**Intent to Bid Form**

Date

Mr. John Hardy  
Health Consultant  
Segal  
101 North Wacker, Suite 500  
Chicago, IL 60606

**Re: University of Arkansas System Multiple Lines RFP**

Dear Mr. Hardy:

This is to confirm that we have received the Multiple Lines RFP for the University of Arkansas System. We wish to advise you that we are submitting a proposal on the following lines of coverages

**We wish to advise you that we will be submitting a proposal for the following optional benefit(s) (check all that apply):**

* Basic Life, Closed Class Retiree Life, Supplemental Life, Dependent Life, Grandfathered AD&D, and Voluntary AD&D
* Short Term Disability
* Long Term Disability
* Business travel accident
* Automobile, Homeowners, Renters and Umbrella Liability
* Vision
* Perks and Discount Programs
* **We wish to advise you that we will not be submitting a proposal.**

***Please confirm you meet all of the following minimum essential criteria:***

* **Agree to Minimum Coverage Levels**—must provide at least the services and coverage levels in place today with the benefits included in each bundle of insurance as outlined above.
* **Acceptable Plan Design Provisions**—must be able to match the current coverage levels.
* **Acceptable Rate Structure** – the basis used in the quoting of rates must conform to what is contained in the RFP, firm rates must quoted – estimates are not acceptable
* **Conformance to Initial Rate Guarantees** – 3 years for Life, Disability and Business Travel Accident, 2 years for Vision
* **Minimum Ratings by Agencies**—must have a rating of Baa by Moody’s, BBB by Fitch and BBB by Standard & Poor’s.
* **Agree to Accept all Current Coverage Amounts on Each Covered Employee**—no currently enrolled employee will lose coverage through the transition.
* **Agree to Pay Stated Minimum Commission Level** – Standard commissions built into rate filings should be assumed in all lines of coverage and any otherwise eligible override should be converted to a standard commission and disclosed.
* **Acceptable Account Management & Service Plan**—Named account manager that is professional and agreed upon by System staff with an annual plan designed to support UAS and its campus needs.
* **Acceptable Enrollment Approach with Onsite Support**—Enrollment approach provides online and onsite resources to support the enrollment process
* **Acceptable Periodic Enrollment Campaign**—Opportunity for enrollment at least every four years at the discretion of UAS or annual if participation or outcomes based.
* **Acceptable Evidence of Insurability Process**—Process allows for a simplified evidence of insurability process during open enrollment when an existing employee requests new or additional coverage.
* **Acceptable Definition of Disability**—The definition needs to meet the own occ/any occ provisions as requested in the RFP and recognize the unique nature of physician definition of disability.
* **Direct Pay by Employees** – No Payroll Deduction for auto home
* **Appropriate licensing** – must be licensed to do business in Arkansas.

The individual representing our company during the proposal process will be:

Representative Name: Telephone Number:

Sincerely,

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| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |