



RFP #11-BA-106 WEB ENROLLMENT AND ELIGIBILITY MANAGEMENT SYSTEM

Submitted by:

Tricerion Group

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Submitted 02/19/2010

ORIGINAL



RFP #11-BA-106 WEB ENROLLMENT AND ELIGIBILITY MANAGEMENT SYSTEM

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**SCHOOL BOARD OF CLAY COUNTY
REQUEST FOR PROPOSAL (RFP)
VENDOR ACKNOWLEDGMENT**

SUBMIT RFP TO: SCHOOL BOARD OF CLAY COUNTY
814 WALNUT STREET
GREEN COVE SPRINGS, FLORIDA 32043
ATTN: PURCHASING DEPARTMENT
PHONE NUMBER (904) 529-2604

SEALED RFP - PAGE 1 THROUGH 27 SHALL BE RECEIVED AT THE OFFICE OF THE SUPERINTENDENT OF SCHOOLS UNTIL 2:00 P.M., FEBRUARY 23, 2010 AND MAY NOT BE WITHDRAWN WITHIN 90 DAYS AFTER SUCH DATE AND TIME.

AGENCY POSTING/MAILING DATE: FEBRUARY 1, 2010

RFP TITLE: #11-BA-106 WEB ENROLLMENT AND ELIGIBILITY MANAGEMENT SYSTEM

VENDOR NAME & ADDRESS:

PHONE NUMBER: (404) 272-4661

FAX NUMBER: (678) 336-8935

E-MAIL ADDRESS: David.essary@Triceriongroup.com

AUTHORIZED SIGNATURE (MANUAL): 

AUTHORIZED SIGNATURE/TITLE (TYPED): DAVID ESSARY Managing Director

SEALED RFP: All RFP sheets, requested documents, and this form shall be executed and submitted in a sealed envelope. (Do not include more than one RFP per envelope.) The face of the envelope shall contain, in addition to the address, the date and time of the RFP opening. All RFP'S are subject to the conditions specified herein. Those which do not comply with these conditions are subject to rejection.

WHEN NOT SUBMITTING A RFP CHECK REASON BELOW:

1. Insufficient time to respond	6. Could not meet Insurance requirements
2. Specifications were unclear or restrictive	7. We do not offer the product or service requested
3. Could not meet bonding requirements	8. Remove our company name from this RFP
4. Our schedule will not permit us to respond	9. Keep our company on the bid list for future RFPs
5. Could not meet specifications	10. Other _____

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SECTION 1: GENERAL CONTRACTUAL AND PURCHASING REQUIREMENTS

1.1 SCOPE OF REQUEST FOR PROPOSAL

The School Board of Clay County, Florida, hereafter referred to as the District, is seeking proposals for Web-based Enrollment and Eligibility Management System. The District currently has a web-based enrollment system with Unum/Campus. Aon Consulting is the appointed Broker of Record for the program and will manage and coordinate these services on behalf of the District. Enrollment Services are to be proposed with a fully operational date of June 1, 2010. The District is seeking proposals of the following nature:

- ✓ **Services:** Propose Web-based Enrollment Support Services to meet the needs of the District and its employees. Web-Enrollment system must be highly customizable and user friendly for both the employee and the system administrator. This system must be available year round for new hires, employee life event changes, and annual enrollment.

Additionally, system capabilities must include:

- Capacity to upload current and historical data directly from the existing Unum/Campus system
- Compatibility with TERMS v.1.6 payroll system
- Carrier file for eligibility
- Robust administrative tools
- Logic-based programming, including HSA plan enrollment limitations
- Compatibility with Unum Call Center, IVR, and Plane.biz Exchange system

The District is most interested in forming a long-term partnership. The quality, employee satisfaction and service levels a vendor brings to the relationship will also be considered. It is important to note that a group of this size and complexity requires flexibility and administrative abilities to meet their unique needs.

The District's intent is to compare services, system capabilities, disruption exposure, and pricing in order to determine which proposers may be most competitive when compared to the current system. Once potential finalists are identified, it is anticipated that significant negotiations and clarifications will be required, potentially modifying and confirming all of the details of system functionality and administrative capabilities. The proposals will be evaluated with a primary focus on the web-enrollment, ongoing support services, and data capabilities.

Current Coverages

The District offers a choice of benefits plans to all permanent employees and retirees. The majority of the employees and retirees reside in Clay County, with the remainder in the surrounding counties, throughout Florida and out of state. Current benefit programs and eligibility rules are included in Section 4.

Award

The recommendation of award will be to the most qualified provider as determined by the District staff. The anticipated date of Board Approval is March 18, 2010. The successful provider may be expected to enter into a mutually agreed upon written agreement (Contract) with the District. At the District's sole discretion failure or refusal to do so may result in award to another provider.

Throughout this Proposal, where it is logical and reasonable to do so, the singular may be read as the plural and the plural as the singular.

1.2 PROPOSAL RETURN DATE

In order to be considered, sealed proposals for Web-based Enrollment and Eligibility Management System must be received and time stamped in the School District of Clay County Purchasing Department office located at:

814 Walnut Street
Green Cove Springs, FL 32043

prior to **2:00 P.M., February 23, 2010**. The mailing address is:

School District of Clay County
Purchasing Department, Attn: Nancy Racine
814 Walnut Street
Green Cove Springs, FL 32043
(904)529-2604

Please note the date and time stamp of the District's Purchasing Office is the official time of the Proposal receipt. Proposal must be received by the Purchasing Office no later than the date and time shown of the RFP cover page. Failure of a Vendor to submit its Proposal by the specified date and time may result in rejection of the Proposal. Proposals that are rejected for being late shall be retained by the District. Upon written request, the Purchasing Office shall confirm receipt of any Proposal by telephone, e-mail or other method they deem appropriate.

Proposals will not be accepted after the above specified time and date. The public may attend the Proposal opening, at which time the names of the responding Vendors shall be read aloud; however, the public may not immediately review any submitted Proposal per section 119.07(1), Florida Statutes, until the District posts a Notice of Agency Decision pursuant to section 120.57(3)(a), Florida Statutes, or within ten (10) days after the Proposal opening, whichever is earlier. Replies are not deemed to have been opened until after Cost Replies are opened in a public meeting.

Disclosure of Proposal contents by a Vendor or agent of the Vendor prior to the Proposal becoming a public record may result in rejection of the Proposal at the District's discretion.

No attempt shall be made by the Vendor to induce any other person or entity to submit or not submit a Proposal for the purpose of affecting competition.

1.3 ADDITIONAL INFORMATION

The District shall not hold a pre-submission Proposer conference in association with this Proposal. The Purchasing Director, acting on the District's behalf, is the sole point of contact with regards to all procurement matters relating to this Proposal, from the date of issuance of the Proposal until the District's Notice of Agency Decision. All communication concerning this procurement whether technical, procedural or otherwise, shall be addressed in writing to:

Mrs. Nancy Racine, Director of Purchasing
School Board of Clay County
814 Walnut Street, Green Cove Spring, Florida 32043
Email: nracine@mail.clay.k12.fl.us

All questions on the proposal are to be submitted, in writing, via e-mail. All questions must be received by Tuesday, February 9, 2010 at 4pm EST. Proposers must observe the time schedule for submitting questions. This time line shall ensure that the District has adequate time to respond to all question and the responses shall

be provided to Proposers in time to be incorporated into their respective Proposals. All questions will be answered in Addendum format and posted on the Districts web site by Tuesday, February 16, 2010. To review any Addendums to this this Proposal go to www.clay.k12.fl.us, click on Business Affairs, then click on Purchasing Department, scroll down to and click on Active bid.

Any individual or entity, including prospective Providers, who fail to timely notify the Purchasing Director of such request assumes complete responsibility in the event that they do not receive communications from the Purchasing Director prior to the applicable closing date. This process shall constitute the only official means by which additional information regarding this Proposal shall be made available. Additional information acquired by any other means shall not be utilized in the configuration of any Proposal and shall not be considered in the District's evaluation of Proposals submitted and shall be considered inadmissible in Proposal dispute proceedings. Provider's may be disqualified who solicit or receive (even if unsolicited) additional information regarding this Proposal by any other means than the process described herein.

Public records requests submitted by Proposers shall be answered as promptly as possible in the ordinary course of business but shall not be answered as part of the Question and Answer process described above. Responses to public records requests shall be furnished to the requesting Proposer only.

INFORMATION TO BE INCLUDED IN THE SUBMITTED PROPOSAL

1. Number of copies: **Submit one (1) CD, one (1) original hardcopy labeled as such on the cover, and seven (7) copies of the proposal.**
2. Title Page: Show the RFP subject, the name of the Proposer's firm, address, telephone and fax numbers, email address, tax identification number, name of contact person(s), and the date submitted.
3. Table of Contents: Include a clear identification of the material by section and page number. Information must be submitted in the order identified in the RFP.
4. Vendors shall follow the format of this proposal when answering any question. Answers shall be word processed in paragraph form. All answers and supporting materials shall be clearly identified to the section and question for which the material is being submitted.

Instructions for Format and Content of Proposals

- Submit a cover letter, duly signed by an authorized officer of the company.
- Submit responses to each RFP requirement or statement in the order in which they are outlined.
- Use the same section numbers and names.

1.5 SELECTION PROCESS

The final contract will be awarded as follows:

PHASE I - INITIAL PROPOSAL REVIEW

The District Purchasing Department, Insurance Department, Aon Consulting, and other interested District staff and its designees will review all submissions, and based on the information contained therein, as well as a complete review of each organization's financial ratings, will determine which firms are most fully qualified to furnish the necessary services. Those firms will then be invited to participate in the next phase of the selection process. Only those firms as determined by staff will be requested to make further presentations in the process. As the best interest of the District may require, the right is reserved to make award(s) by individual

item, group of items, all or none, or a combination thereof with one or more suppliers; to reject any and all Proposals or waive any minor irregularity or technicality in Proposals received. Proposers are cautioned to make no assumptions unless their Proposal has been evaluated as being responsive.

PHASE II – REFERENCE VERIFICATION

The District's consultant, Aon Consulting, will verify all references submitted by selected proposers.

PHASE III – ORAL PRESENTATIONS (OPTIONAL)

District staff may hold meetings by appointment in order to further acquaint themselves with the firms selected in Phase I.

1.6 SELECTION FACTORS

All proposals will be evaluated by the District to ensure that the proposals are submitted in accordance with the factors set forth below. Finalists meeting the requirements of the Request for Proposal (RFP) may be invited to present their proposal in a manner and at a time designated by staff. Proposals that do not meet all material requirements of the RFP; fail to provide all required information, documents or materials; or include language that is conditional, or takes exception, or offers alternatives contrary to terms, conditions, and requirements, shall be rejected as non-responsive. The District reserves the right to determine whether a RFP meets the material requirement of the RFP.

1. RFP Qualifications

A proposal will not be considered unless the staff agrees that the proposer has met the following RFP qualifications:

- a. The proposal was received in the School District of Clay County Purchasing Department at or before the specified time.
- b. The proposal was prepared in accordance with the requirements of the RFP. This includes the inclusion and completion, in writing, of all required responses in the RFP.
- c. The proposer has demonstrated, through the responses to the questions in the RFP, that the proposed services meet the specific functional needs of the District.
- d. The proposer has successfully demonstrated that it has the experience and resources to implement systems on a large scale in the public sector, as specified in the RFP. The vendor must have included in the RFP a list of such references.
- e. The application of the system(s)/program(s) proposed is compatible with the environment of the District as listed in the RFP.

2. Review Process

The District staff and its consultants will evaluate and rank all valid responses received from proposers against evaluation criteria as stated below. The District reserves the right to interview any, all or none of the proposers that responded to the RFP as noted above. A recommendation for selection will be made to the District based upon the final Phase I evaluation of the RFP, Phase II vendor reference reviews, demonstrations and the result of site visitations or license review, if any.

The District will not be under any requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors dictated by the District. However, it is anticipated that the review and evaluation process will be completed in a timely manner.

1.7 AWARD AND CONTRACT

Following the selection of the top-ranked proposer(s), the contract(s) will be negotiated with the most qualified firm(s) to provide the requested service. Upon reaching an agreement, the top-ranked proposer recommendation(s) for award and the specific contract, as required, shall be submitted to the School Board for approval and execution. The District retains the right to use any ideas or information obtained from or as a result of any proposal submitted in response to this RFP. **A "Final and Best Offer" may be negotiated; however proposers are cautioned to provide their best offer initially. Note – The District reserves the right to award a contract based on initial proposals received without any obligation to negotiate.**

1.8 EVALUATION CRITERIA

Proposers who have met the RFP qualifications will be evaluated on the following criteria:

1. Proposer's scope of services provided within the specifications set forth in the RFP, including web service and support requirements and features proposed.
2. Proposer's experience and performance, including:
 - Expertise rendering requested services
 - Comments from client references
 - Experience with public sector employers
3. Financial stability of carriers, including:
 - A.M. Best ratings or similar rating services
4. Net Cost to the District and its employees, including labor requirements and impact to the District. In no case will the District be required to accept the lowest cost first year proposal, or otherwise be required to choose vendor(s) based upon this single criteria.
5. Administrative considerations, including:
 - Data collection and transmission and availability of data reports.
 - Responsiveness to and completion of required RFP Questionnaire in the format requested
 - Inclusion of required materials and data
 - Compatibility with existing systems and operations, including benefit and payroll systems and benefit programs in place.
6. Quality assessments, including:
 - Demonstration of system, as providing through authentic log in identifiers.
 - Accreditation by national organizations
 - Consumer evaluation reports
7. It is to be understood by all who submit proposals that the contents for these specifications are for the sole purpose of providing the basis for a clear and equitable comparison between quoting carriers. The vendor(s) may be selected on factors other than cost. The vendor(s) may be selected on the basis of other carrier services, which to the District represent the best interests of the Board and its employees.

