

# City of Gainesville



## **Response to Request from Acentria Insurance for RFP # RMDX-210000-GD**

MetLife Group Life Insurance

Regional Market

September 30, 2020



Navigating life together

# City of Gainesville

## MetLife Group Life Benefits Proposal

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# Technical Proposal

## Scope of Work

Our standard ongoing services for Life insurance include the following:

- **Administrative Services**
  - Provide plan documents including the policy and booklet/certificate, enrollment communications and other materials intended for distribution to participants;
  - Process monthly premium statements;
  - Furnish reports as required by federal and/or state legislation;
  - Confer on specific questions, when requested by the policyholder, concerning plan provisions relating to eligibility, effective dates, cessation of coverage and other matters that may affect the administration of the plan;
  - Furnish standard enrollment and SOH forms and provide individual medical underwriting evaluating services;
  - Process all SOH applications and provide follow up correspondence to the employee regarding the status and the final determination;
  - If a medical exam is necessary, provide paramedical exam service;
  - Update our administrative systems with customer plan design changes as necessary;
  - Provide a monthly Premium versus Claims report;
  - Provide a monthly detail claim listing.
- **Financial and Underwriting Services**
  - Develop renewal rates;
  - Develop costs for plan revisions.
- **Claim Processing Services**
  - Provide instructions outlining proper claim submission techniques;
  - Provide claim forms using our standard design format;
  - Determine eligibility for benefits and adjudicate claims;
  - Process all appeals;
  - Administer claims for continuation of Life insurance for disabled employees and incapacitated children based on plan design;
  - Administer the Total Control Account (TCA) Life settlement option;
  - Administer the accelerated benefits option (ABO) living benefit feature.
- **Marketing and Enrollment Services**
  - Act as a contact between you and our internal support units such as finance and underwriting, contracts, administration and claims;
  - Enrollment, operations and services;
  - Provide advice on new benefit trends, plan design modifications and our capabilities;
  - Manage the enrollment experience to provide a customized enrollment approach to

supplemental life;

- Create a customized participation analysis, multi-channel, multi-phased communications and enrollment strategy unique to your company;
- Make available personnel to visit locations as requested by the policyholder.

- **Customer Service**

- Provide you with customer service via a toll-free number;
- Process and administer conversion applications and portability election forms and conversion applications (if applicable).

Any other services provided are billed separately.

## Proposed Approach to the Work

Life insurance provides employees with essential financial protection for their families. It's a core component of any benefits package. Our Group Life Insurance plans can help meet the diverse and evolving needs of your workforce by offering flexible coverage options and valuable features your employees can use today and in the future.

Our insights and expertise can help you make confident decisions that unlock greater value from your benefits plan so you can attract, retain, and engage the talent your company needs to be successful.

We do this through proactive consultative guidance, customer-focused solutions and exceptional service. All while ensuring your employees have the financial security and the support they need to reach his or her life goals.

We partner with you to turn your benefits plan into a strategic investment by helping you attract, retain and engage employees and maximize productivity.

## Account Management

Your service team consists of your Account Executive, your Account Manager and your Client Service Consultant. Your cross-functional service team administers your benefit program through consistent, responsive and proactive service.

**Account Executive (AE)**, Alexis Cook, answers your questions related to your MetLife quote and our product solutions. She develops benefit solutions specifically for you by using her detailed knowledge of our product offering and a comprehensive understanding of your benefit goals.

**Account Manager (AM)**, Terry Anderson, is your end-to-end service experience manager. Terry provides additional consultation on our products and/or assists you through renewal planning.

**Client Service Consultant (CSC)**, Tocarra Pierce\*, is your MetLife contact for day-to-day administrative needs and claims escalation. Tocarra answers questions, facilitates resolutions for billing inquiries, provides reporting, escalates claim inquiries, and coordinates plan changes.

We also use an **Implementation Leader (IL)** as the project manager for your implementation. Your IL begins by customizing a project plan for managing your transition. Your IL shares the project plan with you and any other parties that need to be involved. Our team establishes connections for your billing, enrollment and any other systems to ensure your account is claim ready, day one.

<sup>1</sup> Please note: Official assignment is subject to change.

## Schedule of the Work

A sample implementation schedule is included with our proposal outlining the responsibilities for both you and MetLife during the implementation period.

Once we are notified that we have been awarded your business, we schedule a planning meeting between you and your Client Service Team. On this call, we will discuss our standard implementation timeline, your communication preferences and employee access to your program. The information discussed in this initial meeting will be used to customize your implementation and ongoing administration.

During implementation, your Client Service Team will review all the details of your plan, account structure, billing processes and requirements, eligibility requirements and other items that are unique to your benefits. Meetings will be scheduled on a predetermined basis to review status reports and items that require your sign-off.

## **U.S. Business Intermediary and Producer Compensation Notice**

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## **Non-U.S. Coverage**

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

## Project Specifications

The City of Gainesville located in north-central Florida in Alachua County, is seeking proposals for Group Life Insurance. The City is looking for a vendor that can provide Group Term Life insurance with No-Loss, No Gain. The effective date of coverage is January 1, 2021. It is the goal of the City to reduce cost while offering comprehensive and competitive benefits to their employees.

Noted.

**Proposals must include a demonstrated ability to provide quarterly reports and/or upon request by the City of Gainesville.**

During your implementation, your Client Service Consultant (CSC) will review your reporting schedule and requirements with you. Requirements could include specific data to be reported, reporting frequency and, if necessary, custom reports. Following are our standard reports:

- **Annual Financial Overview** – Presents a financial accounting summary to include premium and claim analysis, reporting on reserves, an enrollment analysis and potentially a cause of death with book-of-business benchmarks review;
- **Cause of Death Study** – Provides a Cause of Death Study to review the health conditions driving a company's Life insurance claims and allows you to track and compare your wellness initiatives over time;
- **Customer Claim File Report (CCF)** – Provides detailed claim data for a defined date range such as date of birth, coverage type, claimant name, employee ID, date of death, date reported, date paid and paid amount, includes ported and converted claims;
- **Detailed Claim Report (DCR)** – Shows claim information including the amount paid, date paid, claim reference number, name of the insured, date incurred, date processed and other specific claim data, including ported and converted claims;
- **Grief Counseling Usage** – Reports usage based on the services or features accessed;
- **Premium versus Claims (PVC)** – Compares billed premium over a specific period with the claims paid on behalf of participants during that same period, contains coverage loss ratios;
- **Statement of Health Status Reporting** – Provides counts of how many of your employees submitted an SOH application, how many were approved and denied, and can provide counts by coverage;
- **Waiver of Premium Report** – Provides waiver status, can be added by request.

**Proposals must demonstrate a sufficient number of claims and customer service representatives who are available during normal working hours (8:00am – 5:00pm, ET) for claims processing and insurance verification.**

We have a centralized customer service staff that is dedicated to answering Life claims

questions via our toll-free customer service line.

We have 27 Customer Service Representatives answering calls to our toll-free number for Life claims.

We provide customer service Monday through Thursday, 8:00 a.m. to 8:00 p.m., ET, and Friday, 8:00 a.m. to 5:00 p.m., ET.

**The initial contract will be for three (3) years, with the opportunity to extend for one (1) two-year period. Insurance companies with a three-year rate guarantee are preferred.**

Noted. Our quote includes a three year rate guarantee.

**The Group Life benefit covers its eligible employees, retirees, and appointed and elected officials. There are approximately 3,682 benefit eligible employees, retirees and appointed and elected officials. The City has a volume of \$123,063.538.34.**

Noted.



# Sample Implementation Timeline



## Sample Implementation Timeline

The implementation of an employee benefits program begins with proper planning and teamwork. Because we value your needs and objectives, we have a dedicated Implementation Team to partner with you to develop and carry out an implementation plan that best meets your needs.

The following is a sample implementation plan that outlines the typical tasks that would be involved to successfully install the benefit program described in this proposal. When you finalize your decision to transfer your plan to MetLife, we will publish a customized implementation plan.

