



# Symetra Group Benefits



# Symetra Group Benefits

## Response to Proposal Request

Prepared for:

City of Gainesville - RFP #RMDX-210000-GD  
Gainesville, FL

on behalf of Gallagher Benefit Services

September 30, 2020

# Table of Contents

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Symetra Executive Summary .....	Section 1
RFP Minimum Qualifications .....	Section 2
RFP Pricing Form .....	Section 3
Symetra Financial Proposal .....	Section 4
RFP Addenda Acknowledgement .....	Section 5
RFP Required Forms .....	Section 6
• RFP Cover Page	
• Bidder Verification Form	
• Drug-Free Workplace Form	
• References Form	
• Symetra W-9 Form	

# Symetra Executive Summary

1

## SYMETRA EXECUTIVE SUMMARY

**From implementation to claims, we deliver a high-quality customer experience to you at every touch point.**

### GREAT EMPLOYERS OFFER GREAT BENEFITS

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When it comes to your group's benefits, you deserve a plan that positively impacts the lives of your employees and their families, and enables cost-effective delivery of the right services at the right time.

At Symetra, we strive to give you just that. Our group life insurance provides your employees with the benefits they need to safeguard their family's financial future. And to give you the most value for your benefits, we listen to your concerns and work to create a policy that's right for you, your group and your budget.

### WITH YOU EVERY STEP OF THE WAY

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From implementation to claims, we deliver a high-quality customer experience to you and your employees at every touch point. We'll be there to guide you and provide the resources you need to successfully manage your plan.

Our implementation managers work closely with you and your broker throughout the entire onboarding process—walking you through policy details, administrative training, reporting needs and more. They'll provide constant support, communication and transparency to ensure implementation is simple and seamless.

Once your plan is set up, our experienced account managers act as your ongoing contact for the life of your policy. They provide invaluable expertise and can meet with you to address your concerns and find ways to improve your group's experience.

Our collaborative approach to implementation and account management fosters responsiveness and innovative problem solving to deliver outstanding service to you and your employees.

### FULLY INTEGRATED CLAIMS MANAGEMENT

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Our team of claim professionals is committed to helping families navigate the road to recovery following the loss of a loved one. They are dedicated to managing all aspects of a claim and ensuring prompt turnaround throughout the claim process. Beneficiaries will receive empathetic, courteous and timely service at every interaction.

And with Group Online (GO), our state-of-the-art online processing tool, you have an easy, convenient way to manage claims 24/7—significantly easing the administrative burden following a loss.

It's all part of our fully integrated approach to claims management—offering you and your group exceptional service from start to finish.

## RFP Minimum Qualifications

2

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## MINIMUM QUALIFICATIONS

All insurance companies submitting proposals must be:

- 1. Licensed by the State of Florida and have a record of good performance with governmental agencies within Florida.**

Confirmed.

- 2. Be willing to commit to the specified level of service and quality.**

Confirmed.

- 3. Must provide a toll-free service to handle inquiries directly from plan members as well as City of Gainesville officials.**

Confirmed.

- 4. Minimally, the insurance company must have an A M Best rating of A5 or its equivalent.**

Confirmed.

- 5. Insurer must waive actively at-work requirement and guarantee no gain-no loss provision.**

Not applicable as Symetra is the current carrier.

- 6. Must comply with schedule of benefits as described in Attachment 1.**

Confirmed.

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RFP Pricing Form

3



City of Gainesville  
Pricing Proposal Response Form  
GROUP TERM LIFE INSURANCE COVERAGE

RMDX-210000-GD

Group Life Insurer: *Symetra Life Insurance Company* Best's Rating: *A (12/11/2019)*  
 Proposer Name: *Lisa Marecki, VP, Group Life, Disability and Select Benefits Sales/Underwriting/Claims*  
 Toll Free Phone: Telephone: *(860) 746-7701* FAX:  
 Agent/Broker: *Gallagher Benefit Services* Telephone: FAX:

Place rate for each year proposed, including any expected increases in rate.

