exercise plan to be sure it's right for you.

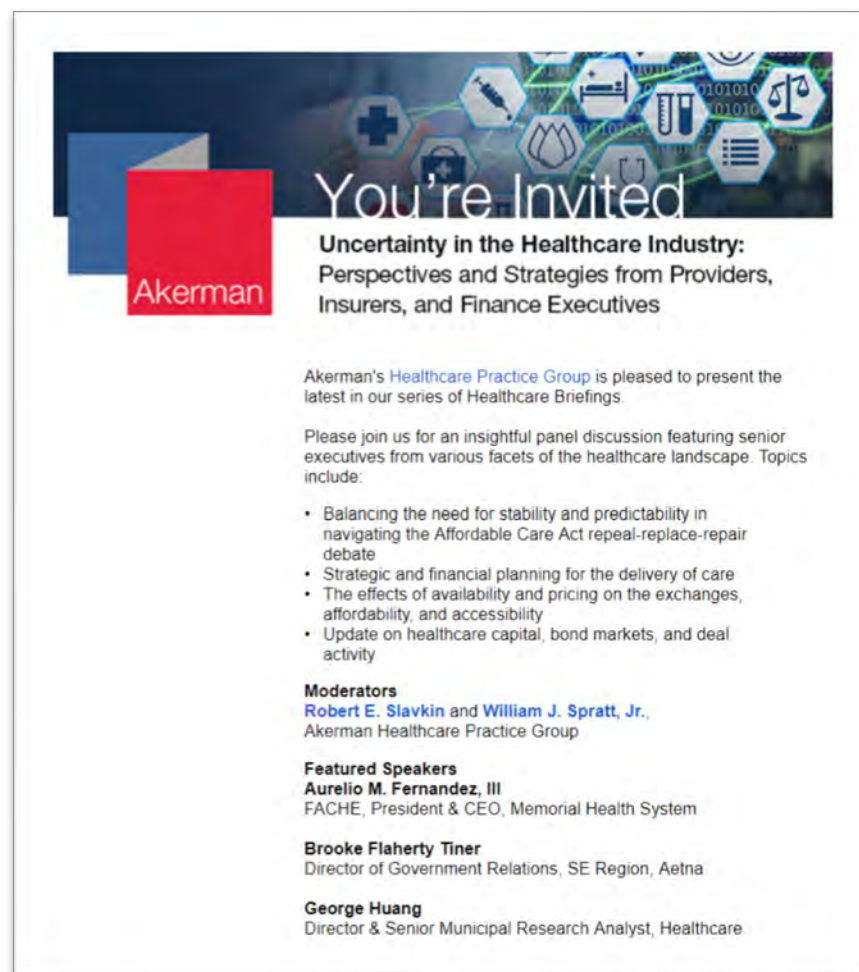
Source: American College of Sports Medicine

Copyright 2019, American Institute for Preventive Medicine. All rights reserved.
50445 Northwestern Hwy., Ste. 350 Farmington Hills, MI 48324
248.555.1806 • afpm@healthylife.com • www.HealthyLife.com

11. Does your organization sponsor periodic seminars on timely benefit issues? If so, what are the specific issues your firm has addressed during the last two years and where were the seminars presented?

No. We do not engage in this marketing tactic. Instead we simply meet with our clients to discuss specific laws or topics that directly impact them. It's all about providing personalized and individualized service for each client, as opposed to hosting a large, general seminar, where the topic may be appropriate for one client but not the other. For example, we recently hosted a seminar on HIPAA compliance and best practices at the City of Miramar with all members of the HR department, HR Liaisons, and other employees that handle sensitive data.

Our law partner Akerman does host educational seminars on specific matters that impact clients as well. Our clients are invited to attend these seminars. Please see an example below.



12. Describe any innovative “outside the box” solutions your firm has provided to your clients.

We have provided a wide array of “outside the box” solutions for our clients. It all depends on the risk tolerance level of our clients. As listed in our case studies above, we recommended self-funding the employer paid short term disability insurance program to reduce costs. We have also recommended self-funding the dental program and vision program for larger groups.

For government agencies, moving to higher deductible plans with health savings accounts are considered “out of the box” thinking since there is a history and culture of rich benefits. We have recommended a full replacement of traditional plans with consumer driven health plans (CDHP) and health savings account. The City would make contributions to the health savings account only upon the employee completing a preventive screening exam as per the wellness program. This type of incentive program is designed to drive employees to improved health behaviors and to ensure they make the minimum effort to secure a preventive screening.

Circumstance: Technology client with a predominantly young male population spent approximately \$2,000 monthly for short term disability coverage. For many years, there were no claims and the client considered terminating the coverage.

Recommendation: To maintain the benefits and reduce costs, we recommended the client change funding platforms from fully insured to self-funded. Under this arrangement, the carrier serves as the third-party administrator and the client only pays for actual claims. The monthly administrative fee went from \$2,000 monthly to \$240 monthly and the client only paid for actual claims.

Result: Year over year the clients claim fell well below the \$24,000 in annual premiums paid historically.

We look forward to the opportunity of evaluating the City of North Miami and developing a customized solution to help improve wellness participation, reduce claim costs, and provide a competitive benefits program from a cost and value perspective.

G. Benefit Communication & Enrollment Services

1. Describe the full range of Benefits Communication and Enrollment Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP.

Under our business model, we acquire the best in class enrollment system and partner with a local company for benefit communication booklets. As part of the benefits communication, we will partner with a local North Miami business called Vessel Design, Inc. to create an open enrollment booklet. Vessel Design is a graphic design business in North Miami that provides quality printing services and marketing solutions. We will share our knowledge of the culture, demographics and benefits program of the City of North Miami and develop a communications strategy, plan, and marketing materials to promote the benefits and wellness programs offered to North Miami employees and their dependents.

Regarding enrollment services, the City indicated that they are open to continue using PlanSource or working with another vendor, such as Maestro Health. With Maestro, we can use text messaging, emails, and traditional communications channels to reach a variety of employees. It is important to use different means to communicate with the diverse employee base. We will work with HR to learn the best practices of the past and determine the best fit for the future. We also partner with other highly rated enrollment technology platforms, so as mentioned previously, we are flexible. We believe it is best that City staff be included in the selection of the enrollment technology as staff members and employees will use it.

2. Explain the methodology of your firm in reference to employee education concerning the City's benefits program?

We will work in concert with the HR team to develop a communication plan to target each employee at the City of North Miami. We understand that in today's work environment, there are people from multiple generations in the workforce. There are individuals in the baby boom generation that may not have experienced open enrollment without a benefit booklet in hand. On the other extreme, there are millennials that expect to be notified about open enrollment via text message. They will likely enroll in their benefits with their mobile phone.

The City of North Miami also has a significant number of employees from Haiti, an island where our founder, Mike Gelin has family roots. We can develop a communication plan and booklet in multiple languages including Kreyol and Spanish. We can also have enrollers who speak Kreyol on site to assist employees.

At our initial strategic meeting when we discuss communication resources, we will review the demographics of the City, determine the total number of employees per location, identify the languages spoken and develop a custom communication strategy for the City of North Miami.

3. Describe how your firm will create a communication strategy for City's benefits plan; include examples of past strategies used with clients. Provide sample documents included in past campaigns, describe their purpose. Explain how you measure the success of a campaign.

Our communication strategy begins with a discussion with HR, the establishment of goals, the key messages HR would like to convey, and the tools and resources available to convey those messages. Past strategies include sending out postcards in the mail and placing posters in high traffic areas to build awareness. We then conduct multiple open enrollment meetings at various locations to meet as many employees as possible. We measure success by getting feedback from HR and City leadership; (2) the number of calls we receive regarding the misunderstanding of benefits, and (3) issuing an employee survey shortly after open enrollment to ask specific questions regarding the open enrollment process, materials, and communication channels. Sample materials are included in the following pages.