All tasks are dependent on materials and information being submitted in accordance with the following schedule, starting the week after the notice of sale (NOS).

Deliverable	Responsible Party	Due Date
Send Binder Check to Lock Box	City of Gainesville	Week 1 following NOS
Provide MetLife with Signed Application	City of Gainesville	Week 2 following NOS
Implementation Meeting, Confirm Plan Design Approach and Finalize Implementation Data Collection	MetLife/ City of Gainesville	Week 2 following NOS
Review and Confirm Final Plan Design	MetLife/ City of Gainesville	Week 2 following NOS
Provide Reporting Structure Requirements	City of Gainesville	Week 2 following NOS
Finalize Communication and Enrollment Material Requirements	MetLife/ City of Gainesville	Week 2 following NOS
Approve Final Structure	City of Gainesville	Week 2 following NOS
Finalize Onsite Enrollment Strategy/Process	MetLife/ City of Gainesville	Weeks 2 to 3 following NOS
Provide Pre-filled MetLink® Authorization/User Forms to City of Gainesville	MetLife	Week 3 following NOS
Schedule Onsite Enrollment Meetings and Contract Enrollers for Site Support	MetLife	Week 3 following NOS

## Sample Implementation Timeline

Deliverable	Responsible Party	Due Date
Approve Communication Materials	City of Gainesville	Week 3 following NOS
Complete the Appropriate Systems	MetLife	Week 3 following NOS
Return Completed MetLink® Customer Information Questionnaire and User Profile	City of Gainesville	Week 3 following NOS
Enrollment Materials Distributed	MetLife	Week 4 following NOS
Enrollment Period/Meetings	City of Gainesville	Weeks 4 to 6 following NOS
Produce and Deliver Materials to Assist with Your Management of MetLife Benefits	MetLife	Week 5 following NOS
Signed Contractual Documents to MetLife for Finalization of Claim Payment Systems	City of Gainesville	Week 5 following NOS
Effective Date of Coverage	MetLife/ City of Gainesville	1/1/2021
Perform MetLink® Billing Walkthrough	MetLife/ City of Gainesville	1/1/2021
Prepare Initial Billing for Submission to MetLife via MetLink®	City of Gainesville	1/1/2021
Provide Listing of Disabled Employees not AAW and/or Grandfathered Employees in the Format Provided.	City of Gainesville	1/1/2021
First Premium Remittance to MetLife	City of Gainesville	15 days after 1/1/2021
Contractual Documents Provided for City of Gainesville's Review within Seven Days of Receipt	MetLife	30 days after 1/1/2021
Printed Booklet/Certificates Sent to City of Gainesville	MetLife	70 days after 1/1/2021

## Qualifications

The response to the minimum qualification requirements should address each of the qualifications set out in the section below. Bidders must provide documentation which demonstrates their ability to satisfy all of the minimum qualification requirements. Bidders who do not meet the minimum qualification requirements or who fail to provide supporting documentation will not be further considered. If a prescribed format, or required documentation for the response to minimum qualification requirements is stated below, bidders must use said format and supply said documentation.

### 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. Our State of Florida Certificate of Authority is included with our proposal.

We currently have 105 public sector customers in the State of Florida. We have great and long term standing relationships with them ranging up to 60 years. Our experience within the public sector includes a broad range of customers such as educational institutions, employee trust funds, governments and government agencies.

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

Yes. Your cross-functional service team will work with you to administer your benefit program through consistent, responsive and proactive service.

Additionally, we are including performance guarantees with our proposal. Please see attached document for details.

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.**

Our current A.M. Best financial strength rating is A+ Superior with a financial category of FSC XV.

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

Yes. Our Group Term Life Insurance policy provides coverage on a no-loss, no-gain basis for employees who are not actively at work on the plan's effective date. Your employees will not be negatively impacted nor will they benefit in terms of their coverage level solely from the transition from the prior carrier to us. The policy provides the complete terms and conditions of this coverage.

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

We have attempted to follow your required arrangements and bid specifications as closely as possible. However, any deviations made may be subject to change in order to accommodate your final plan design and/or any administrative procedures. If a change does occur, it will be made in accordance with the terms of this proposal, our standard underwriting practices, and applicable law and regulations.

# Performance Guarantees

MetLife understands how important it is to have partners who live up to their promises and protect their customers in times of need and we commit to service for our customers every day.

Our team is here and ready to help.

We are pleased to offer you the following Performance Guarantees to demonstrate our commitment.

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\*The Performance Guarantees will be applied to the applicable coverages for each customer  
Regional Market customers with 500 lives and above  
Specialty Market customers with 1,000 lives and above  
1% of annual premium will be placed at risk

## Standard Performance Guarantees

The following is an overview of the Performance Guarantees offered by coverage. Actual Performance Guarantees are included in separate agreements.

Category	Metric
<b>Term Life Claims Performance Guarantees (insured business only)</b>	
Claim Turnaround Time	On an annual basis, MetLife agrees to process ninety-five percent (95%) of all Life Claims submitted within five (5) business days of receipt of all information necessary to process the claim.
Telephone Service Level	MetLife agrees to maintain a service level that provides for eighty percent (80%) of incoming intake calls received by the customer service center to be answered within thirty (30) seconds ("Telephone Response Time").
Call Abandonment Rate	MetLife agrees to maintain a level of service that provides for ninety-seven percent (97%) of incoming intake calls received by the customer service center to be answered without the caller hanging up.
<b>STD Performance Guarantees (insured and ASA business)</b>	
Claim Acknowledgement	MetLife agrees to acknowledge all claims submitted within an average of two (2) business days for each Policy Period.
Initial Disability Decision	MetLife agrees to meet an Initial Decision Rate of not more than an average of two (2) business days for each Policy Period.
Telephone Service Level	MetLife agrees to maintain a service level that provides for eighty percent (80%) of incoming intake calls received by the customer service center to be answered within twenty (20) seconds ("Telephone Response Time").
Call Abandonment Rate	MetLife agrees to maintain a level of service that provides for ninety-seven percent (97%) of incoming intake calls received by the customer service center to be answered without the caller hanging up.
<b>LTD Performance Guarantees (Insured and ASA Business)</b>	
Claim Acknowledgement	MetLife agrees to acknowledge all claims submitted within an average of five (5) business days for each Policy Period
Initial Disability Decision	MetLife agrees to meet an Initial Decision Rate of not more than an average of five (5) business days for each Policy Period
Telephone Service Level	MetLife agrees to maintain a service level that provides for eighty percent (80%) of incoming intake calls received by the customer service center to be answered within twenty (20) seconds ("Telephone Response Time").
Call Abandonment Rate	MetLife agrees to maintain a level of service that provides for ninety-seven percent (97%) of incoming intake calls the customer service center to be answered without the caller hanging up.
<b>Dental Performance Guarantees (Insured and ASA Business)</b>	
Claim Disposition Turnaround Time	MetLife agrees to generate an explanation of benefits for ninety five percent (95%) of all Book of Business Claims received by MetLife in each Policy Period within ten (10) business days following the date on which each Book of Business Claim is received by MetLife.
Telephone Service Level	MetLife agrees to maintain a service level that provides for eighty percent (80%) of incoming intake calls received by the customer service center to be answered within thirty (30) seconds ("Telephone Response Time").
Call Abandonment Rate	MetLife agrees to maintain a level of service such that ninety-five percent (95%) of all incoming calls within a Policy Period will not be Abandoned Calls.
<b>FMLA Performance Guarantees (Asa Business Only)</b>	
Initial Notification	MetLife agrees to process the initial notifications of ninety-eight percent (98%) of Claims submitted within two (2) business days for each Policy Period

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

**RMDX-210000-GD**

Group Life Insurer: MetLife

Best's Rating: A+ Superior

Proposer Name: Alexis Cook

Toll Free Phone: N/A

Telephone: 813-895-9092

FAX: N/A

Agent/Broker: Luke Wolkers

Telephone: 850-502-8136

FAX: N/A

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	See Below*	7%
01/01/22-12/31/22	See Below*	7%
01/01/23-12/31/23	See Below*	7%