Policy Year	Rate per \$ 1,000	Agent / Broker Remuneration - Commission
01/01/21-12/31/21	<i>0.314</i>	<i>10%</i>
01/01/22-12/31/22	<i>0.314</i>	<i>10%</i>
01/01/23-12/31/23	<i>0.314</i>	<i>10%</i>

QUESTIONS: Attach necessary explanations and/or deviations.	Y / N
1. Does your proposed program comply with all applicable Florida and Federal Statutes?	<i>Yes</i>
2. Will you waive actively at work provisions for currently covered City of Gainesville employees?	<i>N/A</i>
3. Does your proposal match current benefits without modification? Please state any exceptions. <i>None</i>	<i>Yes</i>
4. Does the rate include Agent/Broker remuneration?	<i>Yes</i>
5. Describe claimant's payment options. <i>Lump sum payments are made to the beneficiary(ies)</i>	
6. Describe your waiver of premium provision. <i>Waiver of premium is not included. DBO (Death benefit only). There would be an additional cost to add waiver or premium. The waiver of premium wording below is for reference only:</i>  <i>The Waiver of Premium provision allows continuation of life insurance coverage without paying premium if the insured is disabled and qualifies for Waiver of Premium. To qualify, an insured must become disabled prior to age 60 and, if approved, premiums will be waived to age 70 as long as the insured remains disabled. If the insured qualifies, the amount of continued coverage:</i> 1) <i>will be the amount in force on the date the insured ceases to be an active employee;</i> 2) <i>will be subject to any reductions provided by The Policy; and</i> 3) <i>will not increase.</i>	
7. Describe fully any exclusions or limitations to the coverage you are proposing. Specifically address: Suicide, piloting an airplane, skydiving or recreational diving. <i>None</i>	
8. Provide the name, address and telephone number of the office that will service this account. Also, provide the name of the person who will have overall responsibility for servicing this account. <i>Amber Lannan, Regional Account Manager / Tampa, FL / (305) 715-6011</i>	
9. Provide the location from which claims will be paid. <i>Claims are processed out of our Enfield, CT office; checks are cut from our Bellevue, WA office.</i>	
10. What is the proposed claim office's current turnaround time (in business days) for life claims, from the receipt of properly completed claim forms to the mailing of the claim payment? <i>5 business days.</i>	

Comments:

*Actively at work provisions do not apply since Symetra is the inforce carrier. The second rate table was deleted since there is only one set of rates.*

Symetra Financial Proposal

4

**Symetra Group Term Life  
Insurance Proposal**  
September 30, 2020

*Presented to*

**City of Gainesville**  
Gainesville, FL

*Presented on behalf of*

**Gallagher Benefit Services**

Proposed Contract Effective Date 1/1/2021

*Any policy sold and issued in the State of New York is insured and underwritten  
by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.  
Any policy sold and issued in any state other than the State of New York is insured and underwritten  
by Symetra Life Insurance Company, an Iowa-domiciled insurer  
that is licensed in all states except New York.*

## Proposed Rates

<b>Basic Employee Life</b>					
	<b>Lives</b>	<b>Volume</b>	<b>Rate per \$1,000</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
<b>Basic Employee Life</b>	<b>3,669</b>	<b>\$122,798,538</b>	<b>\$0.314</b>	<b>\$38,558.74</b>	<b>\$462,704.89</b>

- Basic Employee Life commissions are included at 10%
- Basic Employee Life Rates are guaranteed for 3 years

## Basic Employee Life and AD&D Insurance

<b>Eligibility:</b>	All full-time active employees working minimum of 20 hours per week and eligible retirees
	Eligibility excludes all temporary and seasonal employees