Gelin
Benefits Group



Annual enrollment is
October 1st – October 31st

**Learn about what's
changing for 2018
and how to enroll.**

WHEN: October 5, 2018
WHERE: Room 223 4th Floor



2018 Benefits Enrollment is Right Around the Corner...

Watch for your 2018 Benefits Guide and learn:

- > **What's Changing for 2018**
- > **Your 2018 Benefit Options**
- > **Who's Eligible**
- > **How to Enroll**
- > **Making Changes During the Year**

Annual Enrollment is October 1 – October 31. Enroll Early!



2018 Benefits Enrollment Ends Soon...

Enroll by October 31 to receive benefits coverage for 2018.

- REVIEW**
Carefully read your Benefits Guide
- CLARIFY**
Contact Human Resources or any of the plan administrators with questions.
- ENROLL EARLY**
Enrollment is easy.
- CONFIRM**
Review the confirmation statement you'll receive to confirm your elections.

4. If your materials have been recognized in trade publications or by trade associations, please provide examples of materials and cite any awards won.

Client services and satisfaction is our only focus. We have not submitted any of our work to outside trade publications or associations for advertising and marketing purposes or for external recognition. If our client chooses to share our work product, then that is fine. Those types of recognitions are great for marketing purposes. However, the best way to attract new clients is to secure referrals from current satisfied clients. We take pride in the fact that we get glowing referrals from our clients, which has led to new client relationships.

H. Benefit Administrative Services

1. Describe the full range of Administrative Services that your firm provides. You may be more expansive than the services identified in the Scope of Services required under this RFP. Include the number of years you have provided administrative services to active employees, retirees, and COBRA beneficiaries.

One of the things that makes the Gelin Benefits Group unique is that we do not own an enrollment technology platform that clients **must** use whether it is a good fit or not. We do not have exclusive deals with any enrollment or benefit administration services vendors. We work with our clients to identify the best in class technology that fits the needs of the particular client, and we would do the same with the City of North Miami.

Since the City is currently using PlanSource, we researched the market and identified and vetted Maestro Health for its full-service capabilities. Maestro Health offers a hybrid solution that offers modern enrollment, worry-free eligibility management, and accurate billing services, and a personalized experience to the City's valued employee. For the purpose of this section, we will highlight Maestro's capabilities, but we can also work with PlanSource, Maxwell Health, BenefitFocus, and many other technology administration platforms.

Other features include the following:

Benefit Administration System Services

- Provide web-based benefit administration platform for employee self-service, employer self-service, and administration.
- Process one Employer census file of employee demographic information received in electronic format (or another format as agreed) from Employer (see Implementation).
- Program current carrier EDI system files.
- Provide one Employer Deduction Export Report of Participant elections.
- Collect and provide updates to miscellaneous employee information.
- Maintain Health and Welfare eligibility including historical records on all demographic and benefit election changes.
- Provide standard system reporting (Note: custom reporting may require additional charges).
- Manage age-based benefit adjustments.
- Manage salary-based benefit adjustments.

Annual Enrollment Administration

- Provide annual rollover services, including updating dates, rates, and zip codes for existing benefit offerings.
- Review current benefit plans, vendors, and Employer business rules for changes to next Plan Year
- Determine eligibility and calculate participant costs for available benefits
- Update knowledgebase content for plan changes
- Create and post standard electronic benefit election statements
- Capture and process eligible employee elections via web
- Capture and process dependent information
- Capture beneficiary designations electronically via web

Ongoing Administration

- Provide portal for employee self-service access for Employees to review benefit related information (as posted by Employer), review current and pending benefits, and print forms and documents
- Provide portal for employer to access and review employee, dependent, and coverage information
- Provide system reporting capabilities including on-line, real-time reporting capabilities of Employer designated administrator for standard on-going enrollment reports
- Determine eligibility and calculate participant costs for available benefits based upon Employer business rules.
- Capture and process dependent information
- Conduct year-round enrollment
- Process work and life events
- Process annual age-based status change events for life and disability coverage
- Capture beneficiary designations via web
- Create and post standard electronic benefit election statements
- Create standard employer deduction report
- Provide enrollment reporting to carriers
- Maintain master list of carriers and required data for plan administration

2. Describe how your firm will provide the implementation, data exchange and data management services contemplated by the Scope of Services.

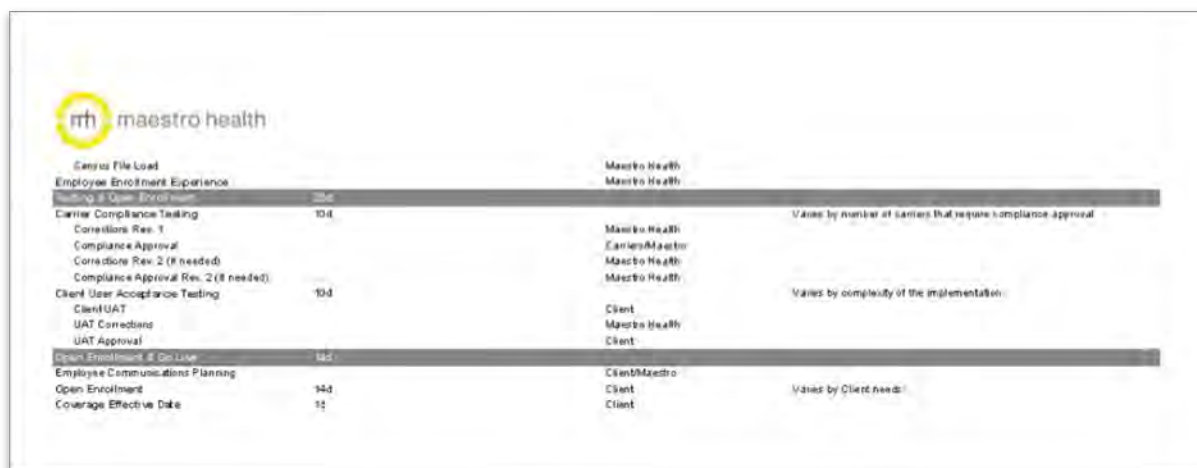
Maestro has thousands of clients throughout the US and we have electronic feeds and data exchanges with carriers throughout the country. All data exchanges are completed via a secure file transfer. Additional details are highlighted below.

- Provide an implementation team to work with Employer and Relationship Manager in planning, project management, process documentation, requirements definition, and system configuration and testing for implementation services.
- Setup (benefit administration platform) in accordance with the requirements defined in the discovery process and in accordance with Maestro Health standard Benefits Delivery
- Program rates, plans, eligibility groups, deductions, etc. in benefits administration platform
- Provide sample enrollment language options for Employer benefit offerings for configuration
- Configure the system with an Employer specific logo, image, benefit offerings, web site links, documents and enrollment language where permitted and as specified by Employer
- Test the system using the standard system testing plan
- Work with Employer to resolve any problems/issues discovered during the implementation testing phase.
- Setup ongoing electronic feeds to carriers
- Provide access to Maestro Health standard payroll export (custom development fees will apply if programming to a employer group provided layout)
- Manage ongoing system maintenance

3. Provide a sample timeline associated with managing City’s plan from contract award and implementation, through plan enrollment, ongoing data exchange, and preparation for plan renewal.