Policy Year	Rate per \$ 1,000	Agent / Broker Remuneration - Fee Based
01/01/21-12/31/21	N/A	N/A
01/01/22-12/31/22	N/A	N/A
01/01/23-12/31/23	N/A	N/A

<b>QUESTIONS: Attach necessary explanations and/or deviations.</b>		Y / N		
1. Does your proposed program comply with all applicable Florida and Federal Statutes?		Yes		
2. Will you waive actively at work provisions for currently covered City of Gainesville employees?		Yes		
3. Does your proposal match current benefits without modification? Please state any exceptions.		No**		
4. Does the rate include Agent/Broker remuneration?		Yes		
5. Describe claimant's payment options.  If a claim is for less than \$5,000, we mail a check to the beneficiary via standard U.S. mail. If a claim is for \$5,000 or more, we set up an interest-bearing Total Control Account (TCA) in the beneficiary's name. However, the beneficiary can indicate on the claim form that he or she prefers to have a check mailed.				
6. Describe your waiver of premium provision.  60/65 @ 9 months				
7. Describe fully any exclusions or limitations to the coverage you are proposing. Specifically address: Suicide, piloting an airplane, skydiving or recreational diving.  None				
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.  Account Executive (AE), Alexis Cook, will have overall responsibility of your account with us Her contact information is as follows:				
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Address:</td> <td>4301 Boy Scout Blvd Suite# 570</td> </tr> </table>			Address:	4301 Boy Scout Blvd Suite# 570
Address:	4301 Boy Scout Blvd Suite# 570			



	Tampa FL. 33607
Phone:	813-895-9092
Email:	<a href="mailto:acook51@metlife.com">acook51@metlife.com</a>

9. Provide the location from which claims will be paid.

Oriskany, NY

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?

In 2019, 98% of all Group Life claims were processed within five business days.

Comments:

\*Current plan does not include extended death benefit or waiver of premium . Added extended death benefits (EDB) for Class 1 and Class 2. Added MetLife standard waiver of premium (WOP) provision of 60/65 @ 9 months to Class 1 and Class 2 as second option . Please pick one option.

\$0.328/ per \$1,000- Extended Death Benefit

\$0.342/per \$1,000- Waiver of Premium

**\*\* Our offer deviates from current contract by including a Waiver of Premium or Extended Death Benefit provisions to comply with Florida Statute 627.575.**

Extended Death Benefit Disability Provision: Group life coverage is extended for one year after termination of employment for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to age 60 and must last continuously until the date of death. If the employee was covered for less than one year at the onset of the disability, the extension equals the length of coverage time covered.

Waiver of Premium: Group life coverage is continued for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to the age as defined in the Summary of Benefits. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the total disability.

Actively at Work

All Eligible Chartered Officers, All Other Eligible Employees and All Other City

On the Group Policy Effective Date, MetLife will cover those not Actively at Work in accordance with the following guidelines:

- All Employees will be covered under the transition rules for the MetLife Group Policy, regardless of their Actively At Work status, provided:

- o Their coverage was in force under the prior plan on the day before the MetLife Group Policy effective date, and
- o A Waiver of Premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for Waiver of Premium will retain life insurance protection under the prior carrier's policy.
- The Group Life insurance provided under the transition rules for the MetLife Group Policy is equal to the lesser of:
  - o The coverage amount under the prior plan, and
  - o The coverage amount under the MetLife plan for the applicable employee class and coverage type
- For each participant not Actively At Work on the MetLife Group Policy effective date, transition coverage would continue under these rules until the earliest of the following to occur:
  - o The date the employee returns to work as an active Full-Time Employee, at which time active employee coverage will supersede the transition coverage
  - o The last day of the 12 month period following the MetLife coverage effective date
  - o The last day the employee would have been covered under the prior policy had it not terminated (in other words, the date an individual's coverage under the prior policy would have ceased for some reason unrelated to the policy ending)
  - o The date coverage would end pursuant to the termination provisions of the MetLife certificate
  - o The date extension protection is provided under the Waiver of Premium provision of the prior carrier's policy (i.e. approval of a premium waiver claim on account of a disability that occurred while the employee's coverage under the prior policy was in force)

If not already provided, please provide a listing of Non-Actively at Work employees that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.



City of Gainesville

**Basic Life**

Proposal produced on September 23, 2020  
Quote valid through the effective date of the coverage quoted

## City of Gainesville Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
<b>Life Option</b> 5898688				
<b>Basic Life</b> <i>(per \$1,000 of Covered Volume)</i>	3,620	\$122,105,458		\$501,121
All Eligible Employees	2,218	\$112,150,458	\$0.342	
All Eligible Retirees	1,402	\$9,955,000	\$0.342	
Rates are guaranteed from January 1, 2021 - December 31, 2023				

## Summary of Benefits Life Insurance - Life Option

Basic Life	
All Eligible Chartered Officers (20 Hours)	<ul style="list-style-type: none"> <li>● Flat \$250,000</li> <li>● Medical Evidence Level: \$250,000</li> <li>● No Age Reduction</li> <li>● Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)</li> <li>● Conversion is included in this quote</li> <li>● Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>
All Other Eligible Employees and All Other City (20 Hours)	<ul style="list-style-type: none"> <li>● 2 times pay to a maximum of \$50,000</li> <li>● Medical Evidence Level: \$50,000</li> <li>● No Age Reduction</li> <li>● Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)</li> <li>● Conversion is included in this quote</li> <li>● Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>
All Eligible Retirees	<ul style="list-style-type: none"> <li>● 50% of your basic life insurance in force immediately prior to the date of your retirement to a maximum of \$25,000</li> <li>● Medical Evidence Level: \$25,000</li> <li>● No Age Reduction</li> <li>● Conversion is included in this quote</li> <li>● Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>

**Plan Features and Limitations**

Grief Counseling: Automatically included with Basic Life at no additional cost to the employer or employee. Available in all situs states on Basic Life except ND. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL and ND.

Grief counseling is offered by LifeWorks US Inc.<sup>1</sup>. Grief counseling provides eligible beneficiaries a form of counseling that aims to help people cope with grief and mourning following the death of a loved one.

<sup>1</sup> Grief Counseling services are provided through an agreement with LifeWorks US Inc.. LifeWorks US Inc. is not an affiliate of MetLife and the services LifeWorks US Inc. provides are separate and apart from the insurance provided by MetLife.

**Funeral Discounts and Planning Services#:**

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at [www.finalwishesplanning.com](http://www.finalwishesplanning.com), by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

# Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

**Total Control Account (TCA):**

- TCA Settlement Option - Payment under the policy may be accomplished by placing the full amount of death claim proceeds into a TCA, an interest-bearing account with draft-writing privileges, and providing the beneficiary with a book of drafts. Beneficiary also receives a Customer Agreement and other materials describing the TCA.
- Relieves beneficiaries of the need to make immediate decisions about what to do with a check, while giving them the flexibility to access funds as needed and earn interest on the proceeds as they assess their financial situation.
- Beneficiary can access the full amount of death proceeds, including any accrued interest, at any time by writing a single draft.
- Beneficiary can use a single draft to access the entire proceeds or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts the beneficiary can write. Processing time is similar to check processing.