Basic Employee Life Insurance	
<b>Classes:</b>	Class 1: All Eligible Chartered Officers
	Class 2: All Other Eligible Employees & City Commissioners
	Class 3: Retired Employees
<b>Waiting Period (months):</b>	0
<b>Benefit Schedule:</b>	Class 1: Flat \$250,000
	Class 2: 2.00 X Annual Earnings
	Class 3: 50% of Your Basic Life Insurance in force immediately prior to the date of Your retirement
<b>Benefit Maximum:</b>	Class 1: \$250,000
	Class 2: \$50,000
	Class 3: \$25,000
<b>Guaranteed Issue Amount:</b>	Class 1: \$250,000
	Class 2: \$50,000
	Class 3: \$25,000
<b>Disability Provision:</b>	Death Benefit Only
<b>Premium Waiver Elimination Period:</b>	Does Not Apply
<b>Disability Duration:</b>	Does Not Apply
<b>Accelerated Death Benefit %:</b>	Class 1,2: 75%
	Class 3: Does Not Apply
<b>Accelerated Death Benefit Maximum:</b>	Class 1: \$187,500
	Class 2: \$37,500
	Class 3: Does Not Apply
<b>Terminal Illness Period:</b>	Class 1,2: 12 Months Or Less
	Class 3: Does Not Apply
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability (Life Benefits Only):</b>	Not Included
<b>Minimum Hour Requirement:</b>	20
<b>Employee Contribution:</b>	0%
<b>Employer Contribution:</b>	100%
<b>Participation Requirement:</b>	100%
<b>Age Reduction:</b>	None
	Class 3: reduced 10% of the original benefit amount each year on the anniversary date of Your retirement. Reduced amount will be rounded to the next higher of \$1,000 to a minimum of \$5,000.
<b>Conversion:</b>	Included

## Group Life Provisions Included in this Proposal

### Enhanced No Loss/No Gain

Provided the employee was insured under the prior carrier contract and premiums were being paid on the day preceding our effective date, we will waive the actively at work requirement on a no loss/no gain basis. Coverage will not be deferred if an eligible employee is insured under the prior policy and, although not actively at work on the policy effective date, would otherwise meet the eligibility requirements of the policy period. The amount of insurance will be the lesser of the amount of life insurance and AD&D principal sum in effect under the prior policy or shown in the schedule and reduced by any coverage amount in force, paid or payable under the prior policy.

### Right of Conversion

If Life Insurance coverage or any portion of it under The Policy ends for any reason, the insured may have the right to convert

the coverage that terminated to an individual conversion policy without providing Evidence of Insurability.

Conversion is not

available for:

1. the Accidental Death and Dismemberment Benefits; or
2. any Amount of Life Insurance for which the insured was not eligible under The Policy.

## Qualifications and Deviations

- Symetra reserves the right to review and evaluate changes, deviations and qualifications that we have put forth in our proposal. The coverage being offered is predicated on all of the above information being accurate and correct to the best of the [employer's/prospective client's] knowledge and belief. If any of these conditions are not satisfied, we reserve the right to adjust pricing accordingly, withdraw this proposal from consideration or rescind coverage.