It is the intent of the District to select the lowest and best proposal(s). (Best is defined at the sole discretion of the District.)

8. In conjunction with the above, the District reserves the absolute right to negotiate with the selected vendor(s) any change in funding provisions or vendor services that are or become in the best interest of the District and its employees.
9. The proposal will be evaluated and scored based on the following grading scale:

Section	Score Weight
Section 1	10 points
Section 2	10 points
Section 3	35 points
Section 4	10 points
Section 5	35 points

1.9 PROPOSERS NOTIFICATION

POSTING OF RECOMMENDATIONS - Recommendations will be posted at the Clay County School District, Purchasing Department office located at 814 Walnut St., Green Cove Springs, FL 32043.

1.10 CONTRACT ADMINISTRATION

Upon implementation of award, this contract/award shall be administered by George F. Copeland, Ed.D., CPA, Assistant Superintendent for Business Affairs.

1. The District is a large group with a complex benefits program. The administration complexities are such that proposers must be willing to be flexible in order to meet these needs. In addition, the District's primary focus is on customer service to its membership. In this regard, should disagreement arise, successful proposers must be willing to comply with decisions made by the District and/or its consultant.
2. SECTION 125 – the District does not provide written support of employee qualifying event status changes under Section 125. The successful proposer will accept notice from the District of employee status changes as a qualifying event under Section 125.
3. SERVICE – The District will be provided a dedicated account service representative. For the membership enrollment period, the Proposer must provide on-site representatives that are knowledgeable in the vendor's contract information specific to the District-wide enrollment.

1.11 FINANCIAL/CONTRACTUAL/UNDERWRITING CONSIDERATIONS

1. **The effective date of the proposal for enrollment services is to be operationally live by June 1, 2010 and must be submitted on the attached forms.** Proposals may not be withdrawn prior to June 1, 2010.
2. Any deviations from these specifications regarding enrollment or other service procedures must be clearly explained. Deviations from the benefit contracts may not be acceptable and must be clearly explained. Proposals must comply with all federal and state statutes.

3. The vendors(s) in the contract shall make no changes after it becomes effective without the written consent of the District.
4. Due care and diligence has been used in preparing these specifications. It is the sole responsibility of all proposers to insure that they have all information necessary to submit their proposal(s). The District shall not be responsible for the failure on the part of the vendor(s) to determine the full extent of their exposures.
5. Vendor(s) will not cancel or non-renew the group with less than 180 days notice. Contracts are non-cancelable by the vendor(s) without 180 days notice. The District may cancel contract with 30 days written notice.
6. Implementation Enrollment support will be needed and must be completed within a three-week period of enrollment highlights. This will allow presenters to share presentations with representatives of other providers. This is a joint effort of School District personnel and all participating carriers.

1.12 GENERAL CONDITIONS

PROPOSAL OPENING: Shall be open to the public at the School District of Clay County Purchasing Department, on the date, location, and at the time specified on the Proposal form. It is the Proposer's responsibility to assure that his Proposal is delivered at the proper time and place of the Proposal opening. Proposals, which for any reason are not so delivered, will not be considered. Offers by fax, telegram or telephone are not acceptable. Any and all special conditions and specifications attached hereto which vary from the General Conditions shall have precedence.

DISPUTES: Any actual or prospective Proposer who disputes the reasonableness, or competitiveness of the terms and conditions of the invitation to Proposal or contract award recommendation, shall file a Notice of Protest with the Superintendent of Schools within 72 hours of receipt of Proposal solicitation or posting of the Proposal tabulation with recommendation and must file a formal written protest within ten days following the filing of Notice of Protest. Failure to observe such timeliness will constitute a waiver of proceedings and of right to protest – Chapter 120, Florida Statutes.

Proposal results shall be posted outside the Purchasing Department after the intended recommendation is made, tentatively to be announced on or about the third week of March, 2010. Formal announcement of the recommendation will be advertised and distributed electronically in addition to being posted outside the District's Boardroom 72 hours prior to final award and will remain posted for a minimum period of 96 hours.

GOVERNMENTAL RESTRICTIONS: In the event any governmental restrictions may be imposed which would necessitate alteration in the services/products provided, it shall be the responsibility of the supplier to notify the District's Purchasing Department at once indicating in the specific regulation which requires an alteration. The District reserves the right to accept any such alteration, including any price adjustments occasioned thereby, or to cancel the contract at no expense to the District.

EXTENSION: The District reserves the option to extend the period of this contract, or any portion thereof, for additional contract periods. Extension of the contract period shall be by mutual agreement in writing.

LIABILITY: The supplier shall hold and save the District, its officers, agents and employees harmless against the claims by third parties resulting from the supplier's breach of this contract or the supplier's negligence.

MANDATORY REQUIREMENTS: The District has established certain mandatory requirements which must be included as part of Proposal. The use of the terms “shall”, “must”, and “will” (except to indicate simple futurity) in this RFP indicates a mandatory requirement or condition.

ETHICS: All Proposers shall comply with the requirements of law regarding ethics as set forth in Chapter 112, Florida Statutes, and rules promulgated by the Florida Commission of Ethics.

CONFIDENTIAL PROPOSAL MATERIALS: If a response to this RFP includes any information that constitutes a trade secret of the proposal, such information shall be clearly marked as “CONFIDENTIAL”.

An entire page or paragraph in which such information appears should not be marked confidential unless the entire page or paragraph consists of such confidential information. Only the confidential portion(s) should be so identified and marked.

In addition if applicable, the Proposer should submit a separate listing of the confidential Proposal sections with the Proposal. It shall be the responsibility of the proposer to defend the confidentiality of its trade secrets through the judicial process.

Financial statements and other financial information submitted or obtained by the District in connection with this RFP, if applicable, are public records and cannot be made confidential.

The District shall examine each Proposal to determine which information is properly marked as confidential. Following contract execution, the District, in consultation with each proposing Proposer, shall request a redacted version of the Proposers Proposal, which shall be available for public access.

HIRING AND OTHER BUSINESS RELATIONSHIPS WITH DISTRICT STAFF: During the period from the RFP issuance until the signing of the Contract, Proposers are prohibited from officially or unofficially making any employment offer or proposing any business arrangement whatsoever to any District employee. A Proposer making such an offer or proposition may be disqualified from further consideration, or a Contract signed pursuant to this RFP may be terminated.

APPLICABLE LAWS AND PROCEDURES: Applicable provisions of all federal, state, county, and local laws, and administrative procedures, regulation’s, or rules shall govern the development, submittal and evaluation of all Replies received in response hereto and shall govern any and all claims and disputes which may arise between persons submitting a Proposal hereto and the SBCC. Lack of knowledge of the law or applicable administrative procedures, regulations of rules by any Proposer shall not constitute a cognizable defense against their effort.

The validity, interpretation and performance of the RFP shall be governed by and construed under the laws of the State of Florida. Any and all litigation arising under this RFP shall be instituted in the appropriate court in Clay County, Florida.

HEADINGS: The headings used in the RFP are for convenience only and shall not affect the interpretation of any of the terms and conditions hereof.

MINOR IRREGULARITIES: The District reserves the right to waive any minor irregularity, technicality, or mission if the District determines that doing so shall serve the District’s best interest.

WARRANTIES OF VENDOR : Proposer covenants and warrants as follows:

- ✓ It is lawfully organized and constituted under all federal, state and local laws, ordinances and other authorities of its domicile and is otherwise in full compliance with all legal requirements of its domicile.
- ✓ It is possessed of the legal authority and capacity to enter into and perform the RFP, and the Vendor representative who is executing the RFP is so authorized by the Vendor.
- ✓ It has been duly authorized to operate and do business in the State of Florida and all places where it shall be required to conduct business under the RFP; that it has obtained, at no cost to the SBCC, all necessary licenses and permits required in connection with the RFP, and that it shall fully comply with all laws, decrees, labor standards and regulations of its domicile and such other location where performance may occur during the term of the RFP.
- ✓ It has no present interest and shall not acquire any interest that would conflict in any manner with RFP duties and obligations under the RFP.
- ✓ The services rendered shall in all respects conform to, and function in accordance with, the specifications and designs requested in this solicitation.

FISCAL NON-APPROPRIATIONS CLAUSE: In the event sufficient budgeted funds are not available for a new fiscal period, the purchasing department shall notify the vendor of such an occurrence and the RFP and any resulting contract shall terminate on the last day of the current fiscal period without penalty or expense to the School Board.

ACCESS TO RECORDS: (34 CFR 80.36 (i)(10)): All vendors, contractors and subcontractors shall give access to the School Board, the appropriate Federal agency, the Comptroller General of the United States, or any of their duly authorized representative to any books, documents, papers, and records of the vendor which are directly pertinent to this specific RFP/contract for the purpose of making audit, examination, excerpts and transcriptions.

RECORDS RETENTION: (34 CFR 80.36(i)(11)): All vendors, contractors and subcontractors must retain all records pertaining to this RFP/contract for three (3) years after the School Board makes final payments and all other pending matters are closed.

CLEAR AIR ACT (34 CFR 80.36(i)(12)): All vendors, contractors and subcontractors must comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 11857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15). (Applies to contract, subcontracts and subgrants of amounts in excess of \$100,000).

ENERGY EFFICIENCY (34 CFR 80.36(i)(13)): All vendors, contractors and subcontractors must comply with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (pub. L. 94-163, 89 Stat.871).

EQUAL EMPLOYMENT OPPORTUNITY (34 CFR 80.36(i)(3)): All vendors, contractors and subcontractors must comply with Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in Department of Labor regulations (41 CFR chapter 60). (Applied to all construction contracts awarded in excess of \$10,000 by the district and their contractors or subgrantees).

COPELAND "ANTI-KICKBACK" ACT (34 CFR 80.36(i)(4)): All vendors, contractors and subcontractors must comply with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR part 3). (Applies to all contracts and subgrants for construction or repair).

DAVIS-BACON ACT (34 CFR 80.36(i)(5)): All vendors, contractors and subcontractors must comply with the Davis-Bacon Act (40 U.S.C. 276a to 276a-7) as supplemented by Department of Labor regulations (29 CFR part 5). (Construction contracts in excess of \$2000 awarded by grantees and sub-grantees when required

by Federal grant program legislation). (Applies to construction contracts in excess of \$2000 awarded by the district and subgrantees when required by Federal grant program legislation).

CONTRACT WORK HOURS & SAFETY STANDARDS ACT (34 CFR 80.36(i)(6)): All vendors, contractors and subcontractors must comply with sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR part 5). Applies to all construction contracts awarded by the district and subgrantees in excess of \$2000, and in excess of \$2500 for other contracts which involve the employment of mechanics or laborers).

SECTION 2: TERMS AND CONDITIONS

2.1 TERMS AND CONDITIONS

1. In the best interest of the School Board, the District reserves the right to reject any and all proposals, with or without cause, or to accept the proposal which, in its sole judgment best meets the needs of the District. The District also reserves the right to request clarification of information from any proposer. Any ex-parte communications initiated by a proposer with any employee of the District other than those personnel specifically identified as contacts in this RFP, or communication with any member of the District may result in immediate disqualification from the RFP process.
2. The District reserves the right to reject any or all offers and to waive informalities, minor irregularities or other requirements in offers received and/or to accept any portion of the offer if deemed in the best interest of the District. Failure of the Proposers to provide in its offer any information requested in the RFP, may result in rejection for non-responsiveness. Failure of the Proposer to meet or exceed any stated minimums in the RFP may also result in rejections for reasons of non-responsiveness.
3. The District will not reimburse proposers for costs associated with the preparation, submission or requested clarification of any proposal.
4. The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee of the District. Further, all proposers must disclose the name of any School District employee who owns, directly or indirectly, an interest of five (5%) percent or more in the Proposer's firm or any of its branches/subsidiaries.
5. Proposers, their agents and/or associates are subject to the provisions of the Florida Sunshine Law, Florida Statute 286.011.
10. Anti-Discrimination: The proposers certifies that he or she is in compliance with the non-discrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 111375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex or national origin. Further, an entity or affiliate who has been paced on the discriminatory vendor list may not submit a Proposal/RFP or contract to provide goods/services to or may not transact business with a public entity. 287.012(11)(15) F.S.
11. Protest Procedure: Failure to file a protest as outlined in Section 120.57(3) F. S. and Clay County School's Fiscal Policy 702 shall constitute a waiver of proceedings under Chapter 120, F.S.
12. Contract – Document Priority: Winning Proposer shall execute a Service Standards Agreement with the Employer that shall include the requirements set forth in this RFP, the Proposal, and modifications to either of these documents subsequently agreed upon during negotiations between the parties.

In the event of conflict between any of the following documents, the language of the applicable documents listed first shall control over the conflicting provisions of any documents listed subsequently.

1. First, the Service Standards Agreement;
2. Second, the Proposal;
3. Third, the Request for Proposal; and
4. Fourth, the Group Plan or Policy Document.

