

**NOTE:** The Town of Morristown will consider proposals only from firms or organizations that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Qualifications.

**REQUEST FOR QUALIFICATIONS**

**FOR A HEALTH INSURANCE BROKER**

**ISSUE DATE: November 9, 2023**

**DUE DATE: December 7, 2023**

**Issued by:**

**Town of Morristown**

## GLOSSARY

The following definitions shall apply to and are used in this Request for Qualifications:

"Principals" means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who would have any amount of operational control over the Respondent and every stockholder having an ownership interest of ten percent (10%) or more in the firm.

"Qualification Statement" - refers to the complete responses to this RFQ submitted by the Respondents.

"Qualified Respondent" - refers to those Respondents who (in the sole judgment of the Town) have satisfied the qualification criteria set forth in this RFQ.

"Respondent" or "Respondents" - refers to the interested firm(s) that submit a Qualification Statement.

"Review Team" – Members of the Town Administration and its legal and/or financial advisors who shall review the Qualification Statements.

"RFQ" - refers to this Request for Qualifications, including any amendments thereof or supplements thereto.

"Town" - refers to the Town of Morristown.

## SECTION 1

### INTRODUCTION AND GENERAL INFORMATION

#### **Section 1.1. Introduction and Purpose.**

The Town is soliciting Qualification Statements from interested persons and/or firms for a **Health Insurance Broker**, as more particularly described herein. Through a Request for Qualification process described herein, persons and/or firms interested in assisting the Town with the provision of such services must prepare and submit a Qualification Statement in accordance with the procedures and schedules in this RFQ. The Town will review Qualification Statements only from those firms that submit a Qualification Statement which includes all the information required to be included as described herein (in the sole judgment of the Town). The Town intends to qualify person(s) and/or firm(s) that: (a) possesses the professional, financial and administrative capabilities to provide the proposed services, and (b) will agree to work under the compensation terms and conditions determined by the Town to provide the greatest benefit to the taxpayers of Morristown.

#### **Section 1.2. Procurement Process and Schedule.**

The selection of Qualified Respondents is not subject to the bidding provisions of the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq. The selection is subject to the New Jersey Local Unit Pay-to-Play Law, N.J.S.A. 19:44A-20.4 et seq. and Morristown to Play Ordinance 2-87. The Town has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided with an equal opportunity to submit a Qualification Statement in response to the RFQ. Qualification Statements will be evaluated in accordance with the criteria set forth in Section 5 of this RFQ, which will be applied in the same manner to each Qualification Statement received. Respondents agree to at all times abide by all requirements of New Jersey law.

Qualification Statements will be reviewed and evaluated by the Town Administration and its legal and/or financial advisors (collectively, the "Review Team"). The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial criteria described in this RFQ. Under no circumstances will a member of the Review Team review responses to an RFQ for a position which they or their firm submitted a response. Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent, the Town will (in its sole judgment) determine which Respondents are qualified from professional, administrative and financial standpoints. Each Respondent that meets the requirements of the RFQ (in the sole judgment of the Town) will be designated as a Qualified Respondent and will be given the opportunity to participate in the selection process determined by the Town.

The RFQ process commences with the issuance of this RFQ. The steps involved in the process and the anticipated completion dates are set forth in Table 1, Procurement Schedule. The Town reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFQ or the RFQ process shall be directed to the Town's Designated Contact Person, in writing.

**Designated Contact Person:**

Jillian Barrick  
Business Administrator  
Town of Morristown  
200 South St. CN914  
Room 239, Office of Mayor/Administration  
Morristown, NJ 07963-0914

Qualification Statements must be submitted to, and be received by, the Town, by hand delivery or regular mail, by 4:00 p.m. prevailing time on December 7, 2023. Qualification Statements will not be accepted by facsimile transmission or e-mail.

Subsequent to issuance of this RFQ, the Town (through the issuance of addenda to all firms that have received a copy of the RFQ) may modify, supplement or amend the provisions of this RFQ in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by, and in the sole judgment of, the Town.

