

**OFFICE OF THE STATE COMPTROLLER  
SUPPLEMENTAL VENDOR RFPS  
RESPONSES TO VENDOR QUESTIONS**

**Auto & Home Insurance**

1. Will the state be adding coverage detail to the premium quote scenarios? **No**
  
2. Coverage limits are not defined. Coverage limits should include, bodily injury, property damage, uninsured motorist limits and comprehensive and collision deductibles. **Each employee or retiree is eligible to select the coverage limits they require for their individual needs.**
  
3. Auto and home insurance is primarily rated using city location/zips code where the employee lives. Will the state be issuing city location/zip codes to illustrate sample premiums?  
**For 2020 all quotes should be based on the following:**  
**Litchfield, CT 06759**  
**Norwich, CT 06360**  
**Hartford, CT 06106**  
**Mansfield, CT 06269**  
**Hamden, CT 06518**  
**Middletown, CT 06457**

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**Supplemental Benefits & Whole Life**

1. Will State allow for digital communications to employees? **Not available**
2. Can we get an updated census with gender, DOB and salary? **We do not provide salary information as these are individual policies, the employees provide their information for the amount of benefit they select to establish**
3. Can we show the riders on the proposed plans? **You may only market the approved product for which there is a signed agreement**
4. Would the State be willing to see any complimentary value-added services such as: LawAssure (legal preparation services) and Kofe (Financial Education Resources) **The committee will only review responses of vendors that replied to the RFI for the product involved in the RFP**

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## Identity Theft, Supplemental Life & Long Term Disability

Considering the geographical constraint of personally reviewing the document, I request you to provide us the following details before we buy the document:

1. List of Items, Schedule of Requirements, Scope of Work, Terms of Reference, Bill of Materials required. **It is unclear what information is being requested. Supplemental vendors offer their product for marketing to State of CT Employees and Retirees where the individual pays for the premium/charge for such coverage directly to the vendor, through several methods (a) payroll deduction for active employees (b) direct payment or (c) ACH deduction**
2. Soft Copy of the Tender Document through email. – **This is unclear**
3. Names of countries that will be eligible to participate in this tender. – **Primary residence of State of CT employees and Retirees**
4. Information about the Tendering Procedure and Guidelines – **Vendors are to submit their detailed response to the RFP by the deadline announced and the committee will review such responses and select which vendors may participate in the program**
5. Estimated Budget for this Purchase **n/a**
6. Any Extension of Bidding Deadline? **No extension is contemplated**
7. Any Addendum or Pre Bid meeting Minutes? **None available**

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**Short Term Disability Insurance**

Please provide the following data:

1. Current Plan Design/s (Summaries and Policy/Certificates) for both the Colonial Life & Accident Insurance Company (Colonial Life) and Lincoln National market a short term disability (STD) insurance policy to State employees. **The State of CT is not authorized to supply a vendor's policy or plan design with third parties**
2. Census Data for all eligible employees (Date of Birth, Gender, Coverage election (Plan indicator for Colonial or Lincoln or waived), Salary, Occupation/Job Title, **Employees who wish to obtain a quote of an insurance product through this program, will provide specific personal information to the vendor to obtain a quote for coverage**
3. Claims and enrollment Per Carrier • Paid premiums vs. paid claims by month for the last 36 months per Carrier . • Monthly enrolled lives (to see if or how group size has changed over the experience period) **Attached are the supplemental benefit participation reports for 2018-2020.**
4. Inforce rates by experience periods per Carrier. Renewal rates if known **n/a**
5. Any Grandfathered enrollments with explanations or exception to the policy rules. **We do not offer grandfathered enrollments**
6. Would the State consider an Accident policy with a spouse disability rider in addition to the short-term disability plan? **No**

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## Long Term Disability Insurance

Please provide the following data:

1. Current Plan Design/s (Summaries and Policy/Certificates) for The Hartford's long term disability (LTD) insurance policy to State employees. **The State of CT is not authorized to share plan designs with third parties**
2. Census Data for all eligible employees (Date of Birth, Gender, Coverage election (Plan indicator for Hartford or waived), Salary, Occupation/Job Title, **Employees who wish to obtain a quote for an insurance product through this program, will provide specific personal information to the vendor to obtain a quote for coverage**
3. Claims and enrollment Per Carrier• Paid premiums vs. paid claims by month for the last 36 months. **Attached is the supplemental benefit participation report**
4. Monthly enrolled lives (to see if or how group size has changed over the experience period) **Attached is the supplemental benefit participation report**
5. LTD requires claim listing including DLRs (Disabled Life Reserves) **These are individual policies where the vendor processes all claims. The State of CT does not maintain this data**
6. For employees out on a disability claim Date of disability, Benefit amount, Nature of disability, Expected return to work date, Gender, Age or date of birth, Current carrier's reserve. For both Open and Close Claims – 36 months **These are individual policies where the vendor processes all claims. The State of CT does not maintain this data.**
7. In force rates by experience periods per Carrier. Renewal rates if known **n/a**
8. Any Grandfathered enrollments with explanations or exception to the policy rules. **We do not offer grandfathered enrollments**

# OFFICE OF THE STATE COMPTROLLER

## SUPPLEMENTAL VENDOR RFPS

### RESPONSES TO VENDOR QUESTIONS

#### Supplemental Life Insurance

1. Is the current Supplemental Term Life plan enrolled and administered through the State of CT's benefit administration system? **No** If yes, please provide the name so we can determine if we have existing protocols in place with benefit administration system?
2. The RFP states that: Under the present program Fort Dearborn Life Insurance Company (marketed under Dearborn National) markets a term life insurance policy to State employees. Participation in the State's basic group life insurance plan is a prerequisite for purchasing this term life insurance. Today, how is Fort Dearborn Life Insurance Company informed of which employees and retirees participate in the State's basic group life insurance plan and eligibility for the Supplemental Term Life plan? **The employee self-certifies enrollment in the basic life benefit by providing a copy of their paycheck remittance stub (redacted with personal information) and the State of CT performs a secondary audit.**
3. We noted that Universal Life Insurance plan RFP has not been issued. Can the State confirm that payroll deduction for the Universal Life Insurance plan will be discontinued, or if a replacement UL carrier be named? **This determination will be made by the committee following termination of the RFP process.**
4. Please provide a complete census file that includes the run date as well as the following information: Gender, Zip Code, state of residence, work state, plan election, date of birth, annual salary, job title, population identifier (if groups / plans are broken out by class, design, rate structure, etc.), description of any abbreviations that may be included in census file, such as status codes or coverage option. Please provide current certificates/contracts, that provide plan design specifics – benefit levels, eligibility rules, medical underwriting rules, special provisions such as disability provision, LOA/lay-off provisions, etc. **Employees who wish to obtain a quote for an insurance product through this program, provides their specific personal information to the vendor to obtain a quote for coverage**
5. Please provide retirement rules and retiree benefits, and if any ongoing reductions apply to those benefits. **n/a**
6. Please provide current dependent age definition – regular vs student. **The vendor offering coverage outlines its own definition of dependent**
7. Please provide annual enrollment rules by coverage. **Employees are allowed to enroll in the supplemental benefit program at any time and select the coverage that meets their needs. At anytime they can select to increase or decrease such coverage.**
  - a. How are ongoing increases handled once an employee passes the EOI level – do they still need to provide EOI if increasing yearly? **The State of CT does not process EOI for individual insurance coverage selected by employees**

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- b. How are non-participants handled beyond their initial effective date? Are they mandated to submit EOI for any dollar amount? **The State of CT does not process EOI for individual insurance coverage selected by employees**
- c. When was the last time a special enrollment or open enrollment – with special underwriting rules last offered? Please provide provisions that applied and when it was offered. **See response above.**
8. Please provide yearly experience for the past 5 years, broken out by coverage. **Attached is enrollment report by product for the past 3 years.**
9. Please provide the current rates, along with the rate history, by coverage over the last 5 years. **The State of CT is not authorized to provide vendor's rates to third parties**
10. Please provide a current invoice showing lives and volume by age bracket. **The State does not pay the premium for this coverage. Employees and/or retirees pay for their individually selected coverage to the vendor by payroll deduction or other means.**

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**Whole Life**

1. Will you accept and consider proposals for permanent Universal Life Insurance coverage even though the RFP specifically requests Whole Life Insurance? **The committee will only accept and consider proposals specific to the RFP posted; there is no RFP for Universal Life.**



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**Long Term Care**

1. Page 2, Section II: "...plan that includes both 3.5% and 5% compound inflation protection options". In March 2019, the Insurance Department's regulation governing the approval of CTP policies was revised to reduce the minimum inflation protection requirement from 3.5% compound to 3% compound. Transamerica has 3% compound inflation protection for their Partnership policies approved. Will this RFP adhere to the new minimum CT Partnership inflation protection requirement? **The State of CT adheres to the CT Partnership inflation protection requirement.**

2. Page 12, Section F: The RFP is requesting a full schedule of premiums – this is individual insurance where daily benefits can be selected in \$10 increments, policy maximums in \$1000 increments, with multiple riders and options outside of the core benefits. Would it suffice to provide a variety of policy structures for all ages and marital status? **Yes** Is there a preference for how many configurations or specific configurations? **No preference.** Would it be acceptable to provide rider charges or 'loads' which are expressed as a percentage of base premium? **The State would like to view all 'riders' that are being proposed and marketed to employees and retirees**

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**RFP Submission Requirements**

1. Due to the current pandemic situation and in our efforts to promote social distancing, our preference is to submit an electronic proposal at this time. We will be happy to provide original, hard copy binders for the State of Connecticut to have on file when the current situation improves. Is this approach acceptable to the State of Connecticut? **Requirements for submission of a limited number of hard copies have been set in recognition of the challenges created by the current pandemic; however, if a vendor is unable to provide a hard copy, we are amenable to accepting electronic copies only with hard copy to follow. Please coordinate your submission by contacting the Business Office via [OSC.RFP@ct.gov](mailto:OSC.RFP@ct.gov).**
  
2. Given the current national health and safety concerns around the COVID 19 virus, our workforce transitioned working from home. Are you willing to accept electronic signatures and waive the notary requirement? **It is our understanding that many states have implemented procedures for performing remote notarization, and we encourage vendors to pursue that avenue. If it is not possible in your state we are amenable to waiving the requirement.**

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## General Questions

1. Please confirm the contract term for this agreement. Is this a 1 year term, effective January 1, 2021 through December 31, 2021 or is this a 3 year term effective January 1, 2021 through December 31, 2023? **A 3 year term, Jan. 1, 2021 to Dec. 31, 2023, is contemplated for all vendors selected.**
2. Page 13, Section M: Is there any change to the two methods for exchanging payroll deduction files, or is the current set up between Transamerica and the State of CT going to be unchanged should Transamerica win this contract again? **At this time, there is no change or future change to the State of CT Transmission file process**
3. Item VI.R., on page 14 of the RFP states: “Each proposal must contain the Contractor’s acknowledgement that it accepts as final the determinations of the State Comptroller.” It isn’t clear what the scope of that statement entails. Can you please clarify the intent of this statement? **The Comptroller’s decision as to whether or not to proceed to award a contract with regard to a specific product or a specific vendor shall be final.**
4. Page 16, Section X seems to be lacking information and detail – it appears to be abruptly cut-off **(See below)**

### Affirmative Action

The proposal must include a summary of the Contractor's experience with Affirmative Action including a summary of the Contractor's affirmative action plan and the Contractor's commitment to affirmative action.

5. Can you provide the specifications for the State of Connecticut’s payroll deduction file layout? **See section M. Remittance File Layout/ Submission Requirements in the RFP.**
6. The RFP states that the contract effective date is January 1, 2021. Do you have target date(s) for the open enrollment period and the effective date of benefits for State employees who chose to enroll in these supplemental benefits? **Employees are allowed to enroll in the supplemental benefit program at any time**