| Task Name | Duration | Target Start | Target Finish | Predecess | Assigned To | % Complete | Comments |
|--|----------|--------------|---------------|-----------|----------------|------------|--|
| kick off Meeting - Team Intro, Share Roles | 1 day | | | | | | Account Contract & SCOR are finalized |
| Client Discovery | | | | | Client/Maestro | | |
| Current Technology & Services Used | | | | | Client/Maestro | | |
| Disincent information | | | | | Client/Maestro | | |
| Eligibility and Payroll Rules | | | | | Client/Maestro | | |
| Plan / Product Information | | | | | Client/Maestro | | |
| Billing (if applicable) | | | | | Client/Maestro | | |
| Reporting Needs | | | | | Client/Maestro | | |
| Carrier Discovery & Initial HR | | | | | Client/Maestro | | |
| EDI File Specifications | | | | | Client/Maestro | | |
| Client Communication | 1 day | | | | | | Customer at 4/28/2019 are in good order upon review |
| Receipt of Documents | | | | | Client | | |
| Federal/State Documents (Benefits Guides, Links, PDFs) | | | | | Client | | |
| Group Application | | | | | Client | | |
| Consent | | | | | Client | | |
| Adverse Files | | | | | Client | | |
| EDI File Specifications | | | | | Client | | |
| Implementation Discovery | | | | | | | Values to complete of client needs and can be done incrementally |
| Review of Group Application | | | | | Maestro Health | | |
| Review Consent | | | | | Maestro Health | | |
| Review Adverse Files | | | | | Maestro Health | | |
| Create Implementation documentation | | | | | Maestro Health | | |
| Plan/Policy (Text, Emails, Images) | | | | | Maestro Health | | |
| Life Event Rules | | | | | Maestro Health | | |
| Group Information & Eligibility Images | | | | | Maestro Health | | |
| Plan/Policy/Adverse Files/Reports | | | | | Maestro Health | | |
| Eligibility Rules | | | | | Maestro Health | | |
| Rate Templates | | | | | Maestro Health | | |
| Billing Settings | | | | | Maestro Health | | |
| Payroll File Specs and Settings | | | | | Maestro Health | | |
| Review the leading specifications | | | | | Maestro Health | | |
| EDI File Specs | | | | | Maestro Health | | |
| Review Application | | | | | Maestro Health | | Values to complete of client needs and can be done incrementally |
| Review Build | | | | | Maestro Health | | |
| Review production by eligibility groups | | | | | Maestro Health | | |
| Load rates | | | | | Maestro Health | | |
| Create and test eligibility rules | | | | | Maestro Health | | |
| Setup adverse mapping | | | | | Maestro Health | | if applicable |
| Setup Billing | | | | | Maestro Health | | |
| Create test user data | | | | | Maestro Health | | |
| Compliance (unit) testing | | | | | Maestro Health | | |
| Group user acceptance testing | | | | | Maestro Health | | |
| Setup | | | | | Maestro Health | | |
| Review File | | | | | Maestro Health | | |
| Review Consent discrepancies | | | | | Maestro Health | | |
| Load adverse file | | | | | Maestro Health | | |
| Review error | | | | | Maestro Health | | |
| System Report Build | | | | | Maestro Health | | |
| EDI | | | | | Maestro Health | | |
| Force Coverage File | | | | | Maestro Health | | Review upon completion of names and dates/coverage |
| Reconcile/compare adverse file carrier 1 | | | | | Maestro Health | | |
| - compare to carrier discrepancies | | | | | Maestro Health | | |
| Reconcile/compare adverse file carrier 2 | | | | | Maestro Health | | |
| - compare to carrier discrepancies | | | | | Maestro Health | | |
| Reconcile/compare adverse file carrier 3 | | | | | Maestro Health | | |
| - compare to carrier discrepancies | | | | | Maestro Health | | |
| Feedback/Discrepancy resolution | | | | | Maestro Health | | |
| Performance/Loading for coverage | | | | | Maestro Health | | |
| Load file | | | | | Maestro Health | | |
| Review error | | | | | Maestro Health | | |
| Review Rates | | | | | Maestro Health | | |
| Review carrier file loaded | | | | | Maestro Health | | |
| File Coding/Creation | | | | | Maestro Health | | |
| Setup - test file with Carrier | | | | | Maestro Health | | |
| Production Open Environment File | | | | | Maestro Health | | |
| Review | | | | | Maestro Health | | |
| Employee Portal | | | | | Maestro Health | | |
| Life Event - Submit & Approval | | | | | Maestro Health | | |
| Reconcile/compare | | | | | Maestro Health | | |
| New Hire | | | | | Maestro Health | | |



| maestro health | | Maestro Health |
|--|------|---|
| Carrier File Load | | Maestro Health |
| Employee Enrollment Experience | | Maestro Health |
| Rolling 30 Open Enrollment | 100% | |
| Carrier Compliance Testing | 100% | Varies by number of carriers that require compliance approval |
| Corrections Rev. 1 | | Maestro Health |
| Compliance Approval | | Carrier/Maestro |
| Corrections Rev. 2 (if needed) | | Maestro Health |
| Compliance Approval Rev. 2 (if needed) | | Maestro Health |
| Client User Acceptance Testing | 100% | Varies by complexity of the implementation |
| Client UAT | | Client |
| UAT Corrections | | Maestro Health |
| UAT Approval | | Client |
| Open Enrollment # Go Live | 100% | |
| Employee Communications Planning | | Client/Maestro |
| Open Enrollment | 100% | Client |
| Coverage Effective Date | 100% | Client |

4. As part of your Administrative Services, does your firm outsource or maintain your own Call Center for employees who have special needs or questions? Describe the full range of services available to employees or retirees who call during Open Enrollment and throughout the benefits plan year, the number of service agents and hours of operation. Include the following in your response:

Calls are handled by US based, multilingual employees. We are available throughout the year to answer questions employees have on a range of issues from all plans including the medical, dental, vision, life, and disability insurance. We are available primarily during business hours of 8:00 am to 5:00 PM. However, we have responded to client calls and emails during all times of the day and night.

a. A description of the documentation your firm maintains on incoming calls.

Maestro health utilizes a web-based customer relationship management system that tracks all incoming calls. Employees document the discussion and the report is available for other customer service representatives to review. This ensures that any representative can gain quick access to the history of the caller to resolve matters in a timely manner.

b. The call monitoring system, call tracking and resolution procedures used by your firm.

For competitive reasons, we cannot publicly disclose the name of the customer relationship management system we utilize. However, we have 100% call recording for quality assurance. Advocates are monitored and provided feedback weekly. The CRM tool tracks 100% of contact and tracks cases to be managed through completion in the event an issue is unable to be resolve at the time of the call. If we are privileged enough to win the contract with the City, then we will execute a non-disclosure agreement and share additional details about our monitoring and tracking platform.

c. The key performance indicators your Call Center tracks by client.

We track the abandonment rate and average speed of answer among some other internal metrics. Currently, we exceed our standard metrics of less than 5% abandonment rate and under 30 seconds average speed of answer.

d. How customer satisfaction is assessed?

We conduct seasonal surveys around customer satisfaction to the clients that gauges employee satisfaction around the programs we administer. We are currently working to incorporate ESAT surveys within our IVR to gauge individual satisfaction for the programs we administer.

e. What is the process for resolving customer complaints/issues?

Our advocates are trained and empowered to handle a broad range of issues. In the event the advocate is unable to resolve an issue/complaint, we do have an escalation path to the direct Manager, and Director as needed.

5. What type of formal reports or scheduled meetings can Employer expect? (Content, frequency, participants and objectives.)

The City of North Miami will have Relationship Manager assigned that will manage all day-to-day communications, scheduling meetings, and acting as the liaison between all internal Maestro teams and the City. Multiple reports are posted to the meEdge system on a weekly basis. These reports are listed below:

- Payroll deduction report
- Group profile report
- Change report
- Employee election report

I. Cost Savings Initiatives

1. Describe how your firm will analyze existing coverage and identify or develop cost saving alternative benefit strategies and plans.

Gelin Benefits Group has had success in controlling the employee benefit cost for clients. While no consultant can control the unexpected cost that may arise from a surge in large claimants, utilization or other factors, our approach is to build employee benefit plans that can be sustainable over time.

As part of our strategic benefits evaluation and planning process, we will evaluate every aspect of your group benefits program including the group medical, dental, vision, life, disability and supplemental insurance products to ensure the plans are in alignment with the City's overall objectives. In addition to benchmarking the City's benefits to regional and national benchmarks, we will compare your plan benefits, terms, and contributions to other municipalities of like size and demographics.