## Qualifications:

- This quote assumes a situs state of FL and an SIC of 9111
- Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.  
Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.
- All rates assume a non-participating financial arrangement. Symetra reserves the right to revise the quote if the data provided is not accurate or if the lives or volume change by +/- 10% after initial enrollment.
- Unless otherwise stated, this quote assumes all eligible employees are residents in the United States Citizens and on the U.S. payroll.
- This quote assumes that the employees benefit plan will be governed by ERISA.
- Grace period is 31 days unless regulated by state law.
- By signing the accompanying Application for Group Insurance and providing a binder payment of one month of premium, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Policies and certificates of insurance will be delivered electronically as PDF attachments. A fee may apply for printing and delivery of paper certificates if requested. You may not modify the electronic certificates in any way, and are responsible for providing current versions of certificates, including amendments, to certificate holders.
- Quote assumes premium billing will be on a self-administered basis.
- Quote excludes temporary, part time and seasonal employees.
- Coverage is subject to exclusions and limitations.
- If applicable law in the state of policy issuance changes, then any provision of this policy which conflicts with the such law will be construed to comply with such law.
- We reserve the right to reprice if any taxes are changed.
- It is Symetra's intent to match the requested benefits. However, Symetra's standard policy provisions will apply as our policy is filed and approved in the state where the policy will be issued. If there are employees located in other states, Symetra will need to comply with any extraterritorial requirements of those other states. Some states may require Symetra to file its policy language and may require us to make modifications for the residents of that state.
- A copy of the prior policy must be submitted at the time the case is sold
- A copy of a current billing statement to verify covered lives and volumes is required at time of sale.
- This proposal is not intended as a contract. Policy provisions, exclusions and limitations will be subject to Symetra Life Insurance Company or First Symetra National Life Insurance Company of New York standard provisions. If there is any conflict between this proposal and a subsequently issued group policy, the policy will prevail. The limitations and exclusions of any policy issued will comply with state insurance laws and regulations as applicable. The agent/broker does not have authority to bind or modify the terms of this offer without prior written approval from Symetra Life Insurance Company or First Symetra national Life Insurance Company of New York.
- Quote is based on the census presented and actual cost will be based on the data submitted at sold case time. Should there be any changes in the original data quoted - number of lives, class occupations, salaries, or other pertinent facts - the case will be subject to new underwriting to determine acceptability of the group, the policy provisions and the rate may be changed.
- This offer expires if not accepted within 31 days of the proposed policy effective date.

### Qualifications:

- The proposal is subject to the approval of the company's board of directors, or a committee thereof, of the related party transaction, if any, that would result from issuance of the policy.
- A final sold case census is required at time of sale. Census must include lives, classes, and volume by coverage line, and work or home address.
- A copy of a current billing statement to verify the number of covered lives and volumes is required at time of sale.
- By signing the accompanying Application for Group Insurance, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Rates do not include third party administrator (TPA) or general agent (GA) fees or commissions. The rates will be increased to reflect any additional fees or commissions payable by Symetra other than those noted in this proposal.
- Additional Experience, Billing and/or loss units exceeding Symetra's standard may be subject to charges.

### Life Qualifications:

- Symetra requires a list of all employees eligible for life insurance not actively at work. Symetra must review and approve this list before binding coverage.
- Our proposal assumes that we are not grandfathering any employees outside of the plan design. Any employees that have coverage that does not meet our plan design will have their coverage decrease to the closest amount that meets our quoted plans.
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.



RFP Addenda Acknowledgement

5



# City of Gainesville

Budget and Finance Department  
Purchasing Division

Addendum Publish Date: **September 10, 2020**

## Group Life Insurance Bid No.: RMDX-210000-GD **ADDENDUM NO. 1**

**Bid Due Date:** September 30, 2020, 3:00pm

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

**Please find attached:**

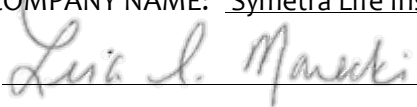
- a) Excel version of Attachment 2 – Retiree Life Insurance Census
- b) Excel version of Attachment 3 – Risk Life Insurance Census
- c) Copy of the Cone of Silence period information (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters).

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and a copy of this Addendum to be returned with proposal.**

### CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER COMPANY NAME: Symetra Life Insurance Company

SIGNATURE: 

LEGIBLY PRINT NAME: Lisa Marecki, VP Group Life, Disability and Select Benefits



# City of Gainesville

Budget and Finance Department  
Purchasing Division

CITY OF  
GAINESVILLE

FINANCIAL SERVICES  
PROCEDURES MANUAL

## 41-424 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 170116, Section 9, during the Cone of Silence as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees, except the Procurement Division or the procurement designated staff contact person. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Cone of Silence period means the period between the issue date which allows for immediate submittals to the City of Gainesville Procurement Division in response to an invitation to bid, or a request for proposal, or qualifications, or information, or an invitation to negotiate, as applicable, and the time that City Officials or the Procurement Division, or City Department awards the contract.