- Recordkeeping and draft clearing services for your TCA are provided by BNY Mellon Bank, 701 Market Street, Philadelphia, PA 19106.
- Beneficiary may also move all or a portion of the TCA balance (subject to applicable minimums) into any other settlement option for which he/she then qualifies.
- Principal and interest earned are backed by the financial strength and claims paying ability of MetLife.
- No charge for processing TCA drafts/making withdrawals, no monthly maintenance fees, and no charge for ordering additional TCA drafts. Charges may apply for an overdrawn TCA or special services. The current fees (*subject to change*) for those services are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; overnight delivery service \$25.
- Accountholders receive an account statement each month when there is activity in the account, and if there is no activity, an account statement will be sent once every three months. These periodic statements will be sent via postal mail or electronically.
- Additional information about the TCA and account services is available electronically through MetLife's easy to use MetOnline web site.
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Subject to state law, and/or group policyholder direction, the TCA is provided for all Life and AD&D benefits of \$5,000 or more. While the funds in the TCA are not insured by the Federal Deposit Insurance Corporation, they are guaranteed by the appropriate state insurance guaranty association. The coverage limits vary by state. More information can be obtained by contacting the National Organization of Life and Health Insurance Guaranty Associations ([www.NOLHGA.com](http://www.NOLHGA.com) or 703-481-5206). The assets backing the TCA are maintained in the Metropolitan Life Insurance Company (MetLife) general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

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If there is no activity on the TCA for a period of time (*typically three years, but this may vary by state*), state regulations may require MetLife to contact the accountholder at the address on file. If MetLife is unable to reach the accountholder, MetLife may be required to close the TCA and transfer the funds to the state.

Accelerated Benefits Option: If included, the minimum that can be accelerated is \$20,000.
The definition of earnings used to define benefits will be <b>Basic Monthly Earnings</b> .
<b>Waiver of Premium:</b> Group life coverage is continued for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to the age as defined in the Summary of Benefits. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the total disability.
<p>Enrolling in the Plan:</p> <ul style="list-style-type: none"> <li>▪ A statement of health will need to be submitted by employees who: <ul style="list-style-type: none"> <li>• Request coverage amounts during their initial 31-day enrollment that exceed the stated MEOI level.</li> <li>• Apply for coverage after the period which begins on the first day on which they are eligible for the coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.</li> <li>• Have indicated a medical condition on their enrollment form.</li> </ul> </li> </ul>
<p>Benefit Increases:</p> <ul style="list-style-type: none"> <li>▪ Employees who experience a pay increase that generates a benefit, for the first time, which exceeds the stated MEOI level, will have to submit a statement of health.</li> <li>▪ Basic Life: Employees, Actively at Work, who are participating in the plan who want to increase their coverage by any amount will have to submit a statement of health.</li> <li>▪ Basic Life: Employees, Actively at Work, who are participating in plan and experience a qualifying event may increase their coverage up to the next benefit level without submitting a statement of health provided the increased benefit does not exceed the Medical Evidence Level, as defined in the Summary of Benefits.</li> </ul>
The coverage will be subject to a contestability clause in accordance with the law.
No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee.



<b>Highlights</b>
Broker Commissions included in the rate: Flat 7.00%
Expected Participation: 100%
Employee Contributions: 0%
Situs is FLORIDA
Financial Arrangement: Non-retrospectively Experience Rated
Benefits terminate at retirement for: Basic Life All Eligible Chartered Officers All Other Eligible Employees and All Other City
<p><b>Actively at Work</b></p> <p>All Eligible Chartered Officers, All Other Eligible Employees and All Other City On the Group Policy Effective Date, MetLife will cover those not Actively at Work in accordance with the following guidelines:</p> <ul style="list-style-type: none"> <li>• All Employees will be covered under the transition rules for the MetLife Group Policy, regardless of their Actively At Work status, provided: <ul style="list-style-type: none"> <li>○ Their coverage was in force under the prior plan on the day before the MetLife Group Policy effective date, <b>and</b></li> <li>○ A Waiver of Premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for Waiver of Premium will retain life insurance protection under the prior carrier's policy.</li> </ul> </li> <li>• The Group Life insurance provided under the transition rules for the MetLife Group Policy is equal to the <u>lesser</u> of: <ul style="list-style-type: none"> <li>○ The coverage amount under the prior plan, <b>and</b></li> <li>○ The coverage amount under the MetLife plan for the applicable employee class and coverage type</li> </ul> </li> <li>• For each participant <u>not</u> Actively At Work on the MetLife Group Policy effective date, transition coverage would continue under these rules until the <u>earliest</u> of the following to occur: <ul style="list-style-type: none"> <li>○ The date the employee returns to work as an active Full-Time Employee, at which time active employee coverage will supersede the transition coverage</li> <li>○ The last day of the 12 month period following the MetLife coverage effective date</li> <li>○ The last day the employee would have been covered under the prior policy had it not terminated (in other words, the date an individual's coverage under the prior policy would have ceased for some reason unrelated to the policy ending)</li> <li>○ The date coverage would end pursuant to the termination provisions of the MetLife certificate</li> <li>○ The date extension protection is provided under the Waiver of Premium provision of the prior carrier's policy (i.e. approval of a premium waiver claim on account of a disability that occurred while the employee's coverage under the prior policy was in force)</li> </ul> </li> </ul> <p>If not already provided, please provide a listing of Non-Actively at Work employees that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.</p>

#### All Eligible Retirees

This quote assumes and is only valid if all covered employees will be Actively At Work on the Contract effective date. If you are or become aware of employees who will not be Actively at Work on the Contract effective date, please advise and provide us with a listing of Non-Actively at Work employees in a non-individually identifiable manner, that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.

It is not our intention to exactly duplicate all provisions of the current contract. Our intention is to match the current benefits. MetLife has designed and filed a contract that we believe will provide the best managed plan available. To achieve the maximum benefit of this contract, we are unable to duplicate your current carrier's contract language.

- The quoted rates are subject to the provisions contained in this Cost & Benefit Summary, and any deviations may require rate revisions.
- MetLife's standard disability provision will apply. It may not be an exact duplication of the existing provision. MetLife's standard definition of disability will apply.
- MetLife is not in a position to judge the requested life insurance plan under the benefit package approach. MetLife has quoted the benefit design requested assuming the customer is comfortable that their overall benefit plan meets the ADEA requirements. Plan sponsors are encouraged to consult with their own legal/tax counsel.
- If lives count or volume increase or decrease by 10% or more, MetLife reserves the right to reevaluate the rates.
- Due to Florida situs laws Waiver of Premium has been added for Class 1 and Class 2. **Waiver of Premium:** Group life coverage is continued for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to the age as defined in the Summary of Benefits. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the total disability

**Underwriting Assumptions**

**PlanSmart**\* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

**Retirewise** - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

Available to those enrolled in Life Insurance coverages:

**Delivering the Promise® (DTP)** - DTP provides valuable support and assistance at the time of a claim. Specialists help beneficiaries and their families identify eligible benefits, file insurance and annuity claims, and identify local resources, including grief counseling services and government agencies.

Available to those enrolled in the Basic Life coverage:

**Transition Solutions** - Transition Solutions is an educational program that provides the support your employees need to make informed decisions when faced with a loss or reduction in coverage, for any reason. In addition to the outreach from a qualified professional, MetLife offers a limited record-keeping process for sending standardized letters to your employees, notifying them of their coverage continuation and conversion options.

\*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

**NOTICE REGARDING NON-US COVERAGE**

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9111

## U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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L0720005601[exp0721][All States]



City of Gainesville

**Basic Life**

Proposal produced on September 25, 2020  
Quote valid through the effective date of the coverage quoted

## City of Gainesville Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
<b>EDB</b> 5908697				
<b>Basic Life</b> <i>(per \$1,000 of Covered Volume)</i>	3,620	\$122,105,458		\$480,607
All Eligible Employees	2,218	\$112,150,458	\$0.328	
All Eligible Retirees	1,402	\$9,955,000	\$0.328	
Rates are guaranteed from January 1, 2021 - December 31, 2023				

## Summary of Benefits Life Insurance - EDB

Basic Life	
All Eligible Chartered Officers (20 Hours)	<ul style="list-style-type: none"> <li>● Flat \$250,000</li> <li>● Medical Evidence Level: \$250,000</li> <li>● No Age Reduction</li> <li>● Extended Death Benefits</li> <li>● Conversion is included in this quote</li> <li>● Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>
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The interest rate on the TCA is set weekly and will always be the greater of the guaranteed rate stated in the accountholder's TCA package, or the rate established by one of two indices monitored by MetLife. MetLife calculates interest daily and compounds it, and adds it to the account monthly, so the accountholders earn interest on their interest. The interest earnings generally are taxable.