**TABLE 1**

**ANTICIPATED PROCUREMENT SCHEDULE**

<b>ACTIVITY</b>	<b>DATE</b>
1. Issuance of Request for Qualifications	November 9, 2023
2. Receipt of Qualification Statements	December 7, 2023
3. Completion of Evaluation of Qualification Statements by the Review Team	December 14, 2023
4. Town Review of Review Team Recommendations	December 28, 2023
5. Approval of Professional Services Resolutions by Town Council	January 9, 2024

**Section 1.3. Conditions Applicable to RFQ.**

Upon submission of a Qualification Statement in response to this RFQ, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- This document is an RFQ and does not constitute an RFP.
- This RFQ does not commit the Town to issue an RFP.
- All costs incurred by the Respondent in connection with responding to this RFQ shall be borne solely by the Respondent.
- The Town reserves the right, in its sole judgment, to reject for any reason, any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration for this procurement.
- The Town reserves the right, in its sole judgment, to reject any Respondent that submits incomplete responses to this RFQ, or a Qualification Statement that is not responsive to the requirements of this RFQ.

- The Town reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFQ, or otherwise request additional information.
- All Qualification Statements shall become the property of the Town and will not be returned.
- All Qualification Statements will be made available to the public at the appropriate time, as determined by the Town, in the exercise of its sole discretion, in accordance with applicable law.
- The Town may request Respondents to send representatives to the Town for interviews.
- Any and all Qualification Statements not received by the Town by 4:00 p.m. prevailing time on December 7, 2023 will be rejected.
- Neither the Town, its consultants or advisors, nor their respective staffs, including, but not limited to, the Review Team, shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualification Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Qualification Statement or for participating in this procurement process.

**Section 1.4. Rights of Town.**

The Town reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

- To determine that any Qualification Statement received complies or fails to comply with the terms of this RFQ.
- To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.
- To waive any technical non-conformance with the terms of this RFQ.
- To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.
- To conduct investigations of any or all of the Respondents, as the Town deems necessary or convenient, to clarify the information provided as part of the Qualification Statement and to request additional information to support the information included in any Qualification Statement.
- To suspend or terminate the procurement process described in this RFQ at any time in the Town's sole discretion. If terminated, the Town may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

The Town shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

**Section 1.5 Addenda or Amendments to RFQ.**

During the period provided for the preparation of responses to the RFQ, the Town may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the Town and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the proposal submission date.

**Section 1.6 Cost of Proposal Preparation.**

Each proposal and all information required to be submitted pursuant to the RFQ shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against the Town, its staff, its consultants or such consultants' staff, for reimbursement for the payment of costs or expenses incurred in the preparation of the Qualification Statement or other information required by the RFQ.

**Section 1.7 Proposal Format.**

Responses should cover all information requested in the questions to be answered in this RFQ.

Responses which in the judgment of the Town fail to meet the requirements of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors. may be rejected.

**SECTION 2**

**SCOPE OF SERVICES**

It is the intent of the Town to solicit Qualification Statements from Respondents that have expertise in the provision of **Health Insurance Broker.** Firms and/or persons responding to this RFQ shall be able to demonstrate that they will have the continuing capabilities to perform these services.

**Section 2.1 Insurance Broker**

Services to be provided include, but are not necessarily limited to the following:

- A. Identifying issues and exposures and negotiating on the Town's behalf with insurance carriers, keeping the Town informed of significant developments affecting its insurance coverage. The Respondent selected as the Town's broker of record ("Broker") shall be authorized to represent and assist the Town in discussions and transactions with all insurance carriers, provided that the Broker shall not place any insurance on behalf of the Town unless so authorized in writing by the Town.
- B. Following up with insurance carriers for timely issuance of policies and endorsements placing coverage delivery binders to the Town prior to the expiration of the current policies.
- C. Reviewing policies and endorsements for accuracy and conformity to specifications and negotiated coverages.
- D. Providing coverage summaries to the Town for all new coverages and updates on changes to existing coverages.