Lobbying means when a person seeks to influence or attempt to influence City Officials or employees with respect to a decision of the City, except as authorized by procurement procedures.



# City of Gainesville

Budget and Finance Department  
Purchasing Division

**Addendum Publish Date:** September 18, 2020

## Group Life Insurance

Bid Number: RMDX-210000-GD

### ADDENDUM #2

**Bid Due Date:** September 30, 2020, 3:00pm

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

Please find attached to this Addendum or added to the DemandStar posting, named:

- Addendum 2-Attachment 1-Retiree Census
- Addendum 2-Attachment 2-Life E-Contract-Symetra
- Addendum 2-Attachment 3-Symetra Invoice\_2020-09
- Copy of the Cone of Silence period information (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters).

#### 1. Question:

The retiree census only contains DOB and zip code. Please provide a retiree census that includes gender, date of birth, dates of retirement, and amount of life insurance coverage for each retiree insured.

**Answer:** Please see the attached Excel Report "Addendum 2-Attachment 1-Retiree Census". The dates are through July 31, 2020.

#### 2. Question:

Can active and retiree experience be split/reported separately? Please provide the following experience data separately for each line of life coverage from 2015 to 2020:

- Annual paid premiums
- Annual paid claims
- Average annual volume
- A premium rate history for each line of coverage
- A detailed list of all death claims paid

**Answer:** Provided. It is a blended rate and blended experience.



## City of Gainesville

Budget and Finance Department  
Purchasing Division

### 3. Question:

- a. If active and retiree coverage cannot be split, Please provide a detailed listing of all death claims incurred between 2015 and 2020.
- b. Please provide claim reporting for the past 3 years?

**Answer:** Please see the attached Excel Report "Addendum 2-Attachment 1-Retiree Census". The dates are through July 31, 2020.

### 4. Question:

Please provide a copy of a recent monthly billing statement/premium remittance statement to compare census volumes to reported volumes.

**Answer:** See "210000-Addendum2-Attachment 3-Symtra Invoicd\_2020-09" attached

### 5. Question:

Please provide a list of open Waiver of Premium claims, including gender, date of birth, date of disability, and amounts of life coverage for all current disabled insureds.

**Answer:** Not applicable to this solicitation.

### 6. Question:

Please provide a premium rate history from 01/01/2015 to 2020 for each line of Life and AD&D coverage, including current rates.

**Answer:** Rate history has been provided. AD&D is not applicable to this solicitation.

### 7. Question:

Please provide a copy of the current Life and AD&D policy or certificate so that our proposal can match current plan provisions as closely as possible. If this isn't available, please provide the following:

- Plan design (benefits, maximums, guaranteed issue limits, etc.)
- Waiver of premium parameters (e.g. disabled prior to age 60, 9 month elimination period, terminates at age 65), if no waiver of premium – how long may disableds continue to be covered under a premium payment arrangement?
- Age reduction schedule
- Any guaranteed issue opportunities available at annual enrollment

**Answer:** Current Life policy has been provided. AD&D is not applicable to this solicitation.

### 8. Question:

Is the retiree group open to future retirees? If not, when did the group close?

**Answer:** Yes

### 9. Question:

Have there been any significant plan design changes in the last several years (i.e. change in benefit schedules, acquisitions, mergers)?

**Answer:** No



## City of Gainesville

Budget and Finance Department  
Purchasing Division

**10. Question:**

Will the life insurance plan be self-administered/self-billed by the employer, or will the insurance carrier be responsible for maintaining individual employee records and for generating monthly invoices?

**Answer:** Carrier will be responsible

**11. Question:**

Is an implementation credit requested?

**Answer:** No

**12. Question:**

What level of commissions should be included in our proposed rates?

**Answer:** Current commission is 10%.

**13. Question:**

It appears that the city may currently offer a supplemental life and AD&D plan, as well as dependent life. We may be able to provide better rates if both the basic and supplemental plans are marketed together. Please provide census and experience by line of coverage if you are interested in quotes on any existing supplemental plans.