If there is no activity on the TCA for a period of time (*typically three years, but this may vary by state*), state regulations may require MetLife to contact the accountholder at the address on file. If MetLife is unable to reach the accountholder, MetLife may be required to close the TCA and transfer the funds to the state.

Accelerated Benefits Option: If included, the minimum that can be accelerated is \$20,000.
The definition of earnings used to define benefits will be <b>Basic Monthly Earnings</b> .
<b>Extended Death Benefit Disability Provision:</b> Group life coverage is extended for one year after termination of employment for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to age 60 and must last continuously until the date of death. If the employee was covered for less than one year at the onset of the disability, the extension equals the length of coverage time covered.
<p>Enrolling in the Plan:</p> <ul style="list-style-type: none"> <li>▪ A statement of health will need to be submitted by employees who: <ul style="list-style-type: none"> <li>• Request coverage amounts during their initial 31-day enrollment that exceed the stated MEOI level.</li> <li>• Apply for coverage after the period which begins on the first day on which they are eligible for the coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.</li> <li>• Have indicated a medical condition on their enrollment form.</li> </ul> </li> </ul>
<p>Benefit Increases:</p> <ul style="list-style-type: none"> <li>▪ Employees who experience a pay increase that generates a benefit, for the first time, which exceeds the stated MEOI level, will have to submit a statement of health.</li> <li>▪ Basic Life: Employees, Actively at Work, who are participating in the plan who want to increase their coverage by any amount will have to submit a statement of health.</li> <li>▪ Basic Life: Employees, Actively at Work, who are participating in plan and experience a qualifying event may increase their coverage up to the next benefit level without submitting a statement of health provided the increased benefit does not exceed the Medical Evidence Level, as defined in the Summary of Benefits.</li> </ul>
The coverage will be subject to a contestability clause in accordance with the law.
No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee.

<b>Highlights</b>
Broker Commissions included in the rate: Flat 7.00%
Expected Participation: 100%
Employee Contributions: 0%
Situs is FLORIDA
Financial Arrangement: Non-retrospectively Experience Rated
Benefits terminate at retirement for: Basic Life All Eligible Chartered Officers All Other Eligible Employees and All Other City
<p><b>Actively at Work</b></p> <p>All Eligible Chartered Officers, All Other Eligible Employees and All Other City On the Group Policy Effective Date, MetLife will cover those not Actively at Work in accordance with the following guidelines:</p> <ul style="list-style-type: none"> <li>• All Employees will be covered under the transition rules for the MetLife Group Policy, regardless of their Actively At Work status, provided: <ul style="list-style-type: none"> <li>○ Their coverage was in force under the prior plan on the day before the MetLife Group Policy effective date, <b>and</b></li> <li>○ A Waiver of Premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for Waiver of Premium will retain life insurance protection under the prior carrier's policy.</li> </ul> </li> <li>• The Group Life insurance provided under the transition rules for the MetLife Group Policy is equal to the <u>lesser</u> of: <ul style="list-style-type: none"> <li>○ The coverage amount under the prior plan, <b>and</b></li> <li>○ The coverage amount under the MetLife plan for the applicable employee class and coverage type</li> </ul> </li> <li>• For each participant <u>not</u> Actively At Work on the MetLife Group Policy effective date, transition coverage would continue under these rules until the <u>earliest</u> of the following to occur: <ul style="list-style-type: none"> <li>○ The date the employee returns to work as an active Full-Time Employee, at which time active employee coverage will supersede the transition coverage</li> <li>○ The last day of the 12 month period following the MetLife coverage effective date</li> <li>○ The last day the employee would have been covered under the prior policy had it not terminated (in other words, the date an individual's coverage under the prior policy would have ceased for some reason unrelated to the policy ending)</li> <li>○ The date coverage would end pursuant to the termination provisions of the MetLife certificate</li> <li>○ The date extension protection is provided under the Waiver of Premium provision of the prior carrier's policy (i.e. approval of a premium waiver claim on account of a disability that occurred while the employee's coverage under the prior policy was in force)</li> </ul> </li> </ul> <p>If not already provided, please provide a listing of Non-Actively at Work employees that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.</p>

#### All Eligible Retirees

This quote assumes and is only valid if all covered employees will be Actively At Work on the Contract effective date. If you are or become aware of employees who will not be Actively at Work on the Contract effective date, please advise and provide us with a listing of Non-Actively at Work employees in a non-individually identifiable manner, that includes age, gender, amount of insurance, date of, and reason for disability of all such disabled individuals, for risk evaluation.

It is not our intention to exactly duplicate all provisions of the current contract. Our intention is to match the current benefits. MetLife has designed and filed a contract that we believe will provide the best managed plan available. To achieve the maximum benefit of this contract, we are unable to duplicate your current carrier's contract language.

- The quoted rates are subject to the provisions contained in this Cost & Benefit Summary, and any deviations may require rate revisions.
- MetLife's standard disability provision will apply. It may not be an exact duplication of the existing provision. MetLife's standard definition of disability will apply.
- MetLife is not in a position to judge the requested life insurance plan under the benefit package approach. MetLife has quoted the benefit design requested assuming the customer is comfortable that their overall benefit plan meets the ADEA requirements. Plan sponsors are encouraged to consult with their own legal/tax counsel.
- If lives count or volume increase or decrease by 10% or more, MetLife reserves the right to reevaluate the rates.
- Due to Florida situs laws Extended Death Benefit has been added for Class 1 and Class 2.  
**Extended Death Benefit Disability Provision:** Group life coverage is extended for one year after termination of employment for an employee meeting the contractual definition of total disability. No further premium payment for that employee is required. The onset of the disability must occur prior to age 60 and must last continuously until the date of death. If the employee was covered for less than one year at the onset of the disability, the extension equals the length of coverage time covered.

**Underwriting Assumptions**

**PlanSmart**\* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.

**Retirewise** - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.

Available to those enrolled in Life Insurance coverages:

**Delivering the Promise® (DTP)** - DTP provides valuable support and assistance at the time of a claim. Specialists help beneficiaries and their families identify eligible benefits, file insurance and annuity claims, and identify local resources, including grief counseling services and government agencies.

Available to those enrolled in the Basic Life coverage:

**Transition Solutions** - Transition Solutions is an educational program that provides the support your employees need to make informed decisions when faced with a loss or reduction in coverage, for any reason. In addition to the outreach from a qualified professional, MetLife offers a limited record-keeping process for sending standardized letters to your employees, notifying them of their coverage continuation and conversion options.

\*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.

WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.

If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.

If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.

The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.

Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.

**NOTICE REGARDING NON-US COVERAGE**

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a Metropolitan Life Insurance Company (MLIC) affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MLIC or any other insurer that is not a member of MAXIS GBN. Please note that while MLIC is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

SIC Code: 9111

## U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“Products”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an “Intermediary”). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

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L0720005601[exp0721][All States]



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 [x] 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

Bidder is not in arrears to City upon any debt, fee, tax or contract: [x] Bidder is NOT in arrears [ ] Bidder IS in arrears
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: [x] 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) # Addendum #1, Addendum #2

Legal Name of Bidder: Metropolitan Life Insurance Company

DBA: MetLife

Authorized Representative Name/Title: Brian Blackburn, Vice President

E-mail Address: acook51@metlife.com FEIN: 13-5581829

Street Address: 200 Park Avenue, New York, NY 10166

Mailing Address (if different): 4301 W. Boy Scout Blvd. Suite 570, Tampa, FL 33607

Telephone: ( 813 ) 673-3516 Fax: ( 866 ) 277-3913

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE: [Signature]

SIGNER'S PRINTED NAME: Brian Blackburn, Vice President DATE: September 25, 2020



# 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:** Metropolitan Life Insurance Company

**SIGNATURE:** 

**LEGIBLY PRINT NAME:** Brian Blackburn, Vice President

**DATE:** September 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**

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

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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 Code 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

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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

**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



# City of Gainesville

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Budget and Finance Department

Purchasing Division

**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.

**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.



# City of Gainesville

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Budget and Finance Department

Purchasing Division

**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

**22. 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"

**23. Question:** What are the current rates for the retiree and employee life insurance?

**Answer:** Provided

**24. Question:** Does your life insurance benefit include an age reduction for retirees and employees?

**Answer:** No

**25. Question:** Does the City currently have a broker servicing the Life insurance? If yes, who is the current broker?

**Answer:** Gallagher Benefits Services

**26. Question:**

What compensation is the broker receiving?