2.2 VENUE

Venue for any and all legal action regarding or arising out of the transaction covered herein shall be solely in the District Court in and for Clay County, State of Florida. The laws of the State of Florida shall govern this transaction. The vendor or Proposer agrees that any and all notices, pleadings and processes may be made by serving two copies of the same upon the Secretary of State, State Capitol, Tallahassee, Florida, and by mailing by return mail an additional copy of the same to the vendor or Proposer at the address shown herein; that said service shall be considered as valid personal service, and judgment may be taken if, within the time prescribed by Florida Law or Rules of Civil Procedure, Appearance, Pleading, an answer is not made.

2.3 ADDENDA

If any addenda are issued to this Request for Proposals, a good faith attempt will be made to deliver a copy of each to all prospective proposers who returned acknowledgement forms. However, PRIOR TO SUBMITTING THE PROPOSAL IT SHALL BE THE SOLE RESPONSIBILITY OF EACH PROPOSER TO REVIEW ANY ADDENDUMS TO THIS PROPOSAL BY LOGGING ONTO THE DISTRICTS WEB SITE www.clay.k12.fl.us, CLICK ON BUSINESS AFFAIRS, THEN CLICK ON PURCHASING DEPARTMENT, SCROLL DOWN TO AND CLICK ON ACTIVE BID. All such interpretations and supplemental instructions will be in the form of written Addenda to the RFP documents. Only the interpretation or corrections so given by District, in writing, shall be binding and prospective proposers are advised that no other source is authorized to give information concerning, or to explain or interpret the RFP documents.

2.4 DEVIATIONS FROM MODEL PROGRAM

The contract terms and conditions stipulated in this Request For Proposals are those desired by the District and preference will be given to those proposals in full or substantial compliance therewith. However, after allowance for any deviations, all proposals will be considered. Proposers are cautioned that restrictive deviations from the desired program must be clearly stated in the Proposal Response.

2.5 TERM OF CONTRACT

The term of this contract for insurance products shall be for a 36 month period commencing June 1, 2010 to May 31, 2013. It is the desire of the District to maintain a long-term relationship with the successful proposer(s). The term may be extended/renewed upon agreement in writing by both the award vendor and the District.

2.6 WITHDRAWAL OF PROPOSAL

No Proposer may withdraw its submittal prior to June 1, 2010.

2.7 PROFESSIONAL LIABILITY

The Proposer will provide Professional Liability coverage according to the following requirements:

1. Minimum limits of \$2,000,000 per claim.
2. Notice of cancellation and or restrictions: The policy must be endorsed to provide the School Board with thirty (30) days notice of cancellation and/or restrictions.
3. Certificate of Insurance and Copies of Policies: Certificates of Insurance shall be furnished to the Employer, evidencing the insurance coverage specified, and, on request of the Employer, certified copies of the policies required shall be filed with the Risk Management Department of the Employer on a timely

basis. The required Certificates of Insurance not only shall list Employer as additional insured, for the operations of the Proposer under this Contract (excluding the worker's compensation and professional liability policies) and shall name the types of policies provided and shall refer specifically to this contract.

4. If the initial insurance expires prior to the completion of the contract, renewal Certificates of Insurance shall be furnished thirty (30) days prior to the date of their expiration.
5. The required limits for insurance may be achieved through a combination of primary and umbrella policies.
6. These policies will provide that: the insurer(s) waive their rights of subrogation against the Employer, School Board, their officials, employees, agents, and consultants.
7. Should any of the above described policies be cancelled or non-renewed before the stated expiration date thereof, insurer will not cancel same until at least thirty (30) days prior written notice has been given to the below named certificate holder.

Notice shall be provided to:

The School District of Clay County
George F. Copeland, Ed.D., CPA
Assistant Superintendent for Business Affairs
900 Walnut St.
Green Cove Springs, FL 32043

This prior notice provision is a part of each of the above-described policies.

2.8 INDEMNIFICATION / HOLD HARMLESS AGREEMENT

Proposer shall, in addition to any other statutory or common law obligation to indemnify the School Board of Clay County, Florida, indemnify, defend and hold harmless the School Board of Clay County, Florida, its agents, officers, elected officials and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against the School Board of Clay County, Florida, an/or its agents, officers, elected officials, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees, officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify the School Board of Clay County, Florida, for any negligence on the part of the School Board of Clay County, Florida, its agents or employees.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefit acts, other employee benefits acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of any contract with the School Board of Clay County, Florida.

2.9 REQUIRED FORMS

THE ATTACHED MANDATED FORMS MUST BE COMPLETED AND SIGNED BEFORE THIS PROPOSAL WILL BE CONSIDERED FOR AWARD:

REQUIRED FORMS (ATTACHED AND DESCRIBED BELOW) - PLEASE EXECUTE AND INCLUDE WITH PROPOSAL

1. Statement of Compliance
2. Public Entity Crime Statement
3. Certification regarding non-discriminating
4. Certification regarding lobbying
5. Certification regarding debarment, suspension, ineligibility and voluntary exclusion
6. Drug-Free Workplace Certification

STATEMENT OF COMPLIANCE

(To be signed and included in front of Section 1 of your organization's proposal)

I/(WE) HEREBY CERTIFY, that all requirements contained in this proposal specification have been read, understood, and complied with in the attached proposal. I/(We) understand if selected, the District may select one or a combination of the items presented. My/(our) proposal as herein submitted shall be considered valid until June 1, 2010. If my/(our) proposal is accepted by the District, I/(we) agree to abide by all requirements of this specification and to provide all reports specified on a timely basis.

Company Tricerion Group

By 
Signature of Company Officer

Date 2/19/10

DAVID ESSARY
Name (printed)

Telephone (404) 272-4661

MANAGING Director
Title

Email DAVID.ESSARY@TRICERIONGROUP.COM

PUBLIC ENTITY CRIME STATEMENT

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, for category two for a period of 36 months from the date of being placed on the convicted vendor list.

Discrimination: an entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

If applicable, it should be noted that the program/project requiring the solicitation of this proposal is being funded by the percentage of federal funds listed below:

0 %

Company Tricerion Group

By  _____
Signature of Company Officer

Date 2/19/10

DAVID ESSARY
Name (printed)

Telephone (404) 272-4661

MANAGING Director
Title

Email DAVID.ESSARY@TRICERIONGROUP.COM

CERTIFICATION REGARDING NON-DISCRIMINATING

The undersigned assures that it will comply with:

- A. Title VI of the civil rights act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin.
- B. Section 504 of the rehabilitation act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap.
- C. Title IX of the education amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex.
- D. The age discrimination act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age.
- E. Section 654 of the omnibus budget reconciliation act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs.
- F. The Americans with Disabilities Act of 1990, p.l. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for person with disabilities.
- G. All regulations, guidelines, and standards as are now or may be lawfully adopted under the above statutes.

The vendor agrees that compliance with this assurance constitutes a condition of receiving payments under this contract/purchase order and that it is binding upon the vendor for the period during which services/products are provided.



Authorized signature of vendor _____ Date 2/19/80

CERTIFICATION REGARDING LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

THE UNDERSIGNED CERTIFIES, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THAT:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard form-III, "disclosure form to report lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants and contract under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



AUTHORIZED SIGNATURE OF VENDOR

2/19/10
DATE

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by executive order 12549, debarment and suspension, and implemented at 34 CFR part 85, for prospective participants in primary covered transactions, as defined at 34 CFR part 85, section 85.105 and 85.110.

1. The proposer (contractor) certifies that it and its principals:
Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - A. Have not within a three year period preceding this invitation to proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining or attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - B. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of paying federal funds or will pay federal funds by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress or an employee of a member of congress in connection with the making of any federal grant, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;
 - C. Have not within a three year period preceding this invitation to proposal had one or more public transactions (federal, state or local) terminated for cause or default; and
2. Where the proposer is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this proposal package.

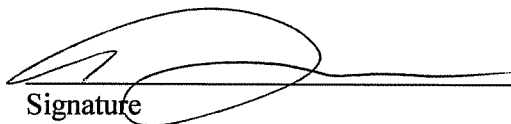
As the duly authorized representative of the company or individual submitting the proposal, I hereby certify that the company or individual does comply with the above certifications.

Name of proposer:

Tricerion Group

DAVID ESSARY Managing Director

Printed name and title of authorized representative


Signature

2/19/10
Date

DRUG-FREE WORKPLACE CERTIFICATION

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.07, Florida Statutes. This requirement affects all public entities of the State and became effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE PROPOSALS – Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Proposals, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, a Proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedure for processing tie Proposals will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

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 employee 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 drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under Proposal 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 Proposal, 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.

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

COMPANY NAME Tricerion Group

VENDOR’S SIGNATURE 

SECTION 3: ADDITIONAL REQUIREMENTS

PROPOSAL TABLE OF CONTENTS

NOTE: Proposers should provide their best offer with the initial proposal since the District reserves the right to award a contract based on initial Proposal without any further discussions or negotiations.

Vendors are given wide latitude in the degree of detail they offer in their Proposal, including the extent to which they describe their corporate capability and how their firm engages in services that meet the objectives of the District. There is no limit on the number of pages; however, Proposers should prepare their Proposal simply and economically, providing a straightforward and concise description of their ability to satisfy the requirements of the RFP. Proposals that are of excessive length, contain a preponderance of boilerplate text, or are redundant are discouraged. Emphasis in each Proposal should be on completeness and clarity of content. Failure of a Vendor to provide the appropriate information or materials in response to each stated requirement or request for information may result in lower scores during the evaluation process.

Your organization’s response to this RFP should be organized into the following sections without deviation:

- Section 1: Acknowledgement Form / Required Forms
- Section 2: Statement of Applicant
- Section 3: Completed Questionnaire
- Section 4: Confirmations of Standards
- Section 5: Exhibits (Service Summary, Pricing Exhibit, Web Demonstration access)

3.2 TIMETABLE

Please make sure you can accommodate the following timetable.

February 1, 2010	RFP Released
February 9, 2010 at 4pm.....	RFP Questions Due
February 16, 2010.....	Addendum Regarding Questions Posted
February 23, 2010 at 2pm	Proposals Due
March 8, 2010	Finalists Notified
Second week of March 2010	Finalist Interviews/Site Visits (Optional)
Third week of March 2010	Tentative Approval / Award Notification
Mid March through May 2010.....	Implement Web Enrollment and Eligibility Management System
June 1, 2010	Begin use of Enrollment Services for New Hires

3.3 BINDING RESPONSE

All statements in your response will be considered binding and must be signed at the end of the following Proposal Sections:

To be included in your proposal . . .	Where to find in this RFP . . .
Section 1: Acknowledgement Form	Cover Page
Section 1: Required Forms	Section 2.9
Section 2: Statement of Applicant	Section 4
Section 3: Complete Questionnaire	Questionnaire attachment (Excel)
Section 4: Confirmations of Standards	Section 5
Section 5: Supporting Exhibits/Service Summary, Pricing Exhibit, Web Demonstration Access	Submitted by Proposer; Web Demo request in Questionnaire

A person in your organization who is duly authorized to make binding commitments must sign these statements.

3.4 PROPOSAL PROCESS

This is a public marketing effort, conducted by the District and assisted by Aon Consulting.

3.5 ON SITE ENROLLMENT REQUIREMENTS

If enrollment services require representatives from your company to be on site at any school location when students are present, a Level II fingerprinting will be required and all cost associated with the fingerprinting are the responsibility of the company who is performing the on site enrollment. This requirement is per the Jessica Lunsford Act. All enrollers must meet the onsite requirement one week prior to the scheduled site visit.

SECTION 4: STATEMENT OF APPLICANT

4.1 BACKGROUND INFORMATION

1. Legal Name and Address: Tricerion Group, LLC
Address of Proposed Office in Charge, if different:
Contact Person and Position: David ESSARY Managing Director
Telephone: (404) 272-4661
2. Circle One: Corporation, Partnership, Individual, Joint Venture or Other
3. If Corporation,
Date of Incorporation: 2007 (AS Tricerion Group rebranding)
State of Incorporation: GA
If out-of-state Corporation currently authorized to do business in Florida, give date of such authorization: 2004
Names and Titles of Principal Officers: David ESSARY Managing Director
Steve HELSING Managing Director
4. Name and Address and amount of ownership of all stockholders owning more than 10 percent of the company: David ESSARY 240 Prospector Way Ball Ground, GA 30107
Steve HELSING 680 Estate Club Circle Roswell, GA 30075
5. If Partnership: Date of Organization:
Nature of Partnership (General, Limited, or Association):
Name and Address of Partners:
6. If Individual: Name and Address of Owner:
7. Under what other or former names has your organization operated? relevant HR, Pathway Benefit Consulting, Inc. (merged in 2007)
8. Please provide two (2) references of current clients of similar size to that of the District (preferably in the greater North Central Florida area), including one from a large (over 4,000 lives) school district or municipality. Include the following information: client name and location, length of relationship, and contact person/phone number. Please see Attached Reference sheet
Please provide one (1) references of a former client (preferably in the greater North Central Florida area). Include the following information: client name and location, length of relationship, and contact person/phone number. Please see Attached Reference sheet
9. Describe any litigation or regulatory action filed against your firm in the last three (3) years, and the resolution thereof. None

10. State whether the firm has offices and representatives in the State of Florida and/or in Clay County or surrounding Counties.