**Answer:** We are not soliciting for the voluntary benefit at this time

**14. Question:**

Please provide a description of your claims submission process; including such items as information gathering, submission, follow up and resolution.

**Answer:** City is notified by family. City researches information and communicates with funeral home (if applicable). Vendor is notified. City contacts and meets with beneficiary of record to complete and process necessary documents. City submits documents to vendor. Vendor contacts City with any questions. Vendor sends payout to beneficiary and notifies City payment was made.

**15. Question:**

Please provide the details of your current portability and conversion administration process.

**Answer:** This is employer paid for employees and retirees. There is no portability or conversion if employee separates service prior to retirement.

**16. Question:**

Do you currently use a TPA or software vendor for you benefits enrollment and eligibility? If so, can the name of the vendor be released?

**Answer:** Not applicable to this solicitation.

**17. Question:**

For purposes of coordinating waiver of premium with the LTD plan, what is your LTD definition of disability?

**Answer:** We do not offer LTD.



## City of Gainesville

Budget and Finance Department  
Purchasing Division

**18. Question:**

Please describe your Evidence of Insurability process; including such things as submission, follow-up and notification.

**Answer:** There is no EOI on the Group Life benefit.

**19. Question:**

Please describe any established file transfers you have in place today.

**Answer:** None. Vendor will need to be able to interface with Workday

**20. Question:**

What's the best way to communicate with your employees during enrollment and throughout the year?

**Answer:** Not applicable.

**21. Question:**

Are current beneficiary designations held electronically or on paper?

**Answer:** Both

**22. Question:**

Who holds current beneficiary designations?

**Answer:** City

**23. Question:**

What is the process to share beneficiary information with the current carrier?

**Answer:** This information is given upon death of an employee/retiree

**24. Question:**

Are designation details (e.g. name, class, share) stored as system data, images or both?

**Answer:** System

**25. Question:**

Please provide the current contract for employees and retirees including any addendums for the City's life insurance.

**Answer:** See Attached, "210000-Addendum 2-Attachment 2-Life E-Contract-Symetra"

**26. Question:**

What are the current rates for the retiree and employee life insurance?

**Answer:** Provided

**27. Question:**

Does your life insurance benefit include an age reduction for retirees and employees?

**Answer:** No

**28. Question:**

Does the City currently have a broker servicing the Life insurance? If yes, who is the current broker?

**Answer:** Gallagher Benefits Services



## City of Gainesville

Budget and Finance Department  
Purchasing Division

**29. Question:**

What compensation is the broker receiving?

**Answer:** 10% Commission

**30. Question:**

What vendor or platform does the City use for their payroll system?

**Answer:** The City Currently uses CGI Advantage and will be transitioning to Workday sometime next year.

**31. Question:**

Does the City currently have an online enrollment system?

**Answer:** Yes

**32. Question:**

If so, is the current broker paying for the online enrollment system?


**Answer:** No

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and a copy of this Addendum to be returned with proposal.**

### CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER COMPANY NAME: Symetra Life Insurance Company

SIGNATURE: 

LEGIBLY PRINT NAME: Lisa Marecki, VP Group Life, Disability and Select Benefits

DATE: 9/28/2020





# City of Gainesville

Budget and Finance Department  
Purchasing Division

CITY OF  
GAINESVILLE

FINANCIAL SERVICES  
PROCEDURES MANUAL

## 41-424 Prohibition of lobbying in procurement matters

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Cone of Silence period means the period between the issue date which allows for immediate submittals to the City of Gainesville Procurement Division in response to an invitation to bid, or a request for proposal, or qualifications, or information, or an invitation to negotiate, as applicable, and the time that City Officials or the Procurement Division, or City Department awards the contract.

Lobbying means when a person seeks to influence or attempt to influence City Officials or employees with respect to a decision of the City, except as authorized by procurement procedures.

## RFP Required Forms

6

**BID COVER PAGE**



**Procurement Division**  
**200 E University Avenue, Rm 339**  
**Gainesville, FL 32601**  
(352) 393-8789  
Issue Date: September 7, 2020

**REQUEST FOR PROPOSAL: #** RMDX-210000-GD  
Group Life Insurance

**PRE-PROPOSAL MEETING:**  Non-Mandatory  Mandatory  N/A  Includes Site Visit  
**DATE:** N/A **TIME:** N/A  
**LOCATION:** N/A

**QUESTION SUBMITTAL DUE DATE:** September 17, 2020, 3:00pm

**DUE DATE FOR UPLOADING PROPOSAL:** September 30, 2020, 3:00pm

**SUMMARY OF SCOPE OF WORK:**  
The Group Life Insurance program will provide eligible City of Gainesville employees and retirees with group life insurance. The city expects the selected vendor to place and administer the group life product for the initial term of the agreement of the three years. The City prefers a rate guarantee for three years. The benefit is paid by the employer.

For questions relating to this solicitation, contact: Gayle Dykeman, [dykemangb@cityofgainesville.org](mailto:dykemangb@cityofgainesville.org)

Bidder is not in arrears to City upon any debt, fee, tax or contract:  Bidder is NOT in arrears  Bidder IS in arrears  
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City:  Bidder is NOT in default  Bidder IS in default

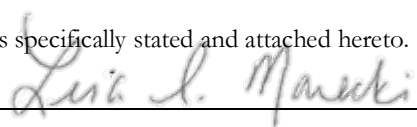
Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

**ADDENDA ACKNOWLEDGMENT:** Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: **Addenda received (list all) # 1 (9/10/20); #2 (9/18/20)**

Legal Name of Bidder: Symetra Life Insurance Company  
DBA: \_\_\_\_\_  
Authorized Representative Name/Title: Lisa Marecki, VP Group Life, Disability and Select Benefits  
E-mail Address: lisa.marecki@symetra.com FEIN: 91-0742147  
Street Address: 108<sup>th</sup> Avenue NE, Suite 1200 Bellevue, WA 98004-5135  
Mailing Address (if different): 1699 King St., Suite 106 Enfield, CT 06082  
Telephone: (860) 746-7701 Fax: \_\_\_\_\_

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

- Proposal is in full compliance with the Specifications.
- Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:** 

**SIGNER'S PRINTED NAME:** Lisa Marecki **DATE:** 9/28/2020

## EXCEPTION TO SPECIFICATIONS

*Symetra's legal department has provided the following edits identified with this blue/italicized font.*

## PART 8 – GENERAL INFORMATION

### 8.9 INVESTIGATION OF ALLEGED WRONGDOINGS, LITIGATION/ SETTLEMENTS/FINES/PENALTIES

The City Commission specifically requests that responders to this document indicate in writing any investigations of wrongdoings, litigation and/or settlements, and fines or penalties (anywhere in the U.S) involving the bidder and specific contractors listed as projected to provide services to the City. You may be required to respond to questions on this subject matter.

*“Contractor is a party to examinations, claims litigation and complaints in its ordinary course of business. Specific information related to such examinations, lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Contractor is not a party and has not been a party during the past five (5) years, to any litigation or administrative proceeding which, individually or in the aggregate, is or was material to its business as a whole.”*

## DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

Symetra Life Insurance Company does:  
(Name of Bidder)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirements.