**Answer:** 10% Commission

**27. 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.

**28. Question:**

Does the City currently have an online enrollment system?

**Answer:** Yes



# City of Gainesville

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Budget and Finance Department

Purchasing Division

**29. 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: Metropolitan Life Insurance Company

SIGNATURE: 

LEGIBLY PRINT NAME: Brian Blackburn, Vice President

DATE: September 25, 2020



# 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 (# 810085)

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.*

Metropolitan Life Insurance Company

Bidder's Name

Brian Blackburn, Vice President

Printed Name/Title of Authorized Representative



Signature of Authorized Representative

September 25, 2020  
Date

***This page must be completed and uploaded to DemandStar.com with your Submittal.***

### **Vision Statement**

To implement and cultivate a world-class diverse supplier development program that promotes the inclusion of qualified diverse suppliers in the strategic sourcing process thereby promoting their long term economic growth and impacting the communities in which they live and work.

### **Policy Statement**

Drawing on our history of 150 years of integrity, social responsibility and financial leadership, MetLife recognizes that supplier diversity is a business imperative in achieving the company's strategic objectives as we focus on positively impacting the communities of the people who depend on us. Our supplier inclusion and development initiative creates procurement opportunities for diverse suppliers to bring innovation and a competitive advantage to MetLife, which is accomplished through a defined supplier engagement, development and mentorship process.

MetLife is deeply committed to embodying the 'One MetLife' corporate strategy, always operating as one global organization and leveraging our scale to deliver a competitive advantage while developing diverse suppliers to better serve both internal and external customers. Additionally, we make significant contributions to the development of diverse suppliers to ensure their sustainability within our global supply chain.



Arnold Sowa  
SVP and Chief Procurement Officer



James Ponder  
Assistant Vice President, Global Procurement  
[jponder@metlife.com](mailto:jponder@metlife.com)  
919-413-4116

## **RE: METLIFE SUPPLIER INCLUSION AND DEVELOPMENT PROGRAM**

Diverse business participation within MetLife's supply chain is a major focus of our Supplier Inclusion and Development business strategy. We continually seek opportunities to engage with certified suppliers qualified as MBE, WBE, LGBT, DVBE, DOBE and Small Business classifications recognized by the federal government.

MetLife's commitment to working with diverse business enterprises is fueled by the realization that we can benefit from the innovation and creativity of diverse business partners in many of the same ways that we benefit from the diversity of our own workforce. The program strives to introduce partnerships and sustain relationships with diverse business partners promoting their long-term economic growth. Through the program, MetLife implements aggressive sourcing initiatives that provide diverse businesses with equal opportunity to become trusted suppliers of MetLife.

The MetLife Supplier Inclusion and Development Program (SID) is an enterprise initiative focused on percent of spend with diverse business partners over procurable spend. MetLife tracks and reports spend with diverse suppliers every quarter to monitor growth. SID partners with Global Procurement Leaders to source certified diverse businesses for inclusion in RFPs. Valid third-party certification is required of all diverse suppliers who do business with MetLife.

### **Facts and Figures**

Our commitment to building relationships with diverse business partners has driven growth since the program's inception in 2003.

- In 2019, MetLife's annual spend with diverse business partners was 13.1% of total procurable spend.
- MetLife engaged with more than 400 diverse business partners in 2019. Over the program's history, MetLife partnered with diverse businesses to achieve over \$3.0 billion in spend.
- Supplier diversity tracks spend with certified suppliers in the following classifications: MBE, WBE, LGBT, VBE, DVBE, DOBE and Small Business classification recognized by the federal government.

### **MetLife Affiliations:**

National Minority Supplier Development Council (NMSDC)

NY/NJ Minority Supplier Development Council (The Council)

Women's Business Enterprise National Council (WBENC)

The Women Presidents Educational Organization, NY (WPEO)

National LGBT Chamber of Commerce (NGLCC)

Disability: IN

National Veteran Business Development Council (NVBDC)

### **Supplier Diversity Leadership**

MetLife's Supplier Inclusion and Development Program drives growth of diverse businesses. We are committed to face-to-face, ground-level involvement that fosters a direct connection with diverse suppliers supported by our membership in national advocacy organizations including WBENC, NMSDC, NGLCC, Disability:IN, and NVBDC. To drive that commitment, MetLife is involved in the following:

- Exhibiting at national and regional business opportunity fairs to cultivate relationships with diverse businesses and understand how their value proposition benefits MetLife.
- Benchmarking supplier diversity best practices and leverage referral opportunities with world class organizations as members of insurance/ financial services industry groups.
- Providing annual scholarships for diverse business owners to attend executive education programs at major universities designed to broaden their capabilities that can lead to high-performing businesses.
- Designing and delivering workshops and seminars for diverse business owners to benefit from our position and industry knowledge as the leader in financial services and insurance.
- Partnering with MetLife National Accounts in private and public sector markets to strengthen our supplier diversity leadership position.

### **Supplier Inclusion and Development Direction**

MetLife's goal is to grow partnerships with diverse businesses to represent an ever greater percentage of the company's overall procurable spend. By growing the number of diverse business partners we work with, MetLife advances its vision to help build financial freedom for everyone.

MetLife Global Procurement and Supplier Inclusion and Development have identified the following activities as essential in helping to meet our goals:

- Identify commodity areas of procurable spend that Global Procurement can impact.
- Support sourcing leaders to facilitate the inclusion of diverse vendors in RFPs.
- Analyze spend by key commodity area/owner and by diverse supplier.
- Provide supplier diversity data to MetLife proposal teams in support RFP requirements for private and public sector markets.

- Implement regular data enrichment to ensure accurate coding of diverse vendors as they are added to the supply chain.
- Proactively identify line of business stakeholders to encourage and increase inclusion of diverse businesses in decision making.
- Raise enterprise awareness of MetLife's Supplier Inclusion and Development Program.
- Drive supplier registration through the MetLife's diverse supplier portal **Supplier**

**Inclusion and Development Recognition** (updated throughout the year)

- America's Top Corporations for Women's Business Enterprises – WBENC
- WE 100 Corporations of the Year - Women's Enterprise USA
- Top 50 Corporations for Inclusion – Omnikal
- Top 100 Corporations for Women's Business Enterprises - Women's Enterprise magazine's
- Award of Excellence – Odyssey International
- Top 30 Champions of Diversity – Diversity Plus magazine
- Best of the Best, Top Insurance Company - HISPANIC Network Magazine and Black EOE Journal

**Enterprise Awards and Recognition**

Throughout our long history, we have aimed to make MetLife a great place to work and interact for customers, employees, and communities around the world. Understanding different regions and cultures also allows us to better customize our products and services. These efforts have been recognized by a broad range of external associations and the media for customer satisfaction, environmental sustainability, human rights, women's rights and our work to help our returning Veterans pursue more from life.

Link out for the latest about MetLife recognition:

<https://www.metlife.com/about/corporate-responsibility/overview/awards-and-recognition/index.html>

# DRUG-FREE WORKPLACE FORM

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

Metropolitan 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.

with its own Drug-Free Workplace policy, a copy of which is attached.

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

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

Brian Blackburn, Vice President

September 25, 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.***

# Drug and Alcohol Policy

As part of our commitment to a safe and healthy work environment, MetLife prohibits all individuals from arriving to work, working, or representing MetLife while impaired or under the influence of any substance, including alcohol, whether legal or illegal, prescribed or over the counter. This includes when such activity impacts an individual's performance, safety or the safety of others, or when the use is otherwise disruptive to the workplace.

This policy sets forth MetLife's expectations and prohibitions regarding drugs and alcohol in the workplace.