4.2 SERVICE SUMMARY & PRICING EXHIBIT

Please include a complete Service Summary of core and enhanced services provided and/or available.

Pricing Exhibit must show the cost for core services on a per employee per month basis. Include in the Pricing Exhibit the cost for core services, implementation/set up, a complete fee schedule as applicable, and the cost for enhanced services with a description of enhanced services included (also to be included in the Service Summary).

4.4 ENROLLMENT SERVICES QUESTIONNAIRE (EXCEL SHEET)

Please see attached spreadsheet labeled "2010 Web Enrollment and Eligibility Management RFP Questionnaire".

SECTION 5: CONFIRMATIONS OF STANDARDS FOR SELECTION

This section is a request for confirmation of your willingness and ability to meet specific District standards and conditions. Please use this form when responding to the RFP.

If your answer is "yes," you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and the District.

If your answer is "yes with deviations," provide a brief explanation of how your plan deviates from the District's standards. If acceptable to the District, the modified standard will be incorporated into the final contract. All explanations should be labeled and tabbed in the response to the RFP.

If your answer is "no," this standard will not be incorporated into the final contract. Please provide a brief explanation as to why you cannot or will not accommodate the standard. All explanations should be labeled and tabbed in the response to the RFP.

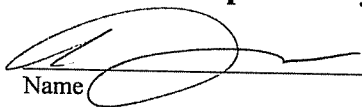
A. SERVICES - PLEASE CONFIRM THAT:

Y D N Y=yes D=yes with deviations N=no

If you answer "no" to any of these monitoring and reporting procedures, please indicate when you expect to have the capability of providing them.

1. X ___ ___ You will furnish the District with an enrollment file in a format determined by the District in a timely manner for initial payroll processing.
2. X ___ ___ You will provide the District's IT with direct access to your programming personnel in order to facilitate a timely and accurate transmission of enrollment data. The District's payroll system is Terms v1.6, a COBOL based platform.
3. X ___ ___ You will provide a printed, electronically signed confirmation statement to each employee at enrollment and a data stamped printed file copy of ALL confirmation statements to the District in alphabetical order once the entire enrollment has been completed.
4. X ___ ___ The District reserves the right to accept or decline the Account Manager designated for its programs both initially and in future years.
5. X ___ ___ At a minimum, you will have one person dedicated to eligibility maintenance for the District, as a whole.
6. X ___ ___ At a minimum, you will have one person dedicated as the Account Representative for the District, as a whole.
7. X ___ ___ You will have a representative present for periodic meetings with the District or its designees to review enrollment experience, areas of potential improvement, and other ways to better manage the process.
8. X ___ ___ Training to be provided to the District and Call Center employees upon initial implementation and each year thereafter prior to Annual Enrollment, if necessary.

An authorized person in your organization must sign responses, which will be considered binding.

Name  Title Managing Director Date 2/19/10

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Client Program Overview

The School District of Clay County offers 3 medical plans (including an HSA option), dental, vision, life insurance, supplemental life insurance for employees and dependents, Flexible Spending Accounts, Voluntary Critical Illness, Accident with Hospitalization, and Interest Sensitive Whole Life. When an employee waives medical insurance, the District designates that employee as Plan B. Employees that elect medical insurance are designated as Plan A. Some employees are married to each other, placing them in a class of their own, both treated as Plan A, but with deductions calculated differently than Plan A and Plan B. Most of the plans offered by the District carry premiums that vary by Plan A and Plan B. The plan year begins October 1, however the District conducts Annual Enrollment in August when the teachers return to work. The first deduction for 2010-2011 plan year begins two pay periods prior to the effective date, on September 15.

Response Protocol

The new Web Enrollment and Eligibility Management System must have the capability of managing the complexities of the District's benefit program, tracking Plan A and Plan B eligibility and enrollment. The new system must have the capability to upload the current benefit enrollment data from the existing Campus system, test the collection of that data for accuracy, and be live for new hires and Annual Enrollment preparation by June 1, 2010. **All pricing must be included in a separate attached Pricing Exhibit. When answering questions in this RFP, please indicate if services offered are included in the base PEPM fee or provided with an enhanced service package at an additional cost. All fees must be disclosed in the Pricing Exhibit.**

Vendor Name:	Tricerion Group
Contact Name:	David Essary
Contact information	200 Abbey Court, Alpharetta, GA 30004
Telephone:	(404)272-4661
Email:	david.essary@triceriongroup.com

Company Profile	Response	Additional Information (optional)
Year established	2001	Formed as relevant HR; rebranded as Tricerion in 2007
# employees	20	
Staff ratio per client	1 person, 3-5 accounts	Variable based on client size
Average length of employee service	5 years	Staffing has increased 60% over past 36 months
% employees retained in 2008	100	
Company ownership (e.g. privately held, wholly owned subsidiary of XYZ Company)	Private; 2 principal owners	
Location of company offices and function of each (Attach list if needed)	Atlanta, GA - all services	
Were you profitable in 2008 (please provide your definition of profitability in additional information)	Yes	year-to-year bottom line revenue growth; hit or surpassed all gross and net revenue targets

Client Profile	Response	Additional Information (optional)
Year current platform built	1996	2-4 major upgrades per year, with numerous smaller additions
# employers on system	1000+	
# employee lives on system	1.85 million	
# of clients with collectively bargained employees	30 percent	
# public entity clients	15-18 percent	
# school district clients	50+	
Minimum lives required	150	
Average lives per employer	2200	
Largest client	72,000	
Target market (e.g. employer lives, industry, program type)	500 - 10,000 employee lives is our target market. We work across numerous industries - healthcare, retail, manufacturing and schools.	
Describe upcoming systems changes - planned upgrades. Describe how will these system changes impact users?	There are generally two major upgrades per year, with intermittent minor enhancements. Every upgrade or enhancement is immediately available to customers seamlessly without requirement. New reporting tool is coming in March.	

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Web Demonstration	Included (Y/N)	Special Instructions
The District would like to demonstrate the end user web enrollment product. Please provide a demonstrative website address and include seven (7) unique user IDs and passwords.	Y	go to www.eelect.com enter 27291 for the Enrollment ID: See attached user list (these login ID's can also be accessed via the admin site)
The District would like to demonstrate the administrative functionality of the website and services available. Please provide a demonstrative administrative website address with two (2) unique user IDs and passwords.	Y	go to www.autobene.com enter: User ID1: sdcc1 Password: SDCCadmin1 // User ID2: sdcc2 Password: SDCCadmin2

Services Offered	Response (Y/N)	Service Summary
Dedicated account manager during implementation and ongoing through contract term	Y	
Technical Support provided directly with programmers (indicate hours of operation)	Y	8-5 EST
Training provided to District employees	Y	
Training provided to Unum Call Center and on-site enrollers	Y	
District data stored separate from all other clients	Y	
Implementation timeline included in response	Refer to Attachment 1	Please refer to sample Customer Requirements Document (CRD)
2010 Annual Enrollment load/test timeline included in response (employee AE period to make elections runs 8/9 - 8/20, District receives file by 9/1, first deductions withheld 9/15)	Refer to Attachment 1	Please refer to sample Customer Requirements Document (CRD)
Does AE timeline include time for District testing (indicate how much)?	Y	Minimum of two weeks of testing
Dedicated site for testing only with District access to test	Y	
Compliance review of enrollment (Sec 125, HSA, Medicare elig, etc.)	Y	
Online Enrollment/Eligibility Management	Y	
Year-round Employee Self-service (describe functionality and services provided)	Y	accessible anywhere from web; review current elections, make life event changes, etc.
District has the authority to enter data & make changes to data, and/or use file transfers	Y	
Status change alerts to District for online approval	Y	
Benefit enrollment confirmation, including date and time of enrollment election, created and stored for each employee	Y	
Single file delivered via CD to District of all annual enrollment elections, including date and time of enrollment election alphabetically by employee for annual auditing purposes	Y	
3-year Historical enrollment data storage	Y	See below - data can be stored as long as customer requires
Offsite Back up System/Disaster Recovery plan (please describe, include location)	Y	Client data is stored in its encrypted state in an off-site data center with 24/7/365 onsite monitoring and security, state-of-the-art fire detection and suppression systems, redundant power distribution units, and seismic safeguards that can withstand a 7.5 magnitude earthquake. In addition, MozyPro use a proprietary protection mechanism based on a complex encoding structure to ensure that client data is safe, even in the event of multiple hardware failures. • Physical security: MozyPro servers are located in a Tier 4 data center protected by gated perimeter access, 24 x 7 x365 on-site staffed security and technicians, electronic card key access, and strategically placed security cameras inside and outside the building. Located in Seattle, WA
Eligibility Audits (indicate frequency)	Y	quarterly

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Overage dependent eligibility verification	Y	Optional feature can be turned on; Charge is \$1500 annual.
System generated emails, customized by District	Y	
COBRA Administration	Y/N	We send data/elections to chosen vendor on a scheduled basis, but do not perform the administrative functionality
HIPAA Administration	Y/N	We send data/elections to chosen vendor on a scheduled basis, but do not perform the administrative functionality
Retiree Benefit Plan Administration	Y	Limited to storing retiree records and delivering eligibility to core carriers
Pre/Post tax deductions / benefit rules	Y	

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Services Offered, Continued	Response (Y/N)	Service Summary
HSA Administration (describe how system controls enrollment based on HSA limitations)	Y	SYSTEM SET UP HAS H S A RULES BUILT IN TO SET LIMITS AND DEFINE PARAMETERS
Administration of Multiple Employee Classes. Describe how system would support the District's Plan A/Plan B structure	Y	SYSTEM IS ONE OF THE MOST ROBUST IN THE ENTIRE INDUSTRY IN THE ABILITY TO DEFINE CLASS STRUCTURE AND ATTACH BENEFITS
Upload all data stored in existing Unum Campus System. Confirm upload of existing data is included in base PEPM fee.	Y	STANDARD; INCLUDED IN SETUP FEE
Integration with TERMS v.1.6	Y	WE BUILD OUR FILE TO MATCH TARGET SYSTEM REQUIREMENTS
Integration with Unum plane.biz Exchange	Y	YES, WE HAVE FULLY INTEGRATED INTERFACE
Employee portals included in your platform	Y	OPTIONAL
Integration with external portals (e.g. single sign-on with portal)	N	
List preferred vendors that you outsource services to, the services provided and the number of your clients that use this outsourced service		None; All functionality and services contained in house.
Are there any other services your firm offers? If yes, describe.	Y	COMMUNICATION PORTALS - DYNAMIC TALKING PRESENTATIONS TO EXPLAIN BENEFITS AND PRODUCTS

System Capabilities	Response (Y/N)	Additional Information (optional)
Manage multiple carrier imposed eligibility cut-off dates (e.g. Medical eligibility accepted through 10th, Dental eligibility accepted through 15th) - Describe any limitations.	Y	NO LIMITATIONS, WE HANDLE MANY FILES WITH MANY DIFFERENT PROVIDERS ROUTINELY
System can manage clients with multiple payroll cycles (e.g. 20-pay periods, 24 pay periods) - Describe any limitations.	Y	SYSTEM LOADS PAYPERIODS AT THE INDIVIDUAL RECORD LEVEL
Systems can manage multiple offerings by class, location - describe any limitations	Y	VERY ROBUST - WE HAVE ONE CUSTOMER WITH 1,085 UNIQUE BENEFIT PLANS
System can support different employee ID#s by carrier (e.g. med uses SSN, dental uses ER ID)?	Y	WE STORE BOTH AN EID# AND SSN# AS WELL AS OTHER ID'S SUCH AS PAYROLL ID.
Can your system support any language other than English? If yes, describe.	Y	SPANISH, BUT THIS IS OPTIONAL AND HAS ADDITIONAL COSTS ASSOCIATED BASED ON PROJECT
System can support employees married to other employees as a class within themselves	Y	PART OF IMPLEMENTATION DISCOVERY AND SET UP
System can transfer data in ASCII fixed text format	Y	STANDARD
System can transfer data in CSV format	Y	STANDARD
System can perform data transfer on District assigned frequency (daily, weekly, semi-monthly)	Y	STANDARD
System has FTP server for District to send files	Y	STANDARD
Encryption used (indicate method/type)	Y	PGP AND HTTPS
Transfer files are sent automatically	Y	FILES ARE SCHEDULED FOR AUTO RUN AND DELIVERY
Transfer files can be placed on FTP server for District to retrieve (indicate how system notifies District of file availability)	Y	WE NOTIFY VIA E-MAIL OR AGREE ON SCHEDULED TIME OF DELIVERY
System can accept future dated events via file transfer and direct data entry from District.	Y	

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Benefits Administration	Response (Y/N)	Additional Information (optional)
All historical actions, changes, and current data stored by employee record	Y	EVERY TRANSACTION IS TIME AND DATE STAMPED
Electronic EOI Submission	Y	IF CARRIER ALLOWS AND CAN RECEIVE
System collects beneficiaries; submit to carriers year round	Y	IF NEEDED, MOST CUSTOMERS STORE THE BENEFICIARIES AND PROVIDE TO CARRIER AS NEEDED
Frequency District receives ongoing changes	Y	BASED ON CUSTOMER SCHEDULE - DAILY, WEEKLY, OTHER
Method District receives ongoing changes	Y	DIRECT FROM SYSTEM OR VIA FTP
Deduction amounts can be displayed for users as monthly, bi-weekly, "tenthly", at the discretion of the District	Y	PAYPERIODS STORED AT INDIVIDUAL EMPLOYEE LEVEL

Annual Enrollment	Response	Additional Information (optional)
Can Annual Enrollment rates be programmed, tested and ready to go live in 8 weeks or less?	Y	WHEN STARTING IN LIFE EVENT MODE, MOVING TO OPEN ENROLLMENT IS VERY QUICK
What is the turn around time for closing AE elections to delivering the first payroll file to the District?	Y	TYPICAL TURNAROUND IS WITHIN A FEW DAYS - THIS ASSUMES THAT WE HAVE TESTED THE PAYROLL FILE AND ALL IS WELL. WE AUDIT FILES PRIOR TO DELIVERY
Passwords reset each year at Annual Enrollment	Y	BASED ON REQUIREMENTS
Are current year benefits displayed on annual enrollment screens?	Y	WE LOAD ALL CURRENT ELECTIONS

Quality Assurance	Response
Summarize quality process/systems	Please see attachment "Quality Assurance"
List specific quality certifications or programs (e.g. ISO 9000, six sigma, etc.)	n/a

Carrier Integration	Response	Additional Information (optional)
Format of carrier file feeds (CSV, HIPAA 834)	ALL	WE SEND REQUIRED FORMAT BASED ON PROVIDER
Frequency of file transmission to carriers (daily, weekly)	WEEKLY	WE GENERALLY SEND WEEKLY, BUT HAVE SOME CUSTOMERS THAT WE DELIVER TWICE WEEKLY
Who reconciles discrepancies on the files?	TRICERION	WE AUDIT FILES

Reporting	Response	Additional Information (optional)
Are all fields reportable?	YES	
Can District/administrator create custom reports? Indicate limitations.	YES	NEW REPORTING MODULE DUE IN MARCH 2010 WILL ALLOW CUSTOMER DESIGNED REPORTING. CURRENTLY, TRICERION CREATES REPORTS BASED ON CUSTOMER REQUIREMENTS
What format are reports available in? (HTML, CSV, Excel, etc)	HTML, CSV, EXCEL, PDF	
Describe internal resources and associated costs for custom reports		WE ROUTINELY CREATE REPORTS BASED ON CUSTOMERS UNIQUE REPORTING NEEDS. BASED ON CONTRACT WE CREATE XX AMOUNT OF CUSTOMER REPORTS
Provide copies of your standard reports (soft copies are preferred)	Refer to attachment 2	
Creation of eligibility reports of all monthly enrollment for District to use as self-bill invoice to carriers - standard or custom hoc report?	YES	WE CREATE STANDARD SELF BILLING REPORTS FOR ALL CARRIERS
Can a report be generated to show all benefit changes made to all employees within a specified time frame?	YES	STANDARD
Can system calculate tenthly premiums from monthly rates and/or bi-weekly deductions for the puposed of generating a self-bill invoice?	YES	

Pricing	Response	Additional Information
Attach separate Pricing Exhibit		See Pricing Exhibit Tab Below
Price for base services on a PEPM basis	\$1.75	
Implementation and Set-up Fee	One Time Fee	\$5 per employee (one time)
Are volume discounts or preferred pricing arrangements available?	YES	
Do you sponsor alternative ways of funding your services (e.g. voluntary products or specific carrier agreements)	YES	We have discounted based on voluntary product participation. Most commonly, though, we have the medical carrier participating in our PEPM fee.
Is there an enhanced service package?	YES	We can provide billing reconciliation and outsourcing services

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Indicate services included in your enhanced service package that are not included in the standard/base price.

\$0.25 PEPM

EazyBill Wizard

School District of Clay County

2010 Web Enrollment and Eligibility Management RFP Questionnaire

Summary	Response
In what ways are you differentiated from your competition?	Experience; entire implementation team has been in this space since the mid-to-late 1990's, primarily as founding group of Employease (1st online enrollment)

Please provide the following references:

- Two insurance carrier references
- Two clients that have been on your platform for 2+ years
- Two clients that have been on your platform for 3-6 months
- Two clients that have been on your platform and moved to another platform

UserID	PIN
111556666	6666
222222222	2222
222559999	9999
222775555	5555
222779999	9999
333333333	3333
333662222	2222



Carrier/Client References

Carriers

Unum	Ed Thomas	Voluntary Benefits National Practice <u>ethomas@unum.com</u>	(704)571-3616
Allstate	Walter Jones	Vice President <u>walter.jones@allstate.com</u>	(904)992-3443

Clients

2+ years	Simone Giordano	Medical Staffing Network	Boca Raton, FL
	3000 employees	<u>simonegiordano@msnhealth.com</u>	561-322-1913
	Thad Reese	Grady Health System	Atlanta, GA
	5000 employees	<u>mbrooks@gmh.edu</u>	(404)616-1944
3-6 mos.	Reese Reynolds	Cott Beverages	Tampa, FL
	1100 employees	<u>rreynolds@cott.com</u>	813-313-1713
	Diane Mercier	MIMA	Melbourne, FL
	1200 employees	<u>diane.mercier@mima.com</u>	(321) 725-4500 ext. 3615
Ex-Customer	Thomas MacAlpine	Tatum, Inc.	Atlanta, GA
	900 employees	<u>Thomas.macalpine@tatumllc.com</u>	404-418-4725
	lost 12/31/2009 due to consultant relationship change		

(This is the only customer lost in the history of Tricerion)

Pricing Exhibit

Initial One-Time Setup Fee

\$5 per eligible employee

Ongoing PEPM

\$1.75* *negot.*

Optional Features

EasyBill Wizard

\$0.25 PEPM *?*

Overage Dependent Eligibility Verification

\$1500 Annual *wave*

*Billed based on number of employee records retained in that period

SCHOOL DISTRICT OF CLAY COUNTY

DEMO INSTRUCTIONS:

For employee access, go to www.eelect.com and enter 27291 for the enrollment ID. Once you have landed on the employee login page, you can use any of the employees below. To login enter the 9 digit Employee ID and the 4 digit PIN. Then follow the prompts to make an election.

	Action	Employee ID ↑	PIN	Last Name	First Name	Status	Zip Code	Rec. Status	Salary	Pay Periods	Hire Date
ACN	Admin Enroll	111556666	6666	Smith	Barbara	APSAC	33322	ACTIVE	\$47,673.60 Annually	26	9/22/2009
Nancy	Admin Enroll	222222222	2222	JONES	SAMANTHA	CSEA	32224	ACTIVE	\$45,000.00 Annually	24	9/1/2009
Stan	Admin Enroll	222559999	9999	Dwyer	Daphne	CSEA	32222	ACTIVE	\$8,400.00 Annually	26	9/21/2009
Margaret	Admin Enroll	222775555	5555	Sam	Samantha	CSEA	30088	ACTIVE	\$48,838.40 Annually	26	11/4/2009
Tom	Admin Enroll	222779999	9999	Fast	Speedecia	CSEA	36555	ACTIVE	\$45,236.00 Annually	26	6/21/2009
Sonya	Admin Enroll	333333333	3333	SMITH	JENNIFER	APSAC	32224	ACTIVE	\$55,000.00 Annually	24	9/1/2009
Sheila	Admin Enroll	333662222	2222	Clinton	Henrietta	TMSTRS	37777	ACTIVE	\$15,995.20 Annually	26	1/17/2010

For administrator Access, go to www.autobene.com and enter one of the following admin logins:

sheila
Stan
User ID 1: sdcc1
Password: SDCCadmin1

ACN
User ID2: sdcc2
Password: SDCCadmin2

You can then explore the different tools available in the administrators view. An administrator can edit and view employee data, admin enroll someone, view and approve life events, view all transactions that are time and date stamped, run and retrieve reports and much more.

GENERAL TIMELINE

Task	Task Description	Duration	Start	End	% Complete	Responsibility
Review Contract		0 days	2/22/2010	2/22/2010	0%	
Customer AutoBene Deployment		54.8 days	2/22/2010	5/7/2010	0%	
Phase 1 - Discovery		14.3 days	2/22/2010	3/12/2010	0%	
Kick-off Meeting		1 day	2/25/2010	2/26/2010	0%	
Complete Artifacts		5 days	2/23/2010	3/2/2010	0%	
Complete Artifacts		0 days	3/2/2010	3/2/2010	0%	
Review Artifacts		3 days	3/5/2010	3/10/2010	0%	
Finalize Artifacts		4.2 days	3/11/2010	3/17/2010	0%	
Phase 2 - Build		28.3 days	3/15/2010	4/22/2010	0%	
Engage Carriers		23.65 days	3/15/2010	4/15/2010	0%	
Review Application via eElect	Final review of on-line application prior to go live	2 days	4/15/2010	4/19/2010	0%	
Phase 3 - Carrier/HRIS File Build		13 days	4/20/2010	5/7/2010	0%	
Phase 4 - Transition to Life Events		12.85 days	4/15/2010	5/4/2010	0%	
Phase 5 - Deploy		4.5 days	5/6/2010	5/12/2010	0%	
Final Sign Off	Implementation complete	1 day	5/11/2010	5/12/2010	0%	
Enrollment Live		0.1 days	5/12/2010	5/12/2010	0%	

CLIENT/THIRD PARTY CONTACT INFORMATION

Client Contact Information									
Contact Specifics					eElect System Information				
Company	Last Name	First Name	Title	Role	Email	Phone	Preferred Login Method	Username	Password

CARRIER CONTACT INFORMATION

[Enter Carrier Name]	[Enter Policy Number]	[mm/dd/ccyy - mm/dd/ccyy]	[Enter Representative Name]	[Enter Phone Number]	[Enter Street Address]
[Enter Carrier Name]	[Enter Policy Number]	[mm/dd/ccyy - mm/dd/ccyy]	[Enter Representative E-mail Address]	[Enter Phone Number]	[Enter City, ST, Zip]
			[Enter Representative Name]	[Enter Phone Number]	[Enter Street Address]
			[Enter Representative E-mail Address]	[Enter Fax Number]	[Enter City, ST, Zip]

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits, Potentially Changing
1	New Employee Eligible For Benefits (XXDay Waiting Period)	NH	Manual	Admin. & EE Self-service	Hire Date	<i>Example: Med, Den, Vis begin on 1st of the month following 90 days of hire.</i>	N/A	Med,Den,Vis STD,L,TD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance
	Eligible For Benefits (XX Day Waiting Period)	NH	Manual	Admin. & EE Self-service	Hire Date		N/A	Med,Den,Vis STD,L,TD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance
	Eligible For Benefits (XXDay Waiting Period)	NH	Manual	Admin. & EE Self-service	Hire Date		N/A	Med,Den,Vis STD,L,TD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance
	Eligible For Benefits (No Waiting Period)	NHDOH	Manual	Admin. & EE Self-service	Hire Date		N/A	Med,Den,Vis STD,L,TD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
3	COBRA Elections & Terminations Elect COBRA Coverage	COBELECT	Auto	Admin Only	Qualifying Event Date (Approved by HR)	Qualifying Event Date (the date entered into Life Event Date field in AutoBene*)	N/A	Med,Den,Vis Health Care Acct
	Terminate COBRA Coverage	COBTERM	Auto	Admin Only	Qualifying Event Date (Approved by HR)	N/A	Qualifying Event Date (the date entered into Life Event Date field in AutoBene*)	Med,Early Access Med,Den,Vis STD,LTD,EAP Basic Life OHO \$12k Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
2	Termination Event Voluntary Employment Termination	TERMY	Auto	Admin Only	Termination Date	N/A	<i>Example: Med/Den/Vis - Last Day of Month following Termination Date</i> <i>All Other Benefits - Termination Date</i>	Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance
	Involuntary Employment Termination	ITERMY	Auto	Admin Only	Termination Date	N/A		Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance
	Employee Retired - Terminate All Benefits	RETIRED	Auto	Admin Only	Termination Date	N/A		Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct Group Legal Pet Insurance

Life Event Processing - Standard Parameters Carnival Cruise Lines

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
5	Marital Status Change							
	Marriage	MARR	Auto	Admin Only	Life Event Date	Example: Med, Den, Vis begin on LE date	N/A	Med, Den, Vis Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Divorce	DIVO	Auto	Admin Only	Life Event Date	N/A	Example: Med, Den, Vis end on LE date	Med, Den, Vis Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Name Change - Spouse	NMCHGSP	Auto	Admin. & EE Self-service	Life Event Date	N/A	N/A	N/A
	Legal Separation	SEPAR	Auto	Admin Only	Life Event Date	N/A		Med, Den, Vis Spouse Life Child(ren) Life Health Care Acct Dep Care Acct

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
4	Address Change	ADDR	Auto	Admin. & EE Self-service	Effective Date	N/A	N/A	N/A

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
6	Employee/Dependent Changes New Full Time Student - Add Benefits	FTS	Manual	Admin Only	Life Event Date	Example: Med, Den, Vis begin on 1st of month following LE date	N/A	Med, Den, Vis Child Life
	Birth of a Child	BIRTH	Manual	Admin. & EE Self-service	Life Event Date		N/A	Med, Den, Vis Child(ren) Life Health Care Acct Dep Care Acct
	Legal Adoption	ADOPT	Manual	Admin. & EE Self-service	Life Event Date		N/A	Med, Den, Vis Child(ren) Life Health Care Acct Dep Care Acct
	Term Dependent - No Longer Plan Eligible	TERMDEP	Auto	Admin Only	Life Event Date	N/A		Med, Den, Vis Spouse Life Child(ren) Life
	Spouse Gained Other Coverage - Term Benefits	SPSGOC	Auto	Admin Only	Life Event Date	N/A		Med, Den, Vis Spouse Life
	Spouse Lost Other Coverage - Add Benefits	SPSLOC	Manual	Admin. & EE Self-service	Life Event Date		N/A	Med, Den, Vis Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	EE Gained Other Coverage - Term Benefits	EMPGOC	Auto	Admin Only	Life Event Date	N/A		Med, Den, Vis Health Care Acct Dep Care Acct
	EE Lost Other Coverage - Add Benefits	EMPLOC	Manual	Admin. & EE Self-service	Life Event Date		N/A	Med, Den, Vis STD, LTD, EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Death of Dependent - Term Benefits	DEPDEATH	Auto	Admin Only	Life Event Date		N/A	Med, Den, Vis Spouse Life Child(ren) Life Health Care Acct Dep Care Acct

**Life Event Processing - Standard Parameters
Carnival Cruise Lines**

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
7	Status Change Change To Benefits Eligible - Add Benefits	STATBE	Auto	Admin Only	Status Change Effective Date	<i>Example: Status Change Effective Date (the date entered into Life Event Date field in AutoBene*)</i>	N/A	Med,Den,Vis STD,LTD,EAP Basic Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Change To Benefits Ineligible - Terminate Benefits	STATNBE	Auto	Admin Only	Status Change Effective Date	N/A	Status Change Effective Date (the date entered into Life Event Date field in AutoBene*)	Med,Den,Vis STD,LTD,EAP Basic Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct

Life Event Processing - Standard Parameters Carnival Cruise Lines

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic)	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits: Potentially Changing
8	Admin Exception Administrative Exception - Add Benefits	ADMXADD	Auto	Admin Only	Effective Date to begin Coverage	Effective Date to begin Coverage (the date entered into Life Event Date field in AutoBene*)	N/A	Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Employee Death - Term Benefits	EEDEATH	Auto	Admin Only	Life Event Date	N/A	Example: Last day of the month following LE date or LE date	Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Military Leave - Term Benefits	MILV	Auto	Admin Only	Life Event Date	N/A		Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Disability Leave - Term Benefits	DISLV	Auto	Admin Only	Life Event Date	N/A		Med,Den,Vis STD,LTD,EAP Basic Life Supp Life Spouse Life Child(ren) Life Health Care Acct Dep Care Acct
	Medical Support Order (MSO)	MSO	Auto	Admin Only	Effective date directed by the MSO	Effective date directed by the MSO (the date entered into Life Event Date field in AutoBene*)	N/A	Med, Den, Vis

Life Event Processing - Standard Parameters Carnival Cruise Lines

Item	Life Event Description	Life Event Code	Approval	Who Has Access? (If "Admin Only" then Approval should be Automatic) Admin. & EE Self-service	Date to Use	Benefit Effective Begin Date	Benefit Effective End Date	Sample of Benefits Potentially Changing
9	Update Beneficiary	BENCH	Auto	Admin. & EE Self-service	N/A	N/A	N/A	N/A
10	Evidence of Insurability Approval	EOIA	Auto	Admin Only	Effective Date of the EOI Approval	Effective Date of the EOI Approval (the date entered into Life Event Date field in AutoBene*)	N/A	Supp Life Spouse Life Child(ren) Life

Evidence of Insurability Process

Complete all the Steps listed below for each Life Insurance Product as needed.

- 1 Go to the Employee record in AutoBene through the "Edit Employee Data" option on the "Main Menu".
- 2 Search for the Employee record that has been submitted for EOI approval.
- 3 Enter the Employee record by selecting "CHG" (change).
- 4 Go to the "Benefit Data" tab, scroll down to the Life Insurance Benefit requiring EOI approval.
- 5 Manually update (change) the fields by benefit noted below with the new "Approved Covered Amount" for only those benefits require EOI approval.
 - Supplemental Life - update "EligibleInsAmt", "SupplLifeAmt1" and "SupplLifeCoveredAmt"
 - Employee Vol AD&D - Update "ADDLifeAmt1" and "CoveredAmt"
 - Spouse Life - Update "EligibleInsAmt", "SpouseLifeAmt1" and "SpouseLifeCoveredAmt"
- 6 Scroll to the bottom of the "Benefits Data" tab and click "SAVE".
- 7 Process the Evidence of Insurability Approval Life Event using the "Administrator eElect" option on the "Main Menu". Use the date of the EOI approval for the Life Event Date.

BENEFIT OFFERING BY EMPLOYEE CLASS

Benefit Offering	Employee Class								
	Status 1	Status 2	Status 3	Status 4	Status 5	Status 6	Status 7	Status 8	Status 9
Medical									
Dental									
Vision									
Basic Employee Life									
Basic Employee AD&D									
Voluntary Life									
Employee									
Spouse									
Child(ren)									
Voluntary STD									
Voluntary LTD									
Employer Paid LTD									
Other Benefit A									
Other Benefit B									
Other Benefit C									
Other Benefit D									
Other Benefit E									
Other Benefit F									
Other Benefit G									

INITIAL HRIS DATA LAYOUT

Employee Demographic & Benefit Election File Specifications						
Field Name	Data Type	Length	Format	Required	Preloaded prior to system use	Description
EMPLOYEE INFORMATION						
Employee ID #	CHAR	20	NNNNNN	X		unique identifier for employee
Employee SSN	CHAR	9	NNNNNNNNN	X		social security number
Location ID#	NUMERIC	6				company location identifier
PIN	CHAR	10	NNNNNN			can be employer assigned
Payroll #(if different)	CHAR	20	NNNNNN			unique identifier for employee
Last Name	CHAR	35		X		last name
First Name	CHAR	25		X		first name
Middle Name	CHAR	25				middle name
Address 1	CHAR	55		X		address
Address 2	CHAR	55				address
City	CHAR	30		X		city
State	CHAR	2		X		state
Zip Code	CHAR	15		X		zip code
Hire Date	DATE	8	mm/dd/ccyy	X		must be valid date
Date of Birth	DATE	8	mm/dd/ccyy	X		must be valid date
Home Phone	CHAR	10	NNNNNNNNN			area code and number
Work Phone	CHAR	10	NNNNNNNNN			area code and number
E-mail Address	CHAR	80				e-mail address
Gender	CHAR	1	M or F	X		employee gender
Smoker Status	CHAR	1	Y or N			does employee smoke
Class/Status	CHAR	10		X		determines eligibility of benefit
Salary/Pay Rate	NUMERIC	12	Annual Salary	X		Salary
Pay Periods/Yr.	NUMERIC	3	1: Yearly 12: Monthly 24: Semi-Monthly 26: Bi-Weekly 52: Weekly 365: Daily Other			

INITIAL HRIS DATA LAYOUT

Employee Demographic & Benefit Election File Specifications						
Field Name	Data Type	Length	Format	Required	Preloaded prior to system use	Description
BENEFITS INFORMATION						
Med Option Code	CHAR	N/A		X		HMO, POS, PPO Codes
Med Cov Code	CHAR	N/A		X		Ee, Ee+Sp, Ee+Cjh, Family
Med Ded Amt	NUMERIC	N/A				- optional
Med Eff Beg Date	Date	N/A	mm/dd/ccyy			- optional
Den Option Code	CHAR	N/A		X		Dental option code – DPO etc.
Den Cov Code	CHAR	N/A		X		Ee, Ee+Sp, Ee+Cjh, Family
Den Ded Amt	NUMERIC	N/A				- optional
Den Eff Beg Date	Date	N/A	mm/dd/ccyy			- optional
Vis Option Code	CHAR	N/A		X		Vision option code
Vis Cov Code	CHAR	N/A		X		Ee, Ee+Sp, Ee+Cjh, Family
Vis Ded Amt	NUMERIC	N/A				- optional
Vis Eff Beg Date	Date	N/A	mm/dd/ccyy			- optional
BasicLifeCode	CHAR	N/A				
BasicLifeAmt	NUMERIC	N/A	100,000			
BLife Eff Beg Date	Date	N/A	mm/dd/ccyy			
AD&DCCode	CHAR	N/A				
AD&DAmt	NUMERIC	N/A	100,000			
AD&D Eff Beg Date	Date	N/A	mm/dd/ccyy			
SuppLifeCode	CHAR	N/A				
SuppLifeAmt	NUMERIC	N/A	50,000			
SuppLifeDed	NUMERIC	N/A				
SLife Eff Beg Date	Date	N/A	mm/dd/ccyy			
DepLifeCode	DATE	N/A				
DepLifeAmt	NUMERIC	N/A				
DepLifeDed	NUMERIC	N/A				
DLife Eff Beg Date	Date	N/A	mm/dd/ccyy			
ESuppAD&DCCode	CHAR	N/A				
ESuppAD&DAmt	NUMERIC	N/A	100,000			
ESuppAD&DDed	NUMERIC	N/A				
Esupp Eff Beg Date	Date	N/A	mm/dd/ccyy			
SSuppAD&DCCode	CHAR	N/A				
SsuppAD&DAmt	NUMERIC	N/A	50,000			
SsuppAD&DDed	NUMERIC	N/A				
Ssupp Eff Beg Date	Date	N/A	mm/dd/ccyy			
CsuppAD&DCCode	CHAR	N/A				
CsuppAD&DAmt	NUMERIC	N/A	10,000			
CsuppAD&DDed	NUMERIC	N/A				

INITIAL HRIS DATA LAYOUT

Employee Demographic & Benefit Election File Specifications						
Field Name	Data Type	Length	Format	Required	Preloaded prior to system use	Description
Csupp Eff Beg Date	Date	N/A	mm/dd/ccyy			
LTDCode	CHAR	N/A				
LTDAMt	NUMERIC	N/A				
LTDDEd	NUMERIC	N/A				
LTD Eff Beg Date	Date	N/A	mm/dd/ccyy			
FSAHealthCode	CHAR	N/A				
FSAHealthAmt	NUMERIC	N/A	3,000			
FSADepCode	CHAR	N/A				
FSADepAmt	NUMERIC	N/A	5,000			

INITIAL HRIS DATA LAYOUT

Employee Demographic & Benefit Election File Specifications						
Field Name	Data Type	Length	Format	Required	Preloaded prior to system use	Description
DEPENDENT INFORMATION						
Employee SSN	CHAR	9	NNNNNNNNN	X		social security number (Key for Dependent Record)
Dep Last Name	CHAR	35		X		last name
Dep First Name	CHAR	25		X		first name
Dep Middle Name	CHAR	25				middle name
Dep Address 1	CHAR	55				address
Dep Address 2	CHAR	55				address
Dep City	CHAR	30				city
Dep State	CHAR	2				state
Dep Zip Code	CHAR	15				zip code
Dep Date of Birth	DATE	8	11/15/1965	X		must be valid date
Dep Relationship	CHAR	9		X		
Dep Gender	CHAR	1	M or F	X		employee gender
Dep SSN	CHAR	9	NNNNNNNNN			Dep SSN if available

TRICERION DEMOGRAPHIC LAYOUT

File Format: Comma Separated Values (.csv)

File Naming: [Client Name][Company Number][File Date Stamp].csv

File Content: Changes Only

Field #	Data Element	Start Pos.	Length	Format	Description
1	Employee Number	1	9	9(9)	Required Ex. 123456
2	Employee SSN	10	9	X(9)	Required Ex. 123456789
3	Company Number	19	3	X(3)	Required (Facility Number) See Attached Ex. 123
4	PIN	22	10	X(10)	Optional
5	Payroll Number	32	20	X(20)	Optional
6	Last Name	52	35	X(35)	Required
7	Middle Name	87	25	X(25)	Optional
8	First Name	112	25	X(25)	Required
9	Mailing Address Line 1	137	55	X(55)	Required
10	Mailing Address Line 2	192	55	X(55)	Optional
11	Mailing City	247	30	X(30)	Required
12	Mailing State	277	2	X(2)	Required
13	Mailing Zip Code	279	10	X(10)	Required Ex. 12345-1234
14	Home Phone	289	10	X(10)	Optional
15	Work Phone	299	10	X(10)	Optional
16	Work E-mail	309	80	X(80)	Optional
17	Gender	389	1	X(1)	Required Valid Values: M, F
18	Smoker Status	390	1	X(1)	Optional Valid Values: Y, N
19	Birth Date	391	10	X(10)	Required MM/DD/CCYY
20	Original Hire Date	401	10	X(10)	Required MM/DD/CCYY
21	Current Hire Date	411	10	X(10)	Required MM/DD/CCYY
22	Employment Status	421	5	X(5)	Required Valid Values: (CLIENT PROVIDES)
23	Termination Date	426	10	X(10)	Required w/Termination Employment Status MM/DD/CCYY
24	Employee Type	436	5	X(5)	Optional Valid Values: (CLIENT PROVIDES)
25	Employee Type Effective Date	441	10	X(10)	Required w/Employee Type MM/DD/CCYY
26	Manager Code	451	5	X(5)	Optional Valid Values: (CLIENT PROVIDES)
27	Manager Code Effective Date	456	10	X(10)	Required w/Manager Code MM/DD/CCYY
28	Pay Periods/Yr.	466	3	X(3)	Required Valid Values: 1: Yearly 12: Monthly 24: Semi-Monthly 26: Bi-Weekly 52: Weekly 365: Daily

TRICERION DEMOGRAPHIC LAYOUT

Field #	Data Element	Start Pos.	Length	Format	Description
29	Per Pay Period Work Hours	469	5	9(3)V99	Optional
30	Employee Pay Rate	474	10	9(8)V99	Optional
31	Employee Annual Base Salary	484	10	9(8)V99	Required
32	Job Code	494	6	X(6)	Required
33	Job Title	500	25	X(25)	Required
34	Change Indicator	525	1	X(1)	Required Valid Values: A, C, E, I, N, T, S See Note Below
35	Filler	526	9	X(9)	Optional
36	Filler	535	9	X(9)	Optional
37	Filler	544	9	X(9)	Optional
38	Filler	553	10	9(8)V99	Optional

TRICERION DEMOGRAPHIC LAYOUT

Field #	Data Element	Start Pos.	Length	Format	Description
Note: Change Indicator Valid Values are determined as follows:					
"A"	If an Employee SSN appears on the current file for the first time, and Employee Status, Employee Type or, if an Employee SSN moves from a Termination Employment Status to an Active or Inactive Employment				
"C"	All other Records that do not deliver the Change Indicator valid value of "A", "E", "I", "N" OR "T" (implying any change in employee's record on the current file)				
"E"	If an Employee SSN is in an Active or Inactive Employment Status, and their Employment Type and/or Manager Code changes to become benefits eligible. (implying active employee changing to a benefits				
"I"	If an employee SSN moves from an Active or Inactive Employment Status to an Involuntary Termination Employment Status and is no longer benefits eligible. (implying an employment termination making them benefits ineligible)				
"S"	If an Employee SSN is in an Active and there is a change in salary necessitating an update to related benefit amounts and/or premium/dedication calculations.				
"N"	If an Employee SSN is in an Active or Inactive Employment Status, and their Employment Type and/or Manager Code changes to become benefits ineligible. (implying an active employee changing to a benefits ineligible employment status)				
"T"	If an employee SSN moves from an Active or Inactive Employment Status to a Voluntary Termination Employment Status and is no longer benefits eligible. (implying an employment termination making them benefits ineligible)				

MEDICAL PLAN INFORMATION

Plan Rate Information							
Carrier Name	Employee Status	Benefit Option Name	Pre-taxed	Coverage Tiers	EeMonthly Cost	ErMonthly Cost	
[Enter Carrier Name]		[Enter Benefit Option Name]	Yes/No		\$0.00	\$0.00	

DENTAL PLAN INFORMATION

Plan Rate Information

Carrier Name	Employee Status	Benefit Option Name	Pre-taxed	Coverage Tiers	EeMonthly Cost	ErMonthly Cost
[Enter Carrier Name]		[Enter Benefit Option Name]	Yes/No		\$0.00	\$0.00

BASIC LIFE AD2/19/2010 INFORMATION

Plan Rate Information						
Carrier	Employee Status	Benefit	Pre-taxed?	Limits	Age Reduction	Employer Paid
[Enter Carrier Name]						

Carrier/Plan	Voluntary Age Banded Life Rates	
	Monthly Ee Contribution	Monthly Er Contribution
[Carrier Name] [Life Plan Name]		
0-24 (per \$1000)	\$0.05	\$0.00
25-29	\$0.06	\$0.00
30-34	\$0.08	\$0.00
35-39	\$0.10	\$0.00
40-44	\$0.13	\$0.00
45-49	\$0.20	\$0.00
50-54	\$0.31	\$0.00
55-59	\$0.53	\$0.00
60-64	\$0.73	\$0.00
65-69	\$1.37	\$0.00
70-74	\$2.22	\$0.00
75-79	\$2.22	\$0.00
80+	\$2.22	\$0.00

Carrier/Plan	Voluntary Age Banded Life Rates	
	Monthly Ee Contribution	Monthly Er Contribution
[Carrier Name] [Life Plan Name]		
0-24 (per \$1000)	\$0.05	\$0.00
25-29	\$0.06	\$0.00
30-34	\$0.08	\$0.00
35-39	\$0.10	\$0.00
40-44	\$0.13	\$0.00
45-49	\$0.20	\$0.00
50-54	\$0.31	\$0.00
55-59	\$0.53	\$0.00
60-64	\$0.73	\$0.00
65-69	\$1.37	\$0.00
70-74	\$2.22	\$0.00
75-79	\$2.22	\$0.00
80+	\$2.22	\$0.00

EMPLOYER PAID LTD INFORMATION

Plan Rate Information					
Carrier	Employee Status	Benefit	Evidence of Insurability Rules	Limits	Employer Paid Per Pay Cost
[Enter Carrier Name]					
			STD		
			LTD		

VOLUNTARY LTD INFORMATION

Plan Rate Information						
Carrier	Employee Status	Benefit	Evidence of Insurability Rules	Limits	Employer Paid Per Pay Cost	Calculations
[[Enter Carrier Name]]						
STD						
LTD						

VOLUNTARY STD INFORMATION

Plan Rate Information						
Carrier	Employee Status	Benefit	Pre-taxed?	Limits	Employee Paid	Per Pay Cost
[Enter Carrier Name]		FSA/Transit & Parking	Yes/No	\$2,500 Medical Spending; \$5,000 Dependent Care		\$5 Monthly Administrative Fee

EAP INFORMATION

Plan Rate Information			
Carrier	Employee Status	Benefit	Employer Paid?
[Enter Carrier Name]		EAP	Yes/No

Over Age Dependent Report

EID	LAST NAME	FIRST NAME	CITY	ST	ZIP	DEP ID	AGE	DEP FIRST NAME	DEP LAST NAME	RELATION	BIRTH DATE	FT STUDENT	DISABLED	MEDICAL	DENTAL	VISION
149387064	GREEN	SUE	ATLANTA	GA	30308	2	24	Sarah	Adams	CH	1985-11-20	Y	N	APPO	DPLAN	VISYE
105333598	AGBE	ADEMIKE	STOCKBRIDGE	GA	30281	3	24	RAMOT	AGBE	CH	1985-08-11	Y	N	AHMO	DPLANH	VISYE
104112811	ALEXANDER	CYNTHIA	STOCKBRIDGE	GA	30281	2	23	MORGAN	ALEXANDER	CH	1987-01-18	Y	N	AHMO	DPLANH	VISYE
104417296	RANDOLPH	STEPHANIE	ATLANTA	GA	30315	1	23	NICHOLAS	ALLEN	CH	1986-12-29	Y	N	AKAIS	DPLAN	VISYL
102671054	OWENS	LINDA	EAST POINT	GA	30344	2	23	Richard	ASHLEY	CH	1986-06-18	Y	N	AKAIS	DPLAN	VISYL
101242267	BASKERVILLE	DALE	COLLEGE PARK	GA	30349	1	24	DESMOND	BASKERVILLE	CH	1985-12-13	Y	N	APPO	DPLAN	VISYL
1063522743	NYANDERH	ROSEMARY	TUCKER	GA	30084	1	24	SANDRA	BEDIAKO	CH	1985-12-03	Y	N	AHMO	DPLANH	VISYE
105356629	LOWERY	WINONA	HAMPTON	GA	30228	2	24	RODNEY	BEE	CH	1985-11-09	Y	N	AHMO	DPLANH	VISYE
126603689	BEGIN	SUZANNE	ACWORTH	GA	30101	1	25	TIFFANY	BEGIN	CH	1984-06-22	Y	N	AHMO	DPLANH	VISYE
106314662	HARRISON	CHELYN	MARIETTA	GA	30007	2	25	RAYMOND	BUTTS JR	CH	1984-10-08	Y	N	AHMO	DPLANH	VISYE
104594082	COLE	JOHN	ELLENWOOD	GA	30294	2	24	Triffany	Cole	CH	1985-11-01	Y	N	AHMO	DPLANH	VISYE
146836218	COOK	MALINDA	ATLANTA	GA	30317	1	23	Lelav	Cook	CH	1986-11-16	Y	N	AHMO	DPLANH	VISYE
104693254	DAWONDE	FEMUSU	ELLENWOOD	GA	30294	4	23	Satir	Dawonde	CH	1986-09-16	Y	N	AHMO	DPLANH	VISYE
104999996	DECAMP	MICHAEL	DORAVILLE	GA	30340	4	25	GEORGE	DECAMP	CH	1984-07-24	Y	N	AHMO	DPLANH	VISYE
104999996	DECAMP	MICHAEL	DORAVILLE	GA	30340	2	25	DANIEL	KUECHER	CH	1984-06-06	Y	N	AHMO	DPLANH	VISYE
104999996	DECAMP	MICHAEL	DORAVILLE	GA	30340	3	25	DAVID	KUECHER	CH	1984-06-09	Y	N	AHMO	DPLANH	VISYE
104999996	DECAMP	MICHAEL	DORAVILLE	GA	30340	6	24	ELIZABETH	KUECHER	CH	1986-01-01	Y	N	AHMO	DPLANH	VISYE
106391336	ENAGBAREE	JOY	GRAYSON	GA	30017	5	23	YVONNE	ENAGBARE	CH	1986-11-06	Y	N	AHMO	DPLANH	VISYE
107135341	FAMODJUN	OLUBUNMI	AUSTELL	GA	30168	4	23	ADEBIMPE	FAMODJUN	CH	1986-09-16	Y	N	AHMO	DPLANH	VISYL
101402578	FIELDS	AUDREY	LITHONIA	GA	30038	2	25	GENEVA	FIELDS	CH	1984-03-21	Y	N	AHMO	DPLANH	VISYL
101043580	FINCH	ELLEN	ELLENWOOD	GA	30294	2	24	ife	Finch	CH	1985-02-12	Y	N	APPO	DPLANH	VISYL
100171643	GLUCK	ROBERT	MARIETTA	GA	30064	1	23	DAVID	GLUCK	CH	1986-04-05	Y	N	AHMO	DPLANH	VISYL
104007773	GREEN	JILL	DOUGLASVILLE	GA	30134	1	23	YENTYL	GREEN	CH	1986-07-05	Y	N	AHMO	DPLANH	VISYL
100100817	GREY-HANNON	OLIVE	ST. MOUNTAIN	GA	30088	1	25	AARON	GREY HANNON	CH	1984-11-01	Y	N	AHMO	DPLANH	VISYL
106377554	HAILE	NIGHTI	STONE	GA	30034	1	25	LULA	HAILE	CH	1984-07-22	Y	N	AKAIS	DPLANH	VISYL
102411962	HARDRICK-MCCLENDO	FREDA	MOUNTAIN	GA	30344	1	24	FREDRICKA	HARDRICK	CH	1985-11-14	Y	N	APPO	DPLANH	VISYL
104085485	HARROLD	FERNANDO	CONYERS	GA	30013	2	23	PHILLIP	HARROLD	CH	1986-05-29	Y	N	AHMO	DPLANH	VISYE
103924459	HEAD	ANITA	ATLANTA	GA	30311	1	23	Jessica	Head	CH	1986-09-21	Y	N	AHMO	DPLANH	VISYE
100313959	HOLMES	MARLENE	JONESBORO	GA	30236	3	23	CHRISTOPHER	HOLMES	CH	1986-04-28	Y	N	AHMO	DPLANH	VISYL
105204977	MAINER	PHYLLIS	STOCKBRIDGE	GA	30281	3	23	Jessica	Holt	CH	1986-05-28	Y	N	AHMO	DPLANH	VISYL
147967016	HUGHES	HUGHES	SNELLVILLE	GA	30039	1	23	LaToya	Hughes	CH	1986-09-20	Y	N	AHMO	DPLANH	VISYL
104791525	YELLOW	FLORENCE	MCDONOUGH	GA	30253	1	23	DERIANNE	JEFF EKE	CH	1986-11-20	Y	N	AHMO	DPLANH	VISYE
104791525	YELLOW	FLORENCE	MCDONOUGH	GA	30253	3	24	IMADOL	JEFF EKE	CH	1986-07-11	Y	N	AHMO	DPLANH	VISYE
100889763	JOHNSON	ELIAD	LITHONIA	GA	30058	1	32	BRENT	JOHNSON	CH	1977-03-19	Y	Y	AHMO	DPLANH	VISYL
104468718	KINNEBREW-JONES	SHARON	ST. MOUNTAIN	GA	30087	2	23	jonathan	Jones	CH	1986-07-09	Y	N	AHMO	DPLANH	VISYL
104619448	JENNINGS	RENATA	ATLANTA	GA	30631	2	24	MEGHAN	JONES	CH	1985-04-09	Y	N	AHMO	DPLANH	VISYE
106778206	FREDERIKSEN	ELNORA	DECATUR	GA	30034	2	24	taisha	king	CH	1985-11-21	Y	N	AHMO	DPLANH	VISYE
100862038	KIPP	MAVONI	COVINGTON	GA	30014	3	23	Sraanya	Kipp	CH	1986-05-19	Y	N	AHMO	DPLANH	VISYL
150283190	LAMBERT	LYNN	CLARKSVILLE	TN	37043	1	24	Alyson	Lambert	CH	1985-09-08	Y	N	APPO	DPLANH	VISYE
102188946	LAMSON	NINA	DECATUR	GA	30030	2	23	Thomas	Lamson	CH	1986-04-05	Y	N	AHMO	DPLANH	VISYL
101143721	LONG JR.	EDWARD	LAWRENCEVILLE	GA	30044	1	23	MICHAEL	LONG	CH	1986-09-17	Y	N	AHMO	DPLANH	VISYL
100523338	BOYARDELLE	GRETA	DALLAS	GA	30157	1	28	JANINE	LOPEZ	CH	1981-03-17	N	Y	AHMO	DPLANH	VISYL
149526782	MCCARTHY	SUE	ATLANTA	GA	30339	2	25	Derek	McCarthy	CH	1984-10-03	Y	N	AHMO	DPLANH	VISYL
101947811	MCCLENDON	KARL	ATLANTA	GA	30310	1	25	CORINNE	MCCLENDON	CH	1984-09-29	Y	N	AHMO	DPLANH	VISYL
102941695	MCMAHAN	TIMOTHY	JACKSON	GA	30033	2	27	John	McMahan	CH	1982-02-23	Y	Y	AKAIS	DPLANH	VISYL
102213664	MCRAE	GUY	ELLENWOOD	GA	30049	1	23	DAWN	MCRAE	CH	1986-09-18	Y	N	AHMO	DPLANH	VISYL
105353502	NGASSAM	MARIE	SNELLVILLE	GA	30039	5	24	CHRISTELLE	MENGUE	CH	1986-01-17	Y	N	AHMO	DPLANH	VISYL
106919367	ANDRE	GERALDINE	ALPHARETTA	GA	30022	2	25	Timothy	Monddor	CH	1984-06-17	Y	N	AHMO	DPLANH	VISYE
102619712	SMITH	LERA	ATLANTA	GA	30315	2	24	LEERISA	MORRIS	CH	1985-09-07	Y	N	AHMO	DPLANH	VISYL
102619712	SMITH	LERA	ATLANTA	GA	30315	1	33	Aaron	Pierce	CH	1976-05-24	Y	Y	AHMO	DPLANH	VISYL
106154054	MPZEZO	MANDI	COLLEGE PARK	GA	30349	4	23	CHANTAL	MPZEZO	CH	1986-11-23	Y	N	AHMO	DPLANH	VISYL
106395461	OBRIEN	TERESA	FAYETTEVILLE	GA	30214	5	23	JANE	OBRIEN	CH	1987-01-07	Y	N	AHMO	DPLANH	VISYL
102342078	PARKS	BARBARA	ATLANTA	GA	30315	1	26	SHERITHIA	PARKS	CH	1984-01-23	Y	N	AHMO	DPLANH	VISYL
104097033	SHERLENE	SHERLENE	DOUGLASVILLE	GA	30134	2	34	Gabriel	Pue	CH	1975-07-05	N	Y	AHMO	DPLANH	VISYL
106659429	RODRIGUEZ	WALDINA	TUCKER	GA	30084	3	23	MANUEL	RODRIGUEZ	CH	1986-11-19	Y	N	AHMO	DPLANH	VISYL
100571000	SAMONTE	BERNARDO	LAWRENCEVILLE	GA	30046	2	23	RUBY	SAMONTE	CH	1986-04-07	Y	N	AHMO	DPLANH	VISYL
101524877	SANDERS	DEBORAH	LITHONIA	GA	30038	1	24	AUSTIN	SANDERS	CH	1985-06-02	Y	N	AHMO	DPLANH	VISYL
101087000	CHIU	WUJAN-MEI	JOHNS CREEK	GA	30022	2	23	JONATHAN	SHAW	CH	1986-12-28	Y	N	APPO	DPLANH	VISYL
101087000	CHIU	WUJAN-MEI	JOHNS CREEK	GA	30022	3	25	TIMOTHY	SHAW	CH	1984-12-11	Y	N	APPO	DPLANH	VISYL
104630143	SHEARD	SAMMY	ALBANY	GA	31706	3	23	FRANCES	SHEARD	CH	1986-04-20	Y	N	APPO	DPLANH	VISYL
147664421	DUNN	KENNEDY	NEWMAN	GA	30265	3	24	Collette	Small	CH	1985-12-02	Y	N	APPO	DPLANH	VISYL
103793448	SMALLWOOD	VERONICA	ATLANTA	GA	30331	1	23	SHOWARI	SMALLWOOD	CH	1986-04-01	N	Y	AHMO	DPLANH	VISYL