  
\_\_\_\_\_  
Bidder's Signature

September 28, 2020  
\_\_\_\_\_  
Date

***In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.***

### BIDDER VERIFICATION FORM

**LOCAL PREFERENCE** (Check one)

Local Preference requested:  YES  NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

**QUALIFIED SMALL BUSINESS AND/OR SERVICE-DISABLED VETERAN BUSINESS STATUS** (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business?  YES  NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business?  YES  NO

**LIVING WAGE COMPLIANCE**

See Living Wage Decision Tree:

(Check one)

- Living Wage Ordinance does not apply (check all that apply)
  - Not a covered service
  - Contract does not exceed \$100,000
  - Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
  - Located within the City of Gainesville enterprise zone.
- Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

**NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.**

**REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA**

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

YES  NO (refer to Part 1, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# 812116 \_\_\_\_\_)

If the answer is "NO", please state reason why: \_\_\_\_\_

**DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)**

Does your company have a policy on diversity and inclusion?  YES  NO

If yes, please attach a copy of the policy to your submittal.

*Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal but is simply being requested for information gathering purposes.*

Symetra Life Insurance Company

Bidder's Name

Lisa Marecki / VP, Group Life, Disability and Select Benefits

Printed Name/Title of Authorized Representative

Lisa L. Marecki

Signature of Authorized Representative

\ September 28, 2020  
Date

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## REFERENCE FORM

Name of Bidder: Symetra Life Insurance Company

Provide information for three references of similar scope performed within the past three years. You may include photos or other pertinent information.

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#1 Year(s) services provided (i.e. 1/2015 to 12/2018): 4/1/2015

Company Name: City of Hollywood  
Address: 2600 Hollywood Blvd.  
City, State Zip: Hollywood, FL 33022  
Contact Name: Tammie Hechler  
Phone Number: (954) 921-3218 Fax Number: \_\_\_\_\_  
Email Address (if available): THECHLER@hollywoodfl.org

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#2 Year(s) services provided (i.e. 1/2015 to 12/2018): 7/1/2013

Company Name: City of Annapolis  
Address: 160 Duke of Gloucester  
City, State Zip: Annapolis, MD 21401  
Contact Name: Laurie Gardner  
Phone Number: (410) 263-7998 Fax Number: \_\_\_\_\_  
Email Address (if available): lgardner@annapolis.gov

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#3 Year(s) services provided (i.e. 1/2015 to 12/2018): 1/1/2019

Company Name: City of Charlotte  
Address: 700 East 4th Street, Suite 200  
City, State Zip: Charlotte, NC 28202  
Contact Name: Mary Wagner  
Phone Number: (704) 336-6512 Fax Number: \_\_\_\_\_  
Email Address (if available): Mary.Wagner@ci.charlotte.nc.us

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Form **W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		SYMETRA LIFE INSURANCE COMPANY	
	2	Business name/disregarded entity name, if different from above	
	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
		<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
		<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
		<input type="checkbox"/> Other (see instructions) ▶ _____	
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
		Exempt payee code (if any) <u>5</u>	
		Exemption from FATCA reporting code (if any) <u>D</u>	
		<small>(Applies to accounts maintained outside the U.S.)</small>	
	5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		777 108TH AVENUE NE, SUITE 1200	
	6	City, state, and ZIP code	
		BELLEVUE, WA 98004-5135	
	7	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
			-			-			
<b>or</b>									
<b>Employer identification number</b>									
9	1	-	0	7	4	2	1	4	7

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶	September 28, 2020
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

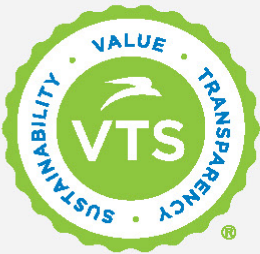
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



## About Symetra

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers.

We've been in business for more than half a century with a commitment to creating employee benefit products that people need and understand. We appreciate your business and look forward to the opportunity to continue serving you with professional, informative and responsive service.



Our success as a business is guided by the principles of Value, Transparency and Sustainability, or VTS.

- **Value:** We provide products and solutions people need at a competitive price—backed by dedication to excellent customer service.
- **Transparency:** We communicate clearly and openly so people can understand what they are buying.
- **Sustainability:** Our products stand the test of time. We're financially disciplined, so we'll be there when customers need us.



[www.symetra.com](http://www.symetra.com)  
[www.symetra.com/ny](http://www.symetra.com/ny)

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