Once our initial evaluation is completed, we will work with City staff and leadership to understand the financial, cultural, and health plan goals for the City. Depending on the City's risk tolerance, budget, goals, and other factors critical and specific to the City we will recommend cost saving alternative benefit strategies and plan design options including the following:

- Transitioning to a low risk self-funded model known as level funding where the City can secure up to 50% of annual cost savings
- The introduction of an IRS qualified high deductible health plan (HDHP) with a health savings account
- Implementation of an independent, third party wellness program
- Maintaining current plan designs but promoting and increasing the utilization of disease management and care management programs
- Maximizing employee use of urgent care centers and convenience care clinics
- Educating employees in the promotion and use of telemedicine

Based on the monthly claims report provided in the addendum, the City of North Miami experienced historical loss ratios significantly below the 85% threshold established by the federal government and HealthCare Reform. While this is one of many factors in the calculation of an annual renewal, it indicates that the City has performed well historically and should have merited moderate to no cost increases. Additionally, an argument could be made that the City should be self-funded to reap the benefits of an overall health population. However, once we have access to detailed utilization reports that provides information on metrics such as urgent care use vs. emergency room care, the percentage of employees who access preventive services vs. those who do not, and participation in chronic care management programs and wellness initiatives, we can determine how best to design a program to maximize engagement and cost savings.

2. Describe how your firm will assist in the development of alternative strategies to reduce cost. Kindly include a sample of cost-containment information or initiatives, which you have used previously.

As Consultants, we need to understand the culture and goals of the organization, budgetary constraints, and impact to employees and their family members. During our initial Strategic Benefits Discovery Process, we will learn more about the needs, goals culture, and philosophy of the City. As part of our strategic benefits discovery process we learn more about budget, cost sharing approach, desired market position, plan design philosophy, incentive programs, leadership culture, and member education among other factors. Based on the City's response to our detailed discovery process, we can develop alternative strategies that meet the needs of the City.

In the following examples of cost saving initiatives, we have implemented with other clients, each were specifically tailored to the needs of the organization based on their employee data.

Example 1

In 2015, while working with a large municipality in South Florida with over 1,000 employees, we reviewed the detailed utilization reports provided by the carrier and found that employees ensured their dependents received their annual preventive care screenings at well above 70%. However, employee utilization of preventive care screenings was below 30%. To gain an understanding of this significant gap in care, we surveyed employees, online, in person, and among small groups. We found that a significant number of employees did not secure annual screenings because (1) they did not have time, (2) found it inconvenient, (3) did not see value in preventive screenings, and or (4) viewed healthcare as something to access after an illness and not for preventive measures.

As a result of the survey responses, we understood the challenge and offered solutions to address those challenges including (1) building and education and awareness campaign (2) promoting the importance of knowing your numbers (3) identifying, promoting and sharing convenient access to care in the network and (4) creating a culture of health and wellness in a fun environment.

Solution

The City was transitioning from one carrier that had a robust wellness program to one that did not have a program that was as engaging or effective. We recommended the City secure an independent third-party wellness platform that is carrier agnostic. Therefore, as carriers come and go, the wellness program can remain the same with no interruption. The City implemented a rewards-based wellness programs that assign points for daily activities both physical and mental, preventive care screenings, and online learning. Points are converted into dollars which can be used to access gift cards, movies, and other desirable prizes or cash. This program makes wellness and preventive screenings motivating and fun. Enrollment and engagement in this program improved significantly and wellness is now becoming embedded in the culture of the City.

During open enrollment and throughout the plan year, we educated employees on the easy access and lower cost use of urgent care clinics and convenience care clinics at retail centers such as CVS and Walgreens. As a result of the continuous educational campaign, employee use of urgent care centers and convenience care clinics increased substantially based on the carrier utilization report. This results in significant savings for the City as these access points are at a lower cost level.

Finally, to ensure that all employees and dependents have access to a primary care physician, the City took our recommendation and is in the final stages of implementing an on-site health clinic. The clinic will provide high-quality primary care services by a board-certified physician, nutritional counseling and chronic care management services. The value of the clinic includes the convenient access to healthcare services, quality time spent with a physician, access to prescription drugs on-site, and total care management for each individual with no out of pocket copayment. The clinic is expected to generate over \$1,000,000 in cost savings.

This solution was based on direct feedback from employees, historical claims and detailed utilization reports, and the goals and budgetary needs of the City. This was a joint effort and collaboration by our firm and the City. We would love the opportunity to evaluate and recommend custom solutions to the City of North Miami.

3. Describe how your firm will assist in the development of and planning of long-range goals and strategies, including making projections of potential savings.

As part of our strategic benefit planning process, we will discuss the short term (1-2 years), medium term (2-3 years), and long term (5+ years) goals of the City. We will discuss overall healthcare trends, the changing market conditions including the impact of CVS acquiring Aetna and Cigna acquiring the pharmacy benefit management company, Express Scripts, and detailed claims and utilization reports specific to the City of North Miami. As consolidation continues and the market shifts, we will align our objectives with the changing landscape of healthcare and its delivery model.

Since claims and utilization are the biggest cost drivers to the City's benefit plan, we will monitor the claims and utilization reports monthly and provide renewal projections for the next renewal period and long-term projections for the following years. Additionally, we will provide cost saving alternative plan designs based on actuarial standards to allow the City to consider how plan changes may impact cost. The Gelin Benefits Group and our actuarial partner Wakely Consulting provides sound and reliable renewal projections our public sector clients rely on for the budgetary planning process.

We will revisit the goals we establish every year and revise and shape the goals to meet the changing winds of healthcare. In the past, one could reasonably plan for the next 5 years. However, since healthcare is part of the national political discourse, pharmacy drug rates are soaring, the rising popularity of telemedicine, industry consolidation, and new entrants into the market including the combination of Amazon, JP Morgan Chase, and Berkshire Hathaway coming together develop an insurance company to challenge the status quo. It is nearly impossible to create long term plans. However, we will develop a long range strategy and work with the City to revise and further develop the goals and strategize to minimize the cost of healthcare.

J. Compensation

Provide your method of compensation e.g. Fee, commission, or combination of the two. Provide total annual dollar amount, if fee-based, or commission percentage, if commission based. Please see Appendix "A" for Proposed Schedule of Fees.

We believe the compensation requested is competitive and realistic. We deliver a personalized service that employees appreciate and respect. In addition, we have to include the cost of a benefit administrative system, as required by this RFP. Therefore, a portion of the compensation will go directly to that expense and not to Gelin Benefits Group. Rather than going extremely low on price as an attempt to secure the business, we offer a competitive price point so we can deliver the high level of service the City of North Miami expects. Our goal is also to serve as a true corporate partner to the City of North Miami and we intend to support the City in the many community engaging activities the City sponsors.



Schedule of Fees
Agent of Record for Employee Benefits Programs
RFP No. 71-18-19

Compensation shall be quoted in either of the following ways. Remuneration may consist of flat or variable fees, or commissions for each line of insurance. The successful firm shall provide an annual statement from each carrier confirming that the insurance carrier has paid no commissions if a flat fee has been agreed to as a method of compensation. Full disclosure of all compensation earned, either directly or indirectly is required. All fees and or commissions earned must be disclosed.

Insurance placed by agent-broker on behalf of the City will be invoiced based on agreed terms upon placement of the coverage. The City shall remit payment to the agreed party in accordance with the specified terms and conditions. **Please complete the information below regarding the proposed fees for each line (health, dental, vision, life & disability)**

| Line of Business | Commission | Fee | Comments |
|----------------------------|------------|-----|----------|
| Group Health Insurance | 3% | | |
| Group Dental Insurance | 3% | | |
| Group Vision Insurance | 3% | | |
| Group Life Insurance | 3% | | |
| Group Disability Insurance | 3% | | |

Note: Respondent should attach additional information (clarification) as part of their proposal regarding their proposed compensation for all services to be provided under this Solicitation.

K. References

Provide at least three (3) current or former public, private or non-profit sector clients, with 600 employees or more (see Form A-14). References must include organization name, contact name, telephone number, and email address.

Our reference form is completed and includes three of the largest public agencies in Broward County, FL. We aim to please, go above and beyond expectations, and our clients respect and appreciate the valuable service we provide.