Over Age Dependent Report

103728750	VICHETICH	M ANGELICA	ATLANTA	GA	30307	1	25	Tyler	CH	1985-01-30	Y	N	APPO	DPLAN
103395238	SMITH	JOYCE	ATLANTA	GA	30331	2	24	Tavers	CH	1985-05-17	Y	N		DPLAN
105507462	MONGER	BEATRICE	LAWRENCEVILLE	GA	30044	4	24	Princess	CH	1985-11-12	Y	N	AHMO	VISYE
100528910	ST. FLEUR	MARIE	DECATUR	GA	30032	2	23	Patrick	CH	1986-05-01	Y	N	AHMO	VISYL
102628848	WILLIS	BRENDA	ELLENWOOD	GA	30294	2	24	ERICA	CH	1985-11-07	Y	N	APPO	VISYE
103776446	TOOLE	ARLENE	FAYETTEVILLE	GA	30214	1	25	Kimberly	CH	1984-05-12	Y	N		
104230897	UMOJA	THERESA	LITHONIA	GA	30058	1	23	askia	CH	1986-05-17	Y	N	AHMO	DPLANH VISYL
149890224	WILLIARD	KAREN	MCDONOUGH	GA	30252	2	23	Andrew	CH	1986-11-28	Y	N	AHMO	VISYL
101408177	WESTBROOK	DOROTHY	ATLANTA	GA	30331	1	23	lamara	CH	1986-03-10	N	Y	AHMO	
100308278	WHITE	PAULINE	ST. MOUNTAIN	GA	30083	2	24	Odessa	CH	1985-11-10	Y	N	AHMO	VISYE
101856374	WELBORN	CYNTHIA	ROSWELL	GA	30075	1	23	Jennifer	CH	1986-04-02	Y	N	AHMO	

Employee Census

Application: 21598

FT Active Managers (1.0 MGR)

Employee Status	Gender	Date of Birth	Hire Date	Salary	Pay Frequency	Dependents	Zip Code
FT Active Managers (1.0 MGR)	F	9/27/1950	10/1/1975	\$65,561.60	26	1	28676
FT Active Managers (1.0 MGR)	F	8/4/1955	9/30/1985	\$60,777.60	26	0	28621
FT Active Managers (1.0 MGR)	M	6/16/1944	7/5/1982	\$93,288.00	26	0	28621
FT Active Managers (1.0 MGR)	F	5/31/1971	9/2/1997	\$64,833.60	26	0	28642
FT Active Managers (1.0 MGR)	F	4/3/1944	9/20/1989	\$48,360.00	26	0	28621
FT Active Managers (1.0 MGR)	F	1/18/1953	11/17/1975	\$74,609.60	26	0	28621
FT Active Managers (1.0 MGR)	F	5/16/1957	6/19/1978	\$86,694.40	26	0	28676
FT Active Managers (1.0 MGR)	F	11/11/1964	3/14/2006	\$69,659.20	26	0	28659
FT Active Managers (1.0 MGR)	F	12/30/1950	12/24/1995	\$63,273.60	26	0	28676
FT Active Managers (1.0 MGR)	F	4/10/1955	1/8/1982	\$82,409.60	26	0	28621
FT Active Managers (1.0 MGR)	F	12/15/1945	10/1/1967	\$63,107.20	26	0	28642
FT Active Managers (1.0 MGR)	F	9/23/1951	3/1/1990	\$80,329.60	26	0	27011

EOI Report

EID	Name	Call ID	Call Date	Benefit Name	Option	Elected Amt	Covered Amt	EOI Description
20481								
06633	PACE	11395934	11/9/2009	Supplemental Life Insurance	30	\$300,000.00	\$100,000.00	Eligible Insurance Amount
09697	KENNEDY	11397276	11/9/2009	Supplemental Life Insurance	20	\$200,000.00	\$100,000.00	Eligible Insurance Amount
09697	KENNEDY	11397276	11/9/2009	Spousal Life Insurance	10	\$50,000.00	\$25,000.00	Eligible Insurance Amount
09132	ROWLES	11451344	11/10/2009	Supplemental Life Insurance	50	\$500,000.00	\$0.00	Current Increase > Allowed EOI
09768	MCRAE	12058133	11/30/2009	Supplemental Life Insurance	8	\$80,000.00	\$0.00	Current Increase > Allowed EOI
01228	VANLANDINGH AM	12251944	12/8/2009	Supplemental Life Insurance	15	\$120,000.00	\$0.00	Current Increase > Allowed EOI
05157	PERRY	12375976	12/17/2009	Spousal Life Insurance	11	\$55,000.00	\$25,000.00	Eligible Insurance Amount
08663	THRASHER	12399496	12/20/2009	Spousal Life Insurance	20	\$100,000.00	\$0.00	Current Increase > Allowed EOI
07122	WEAVER	12424676	12/22/2009	Supplemental Life Insurance	20	\$200,000.00	\$100,000.00	Eligible Insurance Amount

Life Event Report

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Application ID: 21531

EID: 542197648 SSN: 542- Name: Michelle Allum

Confirmation #	Life Event Description	Admin Status	Life Event Date	Date 10	Notice Sent	Comments
12851527	ADMXADD - Admin Exception Add Benefits	A	1/1/2010	2/11/2010		Auto-Approve

Benefit	Option	Coverage Level
Medical	BCBUYUP	EE
Dental	DPLANH	EE
Vision	WVE	

EID: 431598771 SSN: 431- Name: Julia Baugh

Confirmation #	Life Event Description	Admin Status	Life Event Date	Date 10	Notice Sent	Comments
12871901	ADMXADD - Admin Exception Add Benefits	A	1/1/2010	2/15/2010		Auto-Approve

Benefit	Option	Coverage Level
Medical	BCBUYUP	EE
Dental	DPLANH	EE
Vision	VISY	EE

EID: 591668815 SSN: 591- Name: Niya Kyovonne Bennett

Confirmation #	Life Event Description	Admin Status	Life Event Date	Date 10	Notice Sent	Comments
12867992	TERMDEP - Terminate Dependent	A	2/28/2010	2/15/2010		JL

Benefit	Option	Coverage Level

Medical	BCCORE	EE
Dental	DPLANH	EC
Vision	WVE	
Generic Health 3	WAIVE	

EID: 468847723 SSN: 468- Name: Debra Bever

Confirmation #	Life Event Description	Admin Status	Life Event Date	Date 10	Notice Sent	Comments
12877123	NHY_1 - New Eligible - Eligible	A	2/1/2010	2/16/2010		Auto-Approve

Benefit	Option	Coverage Level
Medical	OPOUT	
Dental	DWAIV	
Vision	WVE	
Supplemental Life Insurance	WAIVE	
Basic Life Insurance	BL2	
Generic Health 3	WAIVE	
Voluntary 1	INGSTD	



Carrier/Client References

Carriers

Unum	Ed Thomas	Voluntary Benefits National Practice ethomas@unum.com	(704)571-3616
Allstate	Walter Jones	Vice President walter.jones@allstate.com	(904)992-3443

Clients

2+ years	Simone Giordano	Medical Staffing Network 3000 employees simonegiordano@msnhealth.com	Boca Raton, FL 561-322-1913
	Thad Reese	Grady Health System 5000 employees mbrooks@gmh.edu	Atlanta, GA (404)616-1944
3-6 mos.	Reese Reynolds	Cott Beverages 1100 employees rreynolds@cott.com	Tampa, FL 813-313-1713
	Diane Mercier	MIMA 1200 employees diane.mercier@mima.com	Melbourne, FL (321) 725-4500 ext. 3615
Ex-Customer	Thomas MacAlpine	Tatum, Inc. 900 employees lost 12/31/2009 due to consultant relationship change Thomas.macalpine@tatumllc.com	Atlanta, GA 404.418.4725

(This is the only customer lost in the history of Tricerion)



Quality Assurance

A standard part of the application deployment process of any client application is thorough testing to ensure appropriate plans/rates/content is being displayed to the users of the system. This includes careful review and testing of all plan rates, content and employee/dependent demographic data prior to loading to production. Additionally as a part of the deployment process, Tricerion utilizes an iterative approach to application configuration and testing. Tricerion reviews and tests the application and then invites the customer to engage in their own testing as a part of the deployment to assure the required end result. Once an issue is found it is documented and assigned to the appropriate resource to correct.

The file build and delivery process undergoes the same through coding and testing cycle as the application. Working closely with the carriers to code and send production data in the format expected. Additionally Tricerion reviews each file prior to sending it on to the carrier or payroll for testing or production. No file is sent to the carrier or payroll without a close review to assure it is passing date correctly and accurately. The attached Service Level Summary outlines our process in additional detail.



Tricerion Group Differentiators

- I. Experience; entire implementation team has been in this space since the mid-to-late 1990's, primarily as founding group of Employease (first online enrollment and administration system)
- II. Highest quality provider, only one client lost due to consultant change
- III. Typically the lowest cost provider
- IV. High-touch customer service model; We are not an 800 number and a call triage. You work with one main point of contact and get to know them personally, and vice-versa
- V. Understanding of voluntary benefit space; no other benefit administration firm in the industry has the experience or has done as much to integrate the voluntary benefit products and carriers into online delivery