- E. Processing or facilitating the processing of certificates of insurance, as requested by the Town
- F. Forwarding the Town's claims to the insurance carrier: The Broker shall monitor the claim status and assist the Town in obtaining timely resolution of the submitted claim.
- G. Attending regular, special and emergency meetings of the Town, if required.
- H. Attending any other meetings that the Town deems necessary.
- I. Reviewing all correspondence referred by the Town, and preparation of correspondence on behalf of the Town, if requested.
- J. The Health Insurance consultant/broker will be required to perform the following services:
  - i. Assistance with the development of and planning of long range health insurance strategies.
  - ii. Recommendations and Negotiations to procure health insurance coverage, prescription coverage, including assisting the Town in the preparation of Requests for Proposals.
  - iii. Assist in managing of all aspects of the Town's health insurance program.
  - iv. Analysis of proposals in connection with health insurance procurement, including, but not limited to, recommending selection criteria, marketplaces and assisting in an advisory capacity the evaluation of proposals.
  - v. Participation in on-going meetings with the Town personnel regarding insurance strategies and day to day operations of the Town's health insurance needs.
  - vi. Assistance in the development of alternative strategies to reduce risk to assets and resources; consultation as to the probable impact of strategies elected by the Town.
  - vii. Assist the Town as a resource during collective bargaining sessions.
  - viii. Facilitate employee group sessions at open enrollments and/or when changes are introduced.
  - ix. Create employee communication pieces as necessary/requested by the Town.
  - x. Monitor/Ensure carrier compliance with plans, commitments, and facilitate carrier relationship with the Town.
  - xi. Market programs periodically.
- K. Actuarial review and preparation of appropriate GASB 45 evaluation.
- L. Proposer must have a minimum of five (5) years servicing the Town of Morristown or other governmental entities with a focus on Town governments.
- M. Proposer should provide information on similar services offered to other governmental clients.
- N. The education, qualifications, experience, and training of all persons who would be assigned to provide services along with their names and titles. The proposer MUST possess both an Agency License and Individual Licenses for those persons who would be assigned to provide services to the Town of Morristown from the New Jersey Department of Banking Insurance.
- O. A listing of all other engagements where services of the types being proposed were provided in the past five (5) years. This should include other Town governments and other levels of government. Contact information

for the recipients of the similar services must be provided. The Town may obtain references from any of the parties listed.

- P. A description of all other areas of insurance consulting/brokerage of the proposer, with emphasis on a description of those services of interest to a government client.

All annual rate renewal reports shall include the following:

- Executive Summary: Include key findings and recommendations; (recommendations can include, in addition to rate actions, the removal plans or corrective actions, the issuance of a request for proposal, new benefit recommendations or deletions of old benefits, revised programs, etc.), and historical highlights (overall historical trends in membership, reserves, trends, etc.
- Enrollment history and trends
- Analysis of Health Care Trends: Methodology for prediction of trend (for medical plans separate claims and utilization analyses are developed
- Financial Projections: Determination of past period to project need for renewal
- Development of Rate Renewal: as part of the analysis, for medical, prescription and dental plans analysis will include identification of plan costs and utilization trends and how those trends parallel or vary from known general experience for other carriers Statewide Presentation of Premium Rates
- Town claims experience will be provided to the Contractor on a quarterly basis by the Plan administrator for the Medical and Prescription Drug Plan. Claims experience provided shall be analyzed upon receipt by the Contractor and any concerns that the Contractor may have relating thereto shall be immediately reported to the Contract Manager
- During the spring of each year, the administrator for each plan will provide the Contractor with a written projection of costs and proposed rate renewal for the following calendar year. For each Plan noted, the Contractor will independently develop rate renewal projections based upon the Contractor's review of the Town's experience, cost and utilization trends.