REFERENCES (Form A-14)

List a minimum of three (3)

Name: City of Miramar Contact: Human Resource Director
 Address: 2300 Civic Center Place
 City: Miramar State: FL Zip: 33025
 Contact Person: Randy Cross
 Phone: 954-602-3054 E-Mail: rmcross@miramarfl.gov
 Type of Job Performed & Cost: Insurance advisory, brokerage, and benefits consulting services including RFP for health & welfare plans and onsite clinic etc.

Name: Broward Sheriff's Office Contact: Assistant Manager Employee Benefits
 Address: 2601 West Broward Boulevard
 City: Fort Lauderdale State: FL Zip: 33312
 Contact Person: Laurel Owens, CEBS, PHR, SHRM-CP
 Phone: (954) 831-8355 E-Mail: Laurel_Owens@sheriff.org
 Type of Job Performed & Cost: Request for Proposal for Legal Plan Services Issue RFP, summarize results, coordinate with procurement, meet with selection committee, etc.

Name: Broward County Government Contact: Deputy Chief Financial Officer
 Address: 115 S Andrews Avenue
 City: Fort Lauderdale State: FL Zip: 33301
 Contact Person: Kevin Kelleher
 Phone: (954) 357-7132 E-Mail: kkelleher@broward.org
 Type of Job Performed & Cost: Special projects including benchmarking for the group health and welfare program.

PRINT

L. Local Business Preference

This RFP is issued in accordance with the City of North Miami Code of Ordinances Sec. 7-151, which states that preference be given to local businesses, in the form of ten percent (10%) of the total evaluation points or ten percent (10%) of the total bid price. Respondents must submit Forms A-3 and A-3(a) (if applicable) with their submittal to receive local preference. Failure to submit required documentation may render the Respondent ineligible for local preference.

The Gelin Benefits Group maintains an office location in North Miami. Additionally, we have partnered with Vessel Designs, Inc. The company is a local, women-owned business in North Miami and it will receive 10% of the value of the contract. We look forward to a great partnership with Vessel Designs. We are confident in their work, as the company is a vendor with the City of North Miami and has completed projects for the City in the past.





LOCAL PREFERENCE FORM A - 3



LOCAL BUSINESS PREFERENCE AFFIDAVIT

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

SECTION 1: GENERAL TERMS

Local Preference

The evaluation of competitive bids is subject to Section 7-151 of Ordinance 1244 which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing that it meets at least two (2) of the following objective criteria prior to the City's issuance of the Solicitation.

Business location means a permanent office or other site where the local business conducts, engages in, or carries on all or a portion of its business. A post office box or location at a postal service center shall not constitute a business location.

At least two (2) of the following criteria must be met in order to qualify for local preference:

1. A business that is located in the City of North Miami (City) with a current city business tax receipt issued prior to the City's issuance of the Solicitation for supplies or services **AND/OR**;
2. A business has at least ten (10%) of its total workforce residing in the City prior to the City's issuance of the solicitation for supplies or services **AND/OR**;
3. A business that subcontracts at least ten percent (10%) of the contractual amount of a City project with subcontractors who are physically located within the City.

The offeror, supplier, or contractor seeking the local business preference has the burden to show that it qualifies for the preference, to the satisfaction of the City.

The preference is used to evaluate the submittals received from bidders. Except where federal or state law mandates to the contrary, in the purchase of supplies or services in which objective factors used to evaluate the submittals received from offerors are assigned point totals, a preference of ten (10) percent of the total evaluation points, or ten (10) percent of the total price, shall be given to a local business.

Comparison of Qualifications

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the City from giving any other preference permitted by law instead of preferences granted, nor prohibit the City to select the bid or proposal which is the most responsible and in the best interests of the City.

SECTION 2: AFFIRMATION

Failure to fully complete this affidavit and to submit the requisite supporting documents may render the Vendor Ineligible for Local Preference. Bidder/Respondent must check the applicable boxes below.

LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses located within the limits of the City.

NOTE: A copy of a current Business Tax Receipt must be submitted along with this bid or proposal.

- Place a check mark here only if affirming bidder meets requirements for Local Preference Certification.

Revised 11/9/17



LOCAL PREFERENCE FORM A - 3

WORKFORCE LOCAL PREFERENCE CERTIFICATION: The local preference may be granted to businesses with a least ten percent (10%) of its total workforce residing within the geographical boundaries of the City.

NOTE: Must submit copy of current roster of all employees and provide proof of residence (Driver's License, Voter Registration Card, etc.) and proof of employment for those employees living within the City of North Miami.

Place a check mark here only if affirming bidder meets requirements for **Workforce Local Preference Certification**.

SUBCONTRACTOR LOCAL PREFERENCE CERTIFICATION: The local preference may be granted to businesses that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractors who are physically located within the City of North Miami.

NOTE: Must submit a fully completed Form A-3(a); Statement of Intent signed by the respective subcontractor(s).

Place a check mark here only if affirming bidder meets requirements for **Subcontractor Local Preference Certification**.

I certify that the information and responses on this form or attached hereto are true, accurate, and complete. I understand that the submittal of this form to the City's Purchasing Department is for this public entity only. I also understand that I am required to inform the City's Purchasing Department of any change in the information contained in this form or any attachments hereto.

Gelin Benefits Group, LLC

Company Name

Elberg Mike Gelin

Print Name – Authorized Representative

Elberg Mike Gelin

Signature – Authorized Representative

President

Title

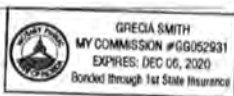
August 21, 2019

Date

Sworn to and subscribed before me on this 21 day of August, 2019

[Signature]
Notary Public

My Commission Expires:



Revised 11/9/17



LOCAL PREFERENCE FORM A – 3(a)



STATEMENT OF INTENT

RFP/IFB NO. RFP No. 71-18-19

A signed "Statement of Intent" shall be completed by both the proposer/bidder and the owner or authorized principal of each Local to provide services under this Solicitation.

Vessel Design Inc. agrees to perform work on the above contract as (check one)
Name of Local Business a partnership; a corporation; an individual; a joint venture

Local Business Contractor

The Local Business will enter into a formal agreement, conditioned upon the Bidder/Proposer executing a contract with the City of North Miami for the work with Gelin in Brief its Group LLC

Name of Bidder/Proposer

| Item No. | Type of Work | Agreed Price of Work | Percentage of Work |
|---------------------|--------------------------------------|----------------------|--------------------|
| 1. | Develop open enrollment booklets | \$ 10,000 | % |
| 2. | Printing of open enrollment booklets | \$ 4,000 | % |
| 3. | Printing of wellness materials | \$ 4,000 | % |
| TOTAL VALUE OF WORK | | \$ 18,000 | % |

Cynthia Ordaz President May 23, 2019

Local Business Contact Name (Please Print) Title Date

1690 NE 123rd Street North Miami, FL 33131

Local Business Address, City, State & Zip Code

create@vesseldesign.net (305) 757-4141

Local Business E-Mail address Phone Number Authorized Local Business Signature

Allegory Indira Gelin President May 23, 2019

Authorized Bidder/Proposer Signature Title Date

NOTE: A copy of the Local Vendor Business Tax Receipt and signatures of Local Business and Bidder/Proposer are required.

Revised 06/03/16



| | | |
|--|--|---|
| Local Business Tax Receipt Miami-Dade County, State of Florida <small>THIS IS NOT A BILL - DO NOT PAY</small> | | LBT |
| 5564118 | | |
| BUSINESS NAME/LOCATION VESSEL DESIGN INC 1690 NE 123RD ST NORTH MIAMI FL 33181 | RECEIPT NO. RENEWAL 5804134 | EXPIRES SEPTEMBER 30, 2019 <small>Must be displayed at place of business Pursuant to County Code Chapter 8A - Art. 9 & 10</small> |
| OWNER VESSEL DESIGN INC Employee(s) 3 | SEC. TYPE OF BUSINESS 213 SERVICE BUSINESS | PAYMENT RECEIVED BY TAX COLLECTOR \$45.00 07/06/2018 CHECK21-18-058884 |
| <small>This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.</small> | | |
| <small>The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.</small> | | |
| <small>For more information, visit www.miamidadade.gov/taxcollector</small> | | |



M. Additional Information

Provide any additional and/or relevant information regarding the firms' capability with regard to similar projects.

