



CITY OF SUFFOLK

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ADDENDUM NO. 6

City of Suffolk
RFP #20065-JS
February 26, 2020

Purchasing Division
442 W. Washington Street, Room 1086
Suffolk, VA 23434-5237
Phone: (757) 514-7520 / Fax: (757) 514-7524

The Request for Proposal (RFP) for Employee Benefits – Ancillary Coverage has been amended.

The following questions and answers are incorporated in the RFP:

Q1: Are any commissions included in the VLTD rates? Is it preferable to have commission included or excluded from the proposal?

A1: Commission are not included in the VLTD rates

Q2: What is the average lives insured and average bottom of insurance for each policy year shown in the VLTD?

A2: Average Number of lives insured is 322 annually.

Q3: Please provide VLTD certificates showing detailed plan design.

A3: Attached is the Group Disability Insurance Benefit Summary

Q4: Elaborate on EAP- HR Policy Review and Recommendations? What specific HR services are the receiving under this category?

A4: Currently the City has not received any services under this category.

Please note that offerors are to submit one original and six copies and two electronic copies of their proposal.

All other information remains unchanged.

Contract Officer:



Jay Smigielski, Purchasing Agent, CPPO

If you have any questions regarding this Addendum, please contact Jay Smigielski, Purchasing Agent at jsmigielski@suffolkva.us

It is the responsibility of the offeror to ensure that they have read and met the specifications of all addendums in their proposal.

NATIONAL INSURANCE SERVICES

Group Disability Insurance Benefit Summary

Group: # 028660, City of Suffolk

Policy: Madison National Life Insurance Company, Inc. – 1284 Effective 1/1/2011

Class #	Class Title and Eligibility (Minimum Hour Requirement)	Maximum Annual Covered Salary/ Maximum Monthly Benefit	Benefit %	Elimination Period
01	All Active Full-Time Employees (40 hours per week)	\$120,000/\$6,000	60	90 consecutive calendar days

Employer Contribution:	0%
Participation Requirement:	15%
Benefit Duration:	To age 65, reduced duration after age 60
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross LTD Benefit
Eligibility/Effective Date of Individual Coverage:	First of month following completion of the Waiting Period if hired on or before the 15th of the month; First of the second month following completion of the Waiting Period if hired after the 15th of the month
Waiting Period:	None
Calculation Method:	Monthly
Pre-Disability Earnings Definition:	Base Pay
Pre-Existing Conditions Exclusion:	12 months/12 months/24 months
Guarantee Issue:	\$0 if participation is less than 20%; \$6,000 if participation is 20% or higher
EOI Requirements:	Late entrants not enrolled within 31 days of eligibility, increases, and amounts exceeding the Guarantee Issue
Terminations & Continuation of Coverage:	Coverage may continue, with payment of

NATIONAL INSURANCE

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	premiums during: FMLA Paid Leave - 12 months Unpaid Leave - 12 months
Definition of Disability:	Zero Day
Own Occupation:	24 months following the end of the Elimination Period
Sick Pay Coordination:	Pays in addition to sick pay
Cumulative Elimination Period:	30 calendar days
Limitations (Mental/Substance Abuse):	24 months Lifetime unless hospital confined, with recovery
Deductible Income (SS Integration):	Full Family/General Freeze
Conversion Provision:	No
Billing Method:	List Billed
EAP:	Yes
Identity Theft:	Yes
Renewal Date:	1/1/2019
Participation Information (EOI requirements for timely applicants, subject to Guarantee Issue amounts)	LOB: LTD Effective Date: 01/01/2017 Participation calculation: $315/1293 = 24.36\%$ Participation requirements have been met.

This summary of benefits is meant to be an overview of the policy only. Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between this outline and the Certificate, the Certificate will prevail.

NATIONAL  INSURANCE
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Employer Use Only

National Insurance Services Contact Roster

All representatives can be reached at **1-800-627-3660**

For Immediate response to your **SERVICE** questions, contact:

Haley Llanas
Client Relations
hllanas@nisbenefits.com

For Immediate response to your **BILLING** questions, contact:

Ryan Altfillisch
Billing Representative
raltfillisch@nisbenefits.com
Fax: 262-785-9269

For any plan **QUESTIONS** or to arrange an **IN-PERSON** visit to discuss your current plan and future changes, contact:

Dan D'Orazio
Account Representative
ddorazio@nisbenefits.com