## SECTION 3

### SUBMISSION REQUIREMENTS

#### Section 3.1 General Requirements.

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section 3 and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it believes may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

#### Section 3.2 Administrative Information Requirements.

The Respondent shall, as part of its Qualification Statement, provide the following information:

- A. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.



- B. A completed and executed Letter of Qualification (See Appendix A to this RFQ).
- C. Name, address and telephone number of the firm or firms submitting the Qualification Statement pursuant to this RFQ, and the name of the key contact person.
- D. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure.
  - i. Provide the names and business addresses of all Principals of the firm or firms submitting the Qualification Statement. For purposes of this RFQ, "Principals" means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who would have any amount of operational control over the Respondent and every stockholder having an ownership interest of ten percent (10%) or more in the firm.
  - ii. If a firm is a partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the firm submitting a Qualification Statement. Describe the approval process.
  - iii. If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
  - iv. A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
  - v. An executed Letter of Intent (See Appendix B).
  - vi. An executed Payment Conditions and Rate Schedules Form (See Appendix C).
  - vii. An executed Americans with Disabilities Act of 1990 Acknowledgement Form (See Appendix D).
  - viii. The number of years the business organization has been in business under its present name.
  - ix. The number of years the business organization has been under its current management.
  - x. Any judgments, claims or suits *within the last three (3) years in which Respondent has been adjudicated liable for professional malpractice*. If yes, please explain.
  - xi. Whether the business organization is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
  - xii. Confirm appropriate federal and state licenses to perform activities. *Submit a copy of the Firm's Business Registration Certificate.*

**Section 3.3 Professional Information Requirements.**

- A. Respondent shall submit a description of its overall experience in providing the type of services sought in the RFQ. At a minimum, the following information on past experience should be included as appropriate to the RFQ:
  - i. Description and scope of past experience of Respondent, specifically including prior experience as a **health insurance broker** of record in the public sector market place in New Jersey;
  - ii. Current List of public entity clients with contact name, title, telephone number, lines of business and estimated number of employees;
  - iii. Name, address and contact information of at least five (5) public references;
  - iv. Relevance of Respondent’s experience to this RFQ.
- B. A narrative statement of the Respondent’s understanding of the Town’s needs and goals.
- C. Describe the services that Respondent would perform directly.
- D. Describe those portions of the Respondent’s services, if any, that are sub-contracted out. Identify all subcontractors the Respondent anticipates using in connection with this project.
- E. List all immediate relatives of Principal(s) of Respondent who are Town employees or elected officials of the Town. For purposes of the above, “immediate relative” means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation.
- F. Describe the claims administration services to be provided to covered employees and retirees.
- G. Describe the services your firm routinely performs for public entity clients.
- H. Describe the direct involvement with efforts to reduce health claims for public entity clients (wellness programs, employee health fairs, etc.)
- I. Resumes of key employees.

## SECTION 4

### INSTRUCTIONS TO RESPONDENTS

#### **Section 4.1     Submission of Qualification Statements.**

Respondents must submit an original and one (1) copy of their Qualification Statement to the Designated Contact Person:

Ms. Jillian Barrick, Business Administrator  
 Town of Morristown  
 200 South St. CN914  
 Room 239, Office of Mayor/Administration  
 Morristown, NJ 07963-0914

Qualification Statements must be received by the Town no later than 4:00 p.m. (prevailing time) on December 7, 2023 and must be mailed or hand-delivered. Qualification Statements forwarded by facsimile or e-mail will not be accepted.

To be responsive, Qualification Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Qualification Statements and all related information must be bound, and signed and acknowledged by the Respondent.

## **SECTION 5**

### **EVALUATION**

The Town's objective in soliciting Qualification Statements is to enable it to select a firm or organization that will provide high quality and cost effective services to the citizens of Morristown. The Town will consider Qualification Statements only from firms or organizations that, in the Town's judgment, have demonstrated the capability and willingness to provide high quality services to the citizens of the Town in the manner described in this RFQ.