Included below are a sample of tools and resources we will use to optimize the health benefits and strategy of the City.

CFO Insights - Leverage comprehensive reporting and benchmarking to evaluate the financial health of the City's benefits strategy.

Employee Surveys - Uncover the insights and understand your employees and their healthcare needs

Benchmark Edge - Help your clients identify gaps in their plan designs by using data specific to their industry, size, plan type, and region.

Compliance Analyzer - Sophisticated compliance management tools, covering areas like ACA analysis and ERISA.

CostLens Benefits Planning - a live contribution modeling web portal that allows you to add plan scenarios and create or edit a contribution strategy

On-site Clinic evaluation – Determine if an onsite clinic is the right strategy for the City

Actuarial Services – Annual renewal analysis, feasibility studies and other detailed reporting to assist the city in making sound and reliable decisions.



N. Litigation

Provide a listing of all lawsuits or proceedings involving the Respondent within the past ten (10) years, including case names and numbers, courts, nature of the actions and disposition or status of each case.

We do not have any current or pending litigation. Furthermore, we do not have any history of litigation.



O. Insurance Requirements

All Respondents shall provide evidence of the ability to obtain appropriate insurance coverage. Respondents may fulfill this requirement by having their insurance agent either (1) complete and sign an insurance certificate which meets all requirements, or (2) issue a letter on the insurance agency's stationery stating that the respondent qualifies for the required insurance coverage levels and that an insurance certificate meeting the City's requirements will be submitted before final execution or issuance of the contract. (Form A-7)

A certificate of insurance is included along with Form A-7.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: NUTMEG INS AGENCY INC/PHS... CONTACT NAME: NUTMEG INS AGENCY INC/PHS... INSURER A: The Twin City Fire Insurance Company... INSURER B: The Hartford Casualty Insurance Company... INSURER C: Indian Harbor Ins. Company...

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. Certificate Holder is an additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

CERTIFICATE HOLDER: City of North Miami... CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Susan S. Castaneda

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.



Form "A-7"

General Insurance Requirements

Bidders must submit with their bid or proposal, proof of insurance meeting or exceeding the following requirements.

- Workers' Compensation Insurance – Statutory limits and Employer's Liability Insurance - \$1,000,000
- Fidelity / Dishonesty Coverage - \$500,000 per occurrence
- Professional Liability (Errors and Omissions) Insurance –
 1. \$1,000,000 per occurrence, \$2,000,000 aggregate on dedicated project limits with a deductible (if applicable) not to exceed \$25,000.00 per claim (audited financial statements required). The certificate of insurance shall reference any applicable deductible;
 2. Claims made policy must have an extended coverage reporting period of two years past the coverage completion date;
 3. For Deductible programs or Self Insured Retention Programs an Irrevocable Letter of Credit or performance Bond for amount of SIR/Deductible is required.
- Commercial General Liability Insurance – preferably written on an occurrence form with \$1,000,000 for each occurrence, to include contractual liability, personal & advertising injury, and products/completed operations.
- Automobile Liability Insurance – \$1,000,000 combined single limit bodily injury & property damage.

The successful Bidder(s) must submit, prior to signing of contract, a Certificate of Insurance including the City of North Miami as additional insured for Commercial General Liability and Auto Liability Insurance. Consultant shall guarantee all required insurance remain current and in effect throughout the term of contract.

Please note: The insurance requirements listed above are general in nature and should only be used as an indication of the most frequently required levels of coverage. Actual requirements may vary and will be fully documented within each individual IFB/RFP.

P. RFP Forms

The following forms must be submitted in the following order:

- Form A-1 Public Entity Crimes Affidavit
- Form A-2 Non-Collusive Proposal Certificate
- Form A-3 Local Preference Affidavit *(if applicable)*
- Form A-3(a) Statement of Intent *(if applicable)*
- Form A-4 Questionnaire Instructions
- Form A-5 Acknowledgement of Addenda *(if applicable)*
- Form A-6 Disclosure of Subcontractors & Suppliers *(if applicable)*
- Form A-7 Insurance Requirements *(Provide copies of the required Insurance or letter of intent to provide required insurance)*
- Form A-14 References



Form A-1 Public Entity Crimes Affidavit





FORM A-1



SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of North Miami [print name of public entity] by Ebarang Mike Gelin [print individual's name and title] for Gelin Benefits Group, LLC [print name of entity submitting sworn statement] whose business address is 1801 NE 123rd St Suite 314, North Miami, FL 33181 and (if applicable) its Federal Employer Identification Number (FEIN) is 47-2905753 (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:)

- 2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.



FORM A-1



- 0) Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]
- Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Ellen M. Iselin
[signature]

Sworn to and subscribed before me this 21 day of August, 2019

Personally known _____

OR Produced identification FL DL G450-213-74-213 Notary Public - State of Florida
Florida Driver's License My commission expires _____
 (Type of Identification)

(Printed typed or stamped Commissioned name of Notary Public)
Gracia Smith



Form A-2 Non-Collusive Proposal Certificate





FORM "A-2"
NON-COLLUSIVE BIDDER CERTIFICATE
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, on this day personally appeared
Elberg Mike Gelin (Authorized Officer), who being by me
duly sworn, deposes and says:

1. That he/she is the President of the corporation/partnership known and styles as Gelin Benefits Group, LLC, duly formed under the laws of the State of Florida, on January 15, 2019, is duly authorized to represent such corporation/partnership in the making of this Affidavit and certification.
2. That Gelin Benefits Group (corporation/partnership) has not, within 6 months next preceding the date of this affidavit, entered into any combination, contract, obligation, or agreement to create nor that may tend to create or to carry out any restriction on secret, competitive bidding on the procurement of _____, to fix, maintain, increase, or reduce the price set out in the Proposal (bid) on the Project; to fix or maintain any standard or figure whereby the price bid in the Proposal is or has been in any manner affected, controlled, or established; or in any other manner to prevent or lessen competition in the bidding for the Project.
3. That Gelin Benefits Group (corporation/partnership) has not, during such time, entered into, executed, or carried out any contract, obligation, or agreement with any person, corporation, or association of persons not to bid on this Project below a common standard or figure, to keep the price thereof at fixed or graded figures, to preclude a fair and unrestricted competition in the bidding of this Project, to regulate, fix or limit the bidding on the Project, or to abstain from engaging in the bidding on the Project, or any portion thereof.
4. That Gelin Benefits Group (corporation/partnership) has not within 6 months next preceding the date of this Affidavit, either directly or through the instrumentality of trustees or otherwise, acquired assets shares, bonds, franchise, or other rights in or physical properties of any other corporation or partnership for the purpose of preventing or lessening, or in a manner that tends to affect or lessen, competition in the bidding on this Project.
5. That Gelin Benefits Group (corporation/partnership) has not within such time entered into any agreement or understanding to refuse to buy from or sell to any other person, corporation, firm, or association of person who bids on the Project.



6. That no officer of Gelin Benefits Group has, within Affiant's knowledge, during such 6 months made on behalf of its or for its benefit any such contract or agreement as is specified in this Affidavit.

7. That these representations and warranties will be true at the time of the bid opening.

Elberg Mike Gelin

By: *Elberg Mike Gelin*

Its: President

Authority Warranted

SWORN TO and subscribed before me this 21 day of August, 2019

gsmith

Notary Public

My Commission Expires:



Form A-3 Local Preference Affidavit *(if applicable)*





LOCAL PREFERENCE FORM A - 3



LOCAL BUSINESS PREFERENCE AFFIDAVIT

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

SECTION 1: GENERAL TERMS

Local Preference

The evaluation of competitive bids is subject to Section 7-151 of Ordinance 1244 which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing that it meets at least two (2) of the following objective criteria prior to the City's issuance of the Solicitation.