## Applies to

This policy applies to all employees, non-employee workers (i.e., consultants, temporary, and contingent workers), customers, and visitors whenever representing or conducting business for or with MetLife.

## Controlled and Other Illegal Drugs

MetLife prohibits all individuals from manufacturing, distributing, selling, offering to sell, trading, possessing, or using controlled substances or any other drug that is illegal under any federal, state or local law, while in the workplace or whenever the individual is representing or conducting business for MetLife.

## Prescription and Over the Counter Drugs

MetLife permits the use of prescription and over the counter (OTC) medication at work, or while representing or performing services on behalf of MetLife in accordance with a valid medical treatment plan or prescription, or, in the case of OTC drugs, in accordance with the product's instructions for use. Misuse or abuse of prescription or OTC drugs at work or while working on behalf of MetLife, such as illegally selling or buying them, or possessing or using prescription drugs not properly prescribed to you is strictly prohibited.

## Alcohol

MetLife prohibits consumption of alcoholic beverages in the workplace and/or while working, representing, or doing business with MetLife. Exceptions are allowed for the moderate and responsible consumption of alcoholic beverages by individuals of legal drinking age at MetLife-sponsored functions (e.g., holiday parties, sales conferences) where the serving of alcoholic beverages has been pre-approved by a department head. It is expected that all individuals refrain from drinking to the point of inebriation, maintain self-control, and present in a professional manner at all times at such events.

## Disclosure of Criminal Drug Convictions

If you are convicted (including a plea of no contest) of violating a criminal drug statute for manufacturing, distributing, dispensing, using, or possessing a controlled substance, **and** the conduct occurred while you were in the workplace or conducting MetLife business, you must notify Employee Relations in writing at [EmployeeRelations@metlife.com](mailto:EmployeeRelations@metlife.com) within five (5) calendar days of the conviction.

**NOTE:** This notification requirement does not apply to a drug-related arrest or a conviction for a drug offense that occurred outside of the workplace. If required by law, MetLife will notify appropriate third parties within ten (10) days after receiving this notice from the employee or otherwise receiving actual notice of such conviction.

## Violations of this Policy

If you exhibit signs of being under the influence (including, but not limited to, smelling of alcohol, using slurred or incoherent speech, noticeable mood shifts, or other behaviours that are out of character), or there is evidence that you are otherwise in violation of this policy, you may be asked to leave work for the day and/or placed on a leave while an investigation is conducted. Furthermore, you may be subject to disciplinary action, up to and including termination from employment. A criminal drug conviction as described above, or failure to timely disclose one, could also result in disciplinary action.

If an employee or anyone else on MetLife premises or while using a company vehicle at any time violates this policy with respect to a controlled substance, MetLife will bring the matter to the attention of the applicable law enforcement authority, as appropriate.

If an employee is found to have driven a company vehicle while under the influence, they may lose their company car privilege in addition to other disciplinary action which could include termination of employment.

## Employee Resources

MetLife is committed to supporting employees in overcoming alcohol and/or drug abuse problems (whether their own or someone else's affecting them). Through *Wellness for Life*, MetLife's employee assistance program (1-844-453-0064), employees can access free, confidential counseling, advice on emotional and physical wellness, and more.

Employees with concerns that their or someone else's substance abuse may be affecting their performance or conduct in the workplace can contact Employee Relations.

Employees with questions about coverage of MetLife's Medical Plan to treat substance abuse problems can speak directly with a representative of their medical benefits carrier.

## Contact

If you suspect an employee or anyone covered under these policies may be under the influence of alcohol or drugs in the workplace or otherwise violating this policy, contact:

- Your supervisor/manager; or
- Employee Relations (1-877-843-3711 or [EmployeeRelations@metlife.com](mailto:EmployeeRelations@metlife.com))



## REFERENCE FORM

Name of Bidder: \_\_\_\_\_

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

---

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

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address (if available): \_\_\_\_\_

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

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address (if available): \_\_\_\_\_

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

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address (if available): \_\_\_\_\_

---

# 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.

See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center; font-size: 1.2em;">METROPOLITAN LIFE INSURANCE COMPANY</p>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> 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.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) <u>5</u>  Exemption from FATCA reporting code (if any) <u>E</u>  <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> C Corporation	
<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: 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.</small>	
<input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <p style="text-align: center; font-size: 1.2em;">200 PARK AVENUE</p>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <p style="text-align: center; font-size: 1.2em;">NEW YORK, NY 10166</p>	
<b>7</b> 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>									
or									
<b>Employer identification number</b>									
1	3	-	5	5	8	1	8	2	9

## 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 ▶ <u>2/7/2020</u>
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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.*

# **METROPOLITAN LIFE INSURANCE COMPANY**

**Is hereby authorized to transact  
insurance in the State of Florida.**

**This certificate signifies that the company  
has satisfied all requirements of the  
Florida Insurance Code for the issuance  
of a license and remains subject to  
all applicable laws of Florida.**

**Date of Issuance: September 12, 1915  
No. 91-13-5581829**



**Florida  
Department  
of Insurance**

A handwritten signature in cursive script that reads "Tom Gallagher".

**Tom Gallagher  
Treasurer and Insurance Commissioner**



**OFFICE OF THE TREASURER  
DEPARTMENT OF INSURANCE**

The Capitol, Tallahassee, Florida 32399-0300

**TOM GALLAGHER**

TREASURER  
INSURANCE COMMISSIONER  
FIRE MARSHAL

November 22, 1991

Metropolitan Life Insurance Company  
One Madison Avenue  
New York , NY 10010-0000

Dear Insurer:

Enclosed is your new permanent Certificate of Authority (C.O.A.).  
You are authorized to write the following lines of business:

400 Life  
405 Variable Annuities  
410 Group Life And Annuities  
420 Variable Life  
440 Credit Life/Health  
441 Credit Disability  
450 Accident And Health

The permanent C.O.A. will remain in force subject to payment of the  
annual renewal fee and compliance with state rules and regulations.

Each year, our renewal license fee invoice will include a listing  
of the lines of business that your company is authorized to write

Certificates of Authority will only be issued upon licensure of new  
companies in the future. Licensed companies will only receive a  
letter outlining the authorized lines of business annually.

Sincerely,

Keith E. Ouellette, Chief  
Bureau of Data Control  
(904) 922-3149 ext. 2613

## Exceptions to the RFP

Metropolitan Life Insurance Company (“MetLife”) lists below the deviations it is submitting with respect to its response to the Request for Proposal by City of Gainesville (“Customer”).

### I. GENERAL COMMENT

If desirable, upon award of the business, the appropriate company in the MetLife family of companies will enter into a contract that addresses your specific requirements. Please also note that as appropriate, insurance policies or other contracts as required by state law (referred to throughout our response as the “Group Contract”) will be issued by one or more MetLife companies. The Group Contract governs the terms and conditions of the coverage being provided. In the event of any conflict between the Group Contract and any other documents, the Group Contract will govern.