Proposals will be evaluated by the Town on the basis of the most advantageous, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field;
2. Knowledge of the Town and the subject matter addressed under the contract;
3. Availability to accommodate the required meetings of the Town; and
4. Other factors demonstrated to be in the best interest of the Town.

APPENDIX A

LETTER OF QUALIFICATION

**(Note: To be typed on Respondent's Letterhead. No modifications may be made to this letter)**

[INSERT DATE]

Attn: Ms. Jillian Barrick  
Business Administrator  
Town of Morristown  
200 South St. CN914  
Morristown, NJ 07963-0914

Dear Ms. Barrick:

The undersigned has reviewed its Qualification Statement submitted in response to the Request for Qualifications (RFQ) issued by the Town of Morristown ("Town"), dated [REDACTED], in connection with the Town's need for a **Health Insurance Broker**.

We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference), are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon the express understanding that any false statement may result in the disqualification of (Name of Respondent).

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief  
Executive Officer)

(Typed Name and Title)

(Type Name of Firm)

Dated: \_\_\_\_\_

**APPENDIX B  
LETTER OF INTENT**

**(Note: To be typed on Respondent's Letterhead. No modifications may be made to this letter)**

[INSERT DATE]

Attn: Ms. Jillian Barrick  
Business Administrator  
Town of Morristown  
200 South St. CN914  
Morristown, NJ 07963-0914

Dear Ms. Barrick:

The undersigned, as Respondent, has (have) submitted the attached Qualification Statement in response to a Request for Qualifications (RFQ), issued by the Town of Morristown ("Town"), dated \_\_\_\_\_ in connection with the Town's need for a **Health Insurance Broker**.

(Name of Respondent) HEREBY STATES:

1. The Qualification Statement contains accurate, factual and complete information.
2. (Name of Respondent) agrees (agrees) to participate in good faith in the procurement process as described in the RFQ and to adhere to the Town's procurement schedule.
3. (Name of Respondent) acknowledges (acknowledge) that all costs incurred by it (them) in connection with the preparation and submission of the Qualification Statement and any proposal prepared and submitted in response to the RFQ, or any negotiation which results therefrom shall be borne exclusively by the Respondent.
4. (Name of Respondent) hereby declares (declare) that the only persons participating in this Qualification Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto. Additional persons may subsequently be included as participating Principals, but only if acceptable to the Town. (Name of Respondent) declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.
5. (Name of Respondent) acknowledges and agrees that the Town may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the Town shall not have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFQ.
6. (Name of Respondent) acknowledges that any contract executed with respect to the provision of **Health Insurance Broker** Services must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer)

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Type Name of Firm)

Dated: \_\_\_\_\_

**APPENDIX C**

**PAYMENT CONDITIONS AND RATE SCHEDULES**

The compensation for the **Health Insurance Broker** shall be three percent (3%) of the total premium or One Hundred Twenty Five Thousand Dollars (\$125,000.00), whichever is lower.

**Signature: The undersigned hereby acknowledges and accepts the established payment terms.**

Name of Respondent/Firm: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Witness

**APPENDIX D**

**AMERICANS WITH DISABILITIES ACT OF 1990  
ACKNOWLEDGEMENT FORM**

This form is an agreement of the successful Vendor's obligation to comply with the requirements of 42 U.S.C. §121.01 et seq., referred to as the Americans Disability Act of 1990.

The undersigned Vendor hereby acknowledges receipt of the Americans with Disabilities Act of 1990 found at Appendix B of this packet.

The undersigned Vendor hereby certifies that he/she is aware of the commitment to comply with the requirements of 42 U.S.C. §121.01 et seq. and agrees to furnish any required forms as evidence of compliance.

The undersigned Vendor further certifies that he/she understands that his/her proposal shall be rejected as non-responsive and any contract entered into shall be void and of no effect if said Vendor fails to comply with the requirements of 42 U.S.C. §121.01 et seq.

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_