Business location means a permanent office or other site where the local business conducts, engages in, or carries on all or a portion of its business. A post office box or location at a postal service center shall not constitute a business location.

At least two (2) of the following criteria must be met in order to qualify for local preference:

1. A business that is located in the City of North Miami (City) with a current city business tax receipt issued prior to the City's issuance of the Solicitation for supplies or services **AND/OR**;
2. A business has at least ten (10%) of its total workforce residing in the City prior to the City's issuance of the solicitation for supplies or services **AND/OR**;
3. A business that subcontracts at least ten percent (10%) of the contractual amount of a City project with subcontractors who are physically located within the City.

The offeror, supplier, or contractor seeking the local business preference has the burden to show that it qualifies for the preference, to the satisfaction of the City.

The preference is used to evaluate the submittals received from bidders. Except where federal or state law mandates to the contrary, in the purchase of supplies or services in which objective factors used to evaluate the submittals received from offerors are assigned point totals, a preference of ten (10) percent of the total evaluation points, or ten (10) percent of the total price, shall be given to a local business.

Comparison of Qualifications

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the City from giving any other preference permitted by law instead of preferences granted, nor prohibit the City to select the bid or proposal which is the most responsible and in the best interests of the City.

SECTION 2: AFFIRMATION

Failure to fully complete this affidavit and to submit the requisite supporting documents may render the Vendor Ineligible for Local Preference. Bidder/Respondent must check the applicable boxes below.

LOCAL PREFERENCE CERTIFICATION: The local preference may be applied to businesses located within the limits of the City.

NOTE: A copy of a current Business Tax Receipt must be submitted along with this bid or proposal.

Place a check mark here only if affirming bidder meets requirements for Local Preference Certification.

Revised 11/9/17



LOCAL PREFERENCE FORM A - 3

WORKFORCE LOCAL PREFERENCE CERTIFICATION: The local preference may be granted to businesses with a least ten percent (10%) of its total workforce residing within the geographical boundaries of the City.

NOTE: Must submit copy of current roster of all employees and provide proof of residence (Driver's License, Voter Registration Card, etc.) and proof of employment for those employees living within the City of North Miami.

Place a check mark here only if affirming bidder meets requirements for **Workforce Local Preference Certification**.

SUBCONTRACTOR LOCAL PREFERENCE CERTIFICATION: The local preference may be granted to businesses that subcontract at least ten percent (10%) of the contractual amount of a City project to subcontractors who are physically located within the City of North Miami.

NOTE: Must submit a fully completed Form A-3(a); Statement of Intent signed by the respective subcontractor(s).

Place a check mark here only if affirming bidder meets requirements for **Subcontractor Local Preference Certification**.

I certify that the information and responses on this form or attached hereto are true, accurate, and complete. I understand that the submittal of this form to the City's Purchasing Department is for this public entity only. I also understand that I am required to inform the City's Purchasing Department of any change in the information contained in this form or any attachments hereto.

Gelin Benefits Group, LLC

Company Name

Elberg Mike Gelin

Print Name – Authorized Representative

Elberg Mike Gelin

Signature – Authorized Representative

President

Title

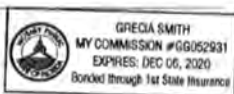
August 21, 2019

Date

Sworn to and subscribed before me on this 21 day of August, 2019


[Signature]
Notary Public

My Commission Expires:



Revised 11/9/17

Form A-3(a) Statement of Intent *(if applicable)*

LOCAL PREFERENCE FORM A – 3(a) 

STATEMENT OF INTENT
RFP/IFB NO. RFP No. 35-18-19

A signed "Statement of Intent" shall be completed by both the proposer/bidder and the owner or authorized principal of each Local to provide services under this Solicitation.

Vessel Design Inc. agrees to perform work on the above contract as (check one)

 Name of Local Business a partnership; a corporation; an individual; a joint venture

Local Business Contractor
 The Local Business will enter into a formal agreement, conditioned upon the Bidder/Proposer executing a contract with the City of North Miami for the work with Gelin Benefits Group, LLC

 Name of Bidder/Proposer

| Item No. | Type of Work | Agreed Price of Work | Percentage of Work |
|----------------------------|--------------------------------------|----------------------|--------------------|
| 1. | Develop open enrollment booklets | \$ 10,000 | % |
| 2. | Printing of open enrollment booklets | \$ 4,000 | % |
| 3. | Printing of wellness materials | \$ 4,000 | % |
| TOTAL VALUE OF WORK | | \$ 18,000 | % |

Cynthia Ordaz President May 23, 2019

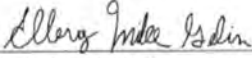
 Local Business Contact Name (Please Print) Title Date

1690 NE 123rd Street North Miami, FL 33131

 Local Business Address, City, State & Zip Code

create@vesseldesign.net (305) 757-4141 _____

 Local Business E-Mail address Phone Number Authorized Local Business Signature

 President May 23, 2019

 Authorized Bidder/Proposer Signature Title Date

NOTE: A copy of the Local Vendor Business Tax Receipt and signatures of Local Business and Bidder/Proposer are required.

Revised 06/03/16



NORTH MIAMI
FLORIDA

City of North Miami
776 N.E.125 Street • North Miami, FL 33161 • 305-893-6511

Business Tax Receipt

Issued Date: 10/1/2018
Expiration Date: 9/30/2019
Business Tax Receipt #: BT-005627

OFFICE: INSURANCE

Business Name / Address:
GELIN BENEFITS GROUP
1801 NE 123 ST, 314
NORTH MIAMI, FL 33181

GELIN BENEFITS GROUP
1801 NE 123 ST
314
NORTH MIAMI, FL 33181

Miguel A. Augustin
Miguel A. Augustin, CPA, Finance Director

NOTICE: BUSINESS TAX RECEIPT MUST BE TRANSFERRED WHEN BUSINESS IS MOVED OR SOLD.

NON-TRANSFERABLE • POST IN A CONSPICUOUS PLACE • NON-TRANSFERABLE

Local Business Tax Receipt
Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY

5564118

BUSINESS NAME/LOCATION
VESSEL DESIGN INC
1690 NE 123RD ST
NORTH MIAMI FL 33181

RECEIPT NO.
RENEWAL
5804134

LBT

EXPIRES
SEPTEMBER 30, 2019
Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
VESSEL DESIGN INC
Employee(s) 3

SEC. TYPE OF BUSINESS
213 SERVICE BUSINESS

PAYMENT RECEIVED BY TAX COLLECTOR
\$45.00 07/06/2018
CHECK21-18-058884

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector



Form A-4 Questionnaire Instructions





FORM "A-4"

QUESTIONNAIRE INSTRUCTIONS

PROJECT: RFP No. 71-18-19 Agent of Record For Employee Benefit Programs
OWNER: CITY OF NORTH MIAMI
BIDDER: Gelin Benefits Group, LLC

INSTRUCTIONS

- A. All questions are to be answered in full, without exception. If copies of other documents will answer the question completely, they may be attached and clearly labeled. If additional space is needed, additional pages may be attached and clearly labeled.
- B. The City of North Miami shall be entitled to contact each and every person/company listed in response to this questionnaire. The Bidder, by completing this questionnaire, expressly agrees that any information concerning the Bidder in possession of said entities may be made available to the City.
- C. Only complete and accurate information shall be provided by the Bidder. The Bidder hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Bidder also acknowledges that the City is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a questions was provided by the Bidder, knowing it was false, it shall constitute grounds for immediate disqualification, termination, or rescission by the City of any subsequent agreement between the City and the Bidder.
- D. If there are any questions concerning the completion of this form, the Bidder is encouraged to contact the Purchasing Department via email at purchasing@northmiamifl.gov or via phone: (305) 895-9886.



QUESTIONNAIRE

Bidder's Name: Gelin Benefits Group, LLC
Principal Office Address: 1801 NE 123rd Street Suite 314,
North Miami, FL 33181

Official Representative: Elberg Mike Gelin
Individual
Partnership (Circle One)
Corporation

If a Corporation, answer this:

When Incorporated: January 15, 2015

In what State: Florida

If Foreign Corporation:

Date of Registration with January 15, 2015
Florida Secretary of State:

Name of Resident Agent: _____

Address of Resident Agent: _____

President's Name: Elberg Mike Gelin

Vice President's Name: _____

Treasurer's Name: _____

Members of Board of Directors: _____

If a Partnership:

Date of Organization: _____

General or Limited Partnership*: _____



Name and Address of Each Partner:

- | | <u>Name</u> | <u>Address</u> |
|----|-------------|----------------|
| 1. | N/A | |
| 2. | | |
| 3. | | |

*Designate general partners in Limited Partnership

1. Number of years of relevant experience in operating similar business: 15
2. Have any similar agreements held by Bidder for a similar project to the proposed project ever been canceled?
 Yes () No
 If yes, give details on a separate sheet.
3. Has the Bidder or any principals of the applicant organization failed to qualify as a responsible Bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years?
 No
 If yes, please explain:
4. Has the Bidder or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? No.
 If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.
5. Person or persons interested in the proposal and Questionnaire Form A4 (have) _____ (have not) been convicted by a Federal, State, County or Municipal Court of any violation of law, other than traffic violations. To include stockholders over ten percent (10%). (Strike our inappropriate words).
 Explain any convictions on a separate sheet.
6. Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:
 A. List all pending lawsuits:
 None



B. List all judgments from lawsuits in the last five years:

None

C. List any criminal violations and/or convictions of the Bidder and/or any of its principals:

None

7. Conflicts of Interest. The following relationships are the only potential, actual or perceived conflicts of interest in connection with this proposal: (If none, so state).

None

The Bidder understands that information contained in this Questionnaire will be relied upon by the City of North Miami in awarding the proposed Agreement and such information is warranted by the Bidder to be true. The undersigned Bidder agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the Bidder, as may be required by the City Manager.

The Bidder further understands that the information contained in this questionnaire may be confirmed through a background investigation conducted by the City of North Miami Police Department. By submitting this questionnaire, the Bidder agrees to cooperate with this investigation, including but not necessarily limited to fingerprinting and providing information for credit check.



I certify that the information and responses provided on this Questionnaire are true, accurate and complete. The Owner of the Project or its representatives may contact any entity or reference listed in this Questionnaire. Each entity or reference may make any information concerning the Contractor available to the Owner.

Dated May 23, 2019

CONSULTANT:

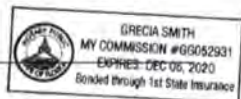
Elberg Mike Gelin
Gelin Benefits Group

By Elberg Mike Gelin
Its President

Sworn to and subscribed before me this 23 day of May, 2019

G. Smith
Notary Public

My Commission Expires:



Form A-5 Acknowledgement of Addenda (if applicable)



FORM A-5

ADDENDUM TO BID DOCUMENTS

BID NUMBER: _____

BID OPENING DATE: August 22, 2019

To All Bidders:

It is the Bidder's responsibility to assure receipt of all addenda. The Bidder should verify with the designated Contracting Officer prior to submitting a proposal that all addenda have been received. Bidder's are required to acknowledge the number of addenda received as part of their proposals.

This form must be returned with your bid as acknowledgement of receipt of all addenda issued for this RFP, RFQ or IFB and must be signed in the space provided below. Bidder's failure to return this form will be deemed non-responsive and will not be considered for contract award.

Please initial to acknowledge receipt of addenda pertaining to this contract:

| | |
|-----------------|-----------------------------|
| Addendum No. 1 | <u>EMG, August 12, 2019</u> |
| Addendum No. 2 | _____ |
| Addendum No. 3 | _____ |
| Addendum No. 4 | _____ |
| Addendum No. 5 | _____ |
| Addendum No. 6 | _____ |
| Addendum No. 7 | _____ |
| Addendum No. 8 | _____ |
| Addendum No. 9 | _____ |
| Addendum No. 10 | _____ |

Acknowledged by:


Name: Diberg Mike Goan

Signature: 

Date: August 21, 2019

31

Form A-6 Disclosure of Subcontractors & Suppliers (if applicable)



Form "A-6"

**BIDDER'S DISCLOSURE OF
SUBCONTRACTORS AND SUPPLIERS**

RFQ, RFP OR IFB NO. RFP No. 71-18-19

DISCIPLINE Agent of Record Services

Team Composition Plan
Please provide the following for tracking purposes only:

| Business Association | Business Name | Business Address | Business Phone # | Describe Type of Work to be Performed | % of Work | Diversity Class, * |
|----------------------|----------------------|---|------------------|---------------------------------------|-----------|--------------------|
| Prime Contractor | Gelin Benefits Group | 30150 123rd Ave NW Miami, FL 33181 | (755) 790-2100 | Administrative Support Services | 90% | B |
| Subcontractor | Vessel Design, Inc. | 4400 NE 123rd St, North Miami, FL 33181 | (305) 751-4141 | Design and printing services | 10% | L / F |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Subcontractor | | | | | | |
| Joint Venture | | | | | | |

Diversity Classification:
 A = Asian American B = African American F = American Woman
 H = Hispanic American N = Native American L = Local Vendor (North Miami)



Form A-7 Insurance Requirements (Provide copies of the required Insurance or letter of intent to provide required insurance)

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
05/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|---|
| PRODUCER NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265 | CONTACT NAME: PHONE (866) 467-8730 FAX (877) 905-2772 (A/C, No, Ext): (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC# |
|--|---|

| | |
|--|--|
| INSURED GELIN BENEFITS GROUP, LLC 6750 N ANDREWS AVE STE 200 FORT LAUDERDALE FL 33309-2180 | INSURER A : The Twin City Fire Insurance Company 29459 INSURER B : The Hartford Casualty Insurance Company 29424 INSURER C : Indian Harbor Ins. Company 36940 INSURER D : INSURER E : INSURER F : |
|--|--|

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | X | | 76 SBU IS9854 | 03/27/2019 | 03/27/2020 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/POF AGG \$4,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> OTHER: | | | 76 SBU IS9854 | 03/27/2019 | 03/27/2020 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$ | | | | | | EACH OCCURRENCE AGGREGATE |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 76 WEG AA1RGN | 03/27/2019 | 03/27/2020 | PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| C | Professional Liability | | | IAL030033802 | 12/14/2018 | 12/14/2019 | Each Claim \$3,000,000 Aggregate \$3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations. Certificate Holder is an additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

| | |
|--|---|
| CERTIFICATE HOLDER City of North Miami 776 NE 125TH ST NORTH MIAMI FL 33161-5654 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Susan S. Castaneda</i> |
|--|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD



Form A-14 References



REFERENCES (Form A-14)

List a minimum of three (3)

Name: City of Miramar Contact: Human Resource Director
 Address: 2300 Civic Center Place
 City: Miramar State: FL Zip: 33025
 Contact Person: Randy Cross
 Phone: 954-602-3054 E-Mail: rncross@miramarfl.gov
 Type of Job Performed & Cost: Insurance advisory, brokerage, and benefits consulting services including RFP for health & welfare plans and onsite clinic etc.

Name: Broward Sheriff's Office Contact: Assistant Manager Employee Benefits
 Address: 2601 West Broward Boulevard
 City: Fort Lauderdale State: FL Zip: 33312
 Contact Person: Laurel Owens, CEBS, PHR, SHRM-CP
 Phone: (954) 831-8355 E-Mail: Laurel_Owens@sheriff.org
 Type of Job Performed & Cost: Request for Proposal for Legal Plan Services Issue RFP, summarize results, coordinate with procurement, meet with selection committee, etc.

Name: Broward County Government Contact: Deputy Chief Financial Officer
 Address: 115 S Andrews Avenue
 City: Fort Lauderdale State: FL Zip: 33301
 Contact Person: Kevin Kelleher
 Phone: (954) 357-7132 E-Mail: kkelleher@broward.org
 Type of Job Performed & Cost: Special projects including benchmarking for the group health and welfare program.

PRINT