In light of the foregoing, please note the following provisions will be governed by the Group Contract (this may not be all inclusive):

RFP

- Part 9 ‘Sample Contract’
  - Paragraph 1 ‘Effective Date and Term of Contract’ (**page 17**)
  - Paragraph 3 ‘Scope of Services’ (**page 17**)
  - Paragraph 4 ‘Contract Documents’
    - Clause B (**page 18**)
  - Paragraph 5 ‘Time for Performance’ (**page 18**)
  - Paragraph 6 ‘Compensation/Payment’ (**page 18**)
  - Paragraph 10 ‘Termination’ (**page 19**)
  - Paragraph 14 ‘Contractor’s Assurances’ (**page 20**)

### II. NOT APPLICABLE PROVISIONS

Please note that the provisions/requirements listed below are not applicable to the nature of the services which would be provided by us if awarded the business (this may not be all inclusive):

RFP

- Part 8 ‘General Information’
  - Clause 8.3 ‘Living Wage Policy &’ (**page 14**)
  - Clause 8.13 ‘Specialty Funding’ (**page 16**)
- Part 9 ‘Sample Contract’
  - Paragraph 5 ‘Delivery Schedule’ (**page 18**)
  - Paragraph 5 ‘Paragraph 5 Intentionally Omitted’ (**page 18**)
  - Paragraph 15 ‘Warranty’ (**page 20**)
  - Paragraph 19 ‘Paragraph Intentionally Omitted’ (**page 21**)

### III. LITIGATION HISTORY

With respect to point (c) (**page 4**) of paragraph beginning with “These criteria consider” of Clause 1.6 ‘Determination of Responsibility of Bidders’ of Part 1 ‘Request for Proposal Information’, point (h) (**page 8**) of Sub-clause e) ‘Required Documents’ of Clause 4.1 ‘Format of

Proposal' of Part 4 'How to Submit a Proposal', Clause 8.10 'Investigation of Alleged Wrongdoings, Litigation/Settlements/Fines/Penalties' (**page 16**) of Part 8 'General Information' of the RFP, please note that various litigation, claims and proceedings against MetLife have arisen in the course of MetLife's business, including, but not limited to, in connection with its activities as an insurer, employer, investor, investment advisor and taxpayer. Further, state insurance regulatory authorities and other federal and state authorities regularly make inquiries and conduct investigations concerning MetLife's compliance with applicable insurance and other laws and regulations.

MetLife, Inc.'s most recent form 10K contains a discussion of a number of litigations, claims and regulatory matters. We believe the matters noted therein will not interfere with us providing you quality service and support and we would be pleased to address any specific questions you may have.

**IV. ASSIGNMENT / SUBCONTRACTOR**

With respect to Sub-clause d) 'Price Proposal' (**page 7**) of Clause 4.1 'Format of Proposal' of Part 4 'How to Submit a Proposal' and Paragraph 27 'Assignment of Interest' (**page 22**) of Part 9 'Sample Contract' of the RFP, please note that MetLife agrees to seek written consent from the Customer prior to assignment except in the event of an assignment to a MetLife affiliate or in the event of a sale of its assets. Regarding subcontractors, the subcontractor payment provisions are not applicable.

**V. DRUG-FREE WORKPLACE**

With respect to point (c) (**page 7**) of Sub-clause e) 'Required Documents' of Clause 4.1 'Format of Proposal' of Part 4 'How to Submit a Proposal', Clauses 7.1 and 7.2 (**page 13**) of Part 7 'Award' of the RFP, please note that as a FORTUNE 50 company, MetLife has its own employment practices and policies with respect to a drug free environment that are not tailored on an individual customer basis. Please see MetLife's Drug-Free Workplace Policy attached to our response to this RFP.

**VI. OWNERSHIP OF PROPOSAL**

With respect to Clause 4.4 'Disclosure and Confidentiality' (**page 8**) of Part 4 'How to Submit a Proposal', Clause 8.12 'Use of RFP Reply Ideas' (**page 16**) of Part 8 'General Information' Proposal' and Paragraph 16 'Public Records' (**page 20**) of Part 9 'Sample Contract' of the RFP, please note that MetLife agrees that any materials that MetLife creates exclusively for Customer in response to this RFP shall be the property of Customer, but solely to the extent that such material does not include any pre-existing, independently created or third party material or intellectual property rights.

**VII. PUBLIC RECORDS**

With respect to Clause 4.4 'Disclosure and Confidentiality' (**page 8**) of Part 4 'How to Submit a Proposal' and Paragraph 16 'Public Records' (**page 20**) of Part 9 'Sample Contract' of the RFP, please note that we shall use commercially reasonable efforts to assist the Customer with its requirements to comply with Florida's Public Records Law. Further, MetLife can meet the requirements for retaining of public records; however, transfer to the city of same may entail additional charges.

**VIII. INDEMNIFICATION / HOLD HARMLESS**

With respect to Clause 4.4 'Disclosure and Confidentiality' (**page 8**) of Part 4 'How to Submit a Proposal' and Paragraph 7 'Indemnification' (**page 18**) of Part 9 'Sample Contract' of the RFP, please note that while we cannot agree to the indemnification/hold harmless/defend language as written, we are happy to discuss this issue further to address any customer concerns. We can assure you that we will provide coverage in accordance with the terms of the Group Contract and we will defend, at our expense, lawsuits seeking coverage under the Group Contract.

**IX. CONTRACT**

With respect to Clause 7.3 'Contract Terms and Conditions' (**page 13**) and Clause 7.5 'Contract' (**page 13**) of Part 7 'Award', Paragraph 4 'Contract Documents' (**page 17**), Paragraph 24 'Integration/Merger' (**page 22**) and Paragraph 32 'Exhibits' (**page 23**) of Part 9 'Sample Contract' of the RFP, please note that the contract/agreement shall also include the Group Contract. Also, we can agree to these provisions subject to our deviations provided in this document.

**X. AUDIT / RECORDS**

With respect to Clause 8.7 'Records/Audit' (**page 15**) of Part 8 'General Information' and Paragraph 13 'Records and Right-To-Audit' (**page 20**) of Part 9 'Sample Contract' of the RFP, please note that MetLife does not agree to these provisions as written. MetLife agrees that Customer shall have the right to conduct reasonable audit/inspection/review of records maintained by MetLife related to the contract/agreement subject to prior agreement as to the time, terms and scope of any such audit/inspection/review. MetLife agrees to retain records in accordance with its internal records retention policies, which are designed to comply with applicable law.

**XI. OWNERSHIP OF WORK PRODUCT**

With respect to Paragraph 12 'Intellectual Property and Work Product' (**page 20**) of Part 9 'Sample Contract' of the RFP, please note that MetLife does not agree to this provision as written. The claim records are the property of MetLife. MetLife agrees that any materials that MetLife creates exclusively for Customer pursuant to the Contract shall be the property of Customer, but solely to the extent that such material does not include any pre-existing, independently created or third-party material or intellectual property rights.

**XII. DISPUTE RESOLUTION / ATTORNEY'S FEES**

With respect to Paragraph 17 'Dispute Resolution' (**page 21**) and Paragraph 18 'Attorney's Fees and Costs' (**page 21**) of Part 9 'Sample Contract' of the RFP, please note that MetLife does not agree to these provisions as written. MetLife reserves all its legal rights and remedies. We are happy to discuss to address any customer concerns.

**XIII. THIRD PARTY BENEFICIARIES**

With respect to Paragraph 29 'Third Party Beneficiaries' (**page 22**) of Part 9 'Sample Contract' of the RFP, please note that we cannot agree to this provision as the Group Contract is a third-party beneficiary contract which does grant rights and benefits to covered individuals.

**XIV. INSURANCE**

With respect to Paragraph 8 'Insurance' (**page 19**) of Part 9 'Sample Contract' of the RFP, please note we self-assume Professional Liability Insurance for the Life coverages included with our proposal. Additionally, we propose the following revision:

- B. Prior to the effective date of this Contract, Contractor shall provide to City a certificate of insurance certifying such insurance ~~and naming City as additional insured~~ and that City will be notified in writing at least thirty (30) days before any such insurance is canceled ~~or materially changed~~.

**XV. AFFIDAVITS / DECLARATIONS / CERTIFICATIONS**

All affidavits, declarations, certifications and similar statements included in our response are made to the best of the knowledge and belief of the signer.



## Investigation of Alleged Wrongdoings, Litigation/Settlements/Fines/Penalties

Please note that various litigation, claims and proceedings against MetLife have arisen in the course of MetLife's business, including, but not limited to, in connection with its activities as an insurer, employer, investor, investment advisor and taxpayer. Further, state insurance regulatory authorities and other federal and state authorities regularly make inquiries and conduct investigations concerning MetLife's compliance with applicable insurance and other laws and regulations.

MetLife, Inc.'s most recent form 10K contains a discussion of a number of litigations, claims and regulatory matters. This is available at [www.metlife.com](http://www.metlife.com). We believe the matters noted therein will not interfere with us providing you quality service and support and we would be pleased to address any specific questions you may have.