

State of South Dakota - Life & Disability

Vendor Information	Vendor Name
	Response Required
Sales Executive	
Full Name:	
Title:	
Location Address:	
Phone Number:	
Email Address:	
Financial Information	
What is the legal name of the underwriting unit for this proposal?	
What is the current A.M. Best Rating?	
As of what date?	
What is the current Standard & Poors Rating?	
As of what date?	
General Information	
Yes/No - Are you able to offer and administer the current plan provisions for:	
Basic Life	
Basic AD&D	
Supplemental Employee Life	
Supplemental Employee AD&D	
Supplemental Family Life	
Supplemental Family AD&D	
Voluntary STD	
Are the proposed rates net-of-commissions?	
If not, explain.	
Additional comments on proposed rates	

Employer Provided Basic Life & AD&D

	Inforce Plan			Vendor Name & Responses
Basic Life & AD&D (per \$1,000)	Lives	Volumes	Inforce	
All Active	12474	\$311,850,000	\$0.110	
Monthly Cost	12474	\$311,850,000	\$34,304	\$0
Annual Cost			\$411,642	\$0
Amount Changed from Current				-\$411,642
% Change from Current				-100.0%

Basic Dependent Life

Rate Basis: PEPM

	Inforce Plan			Vendor Response
Class	Lives		Inforce	Proposed Rates
All Employees	2697		\$2,220	
Monthly Cost			\$5,987	\$0
Annual Cost			\$71,848	\$0
Amount Changed from Current				-\$71,848
% Change from Current				-100.0%

Employee Supplemental Life & AD&D

Rate Basis: Per \$1,000

	Inforce Plan			Vendor Name & Responses
Age	Lives	Volumes	Inforce	Proposed Rates
Member Age [0-24]	132	5,471,000	\$0.05	
Member Age [25-29]	364	17,664,000	\$0.05	
Member Age [30-34]	510	42,347,000	\$0.06	
Member Age [35-39]	700	73,879,000	\$0.08	
Member Age [40-44]	763	93,729,000	\$0.09	
Member Age [45-49]	726	95,859,000	\$0.13	
Member Age [50-54]	794	100,190,000	\$0.19	
Member Age [55-59]	763	105,162,000	\$0.29	
Member Age [60-64]	621	73,928,000	\$0.43	
Member Age [65-69]	202	18,791,000	\$0.81	
Member Age [70+]	41	5,443,000	\$1.31	
Monthly Cost	5616	\$632,463,000	\$221,519	\$0
Annual Cost			\$2,658,228	\$0
Amount Changed from Current				-\$2,658,228
% Change from Current				-100.0%

State of South Dakota - Life & Disability

	Inforce Plan - Voya		Vendor Name & Responses	
General Information	Basic Life/AD&D	Voluntary Life/AD&D	Basic Life/AD&D	Voluntary Life/AD&D
Class I				
Class Definition	All Active Employees, in a permanent position, working 20+ hours per week at least 6 months per year			
Eligibility Waiting Period	First of the month following date of hire	First of the month following date of hire		
Life Benefit	\$25,000	1-7x Basic Yearly Earnings; Supp Life and Supp AD&D are elected separately		
Earnings Definition	N/A flat amount	Basic Salary Only		
Maximums				
Overall Max	N/A	Up to 7x their annual salary, up to \$1,000,000		
GI Max	N/A	6-7x salary coverage, or over \$400,000, or increase outside of their 30-day new hire enrollment period		
Coverages included in GI Max (I.e., Supp coverages?)	N/A	Basic and Supp		
Rounding Description	N/A	Increments of \$10,000		
Reductions				
Coverage End Date	Terminates at Retirement	Terminates at Retirement		
Additional Information				
Accelerated Death Benefit (ABO)	Included	Included		
Portability	None	Included		
Conversion	Included	Included		
Dependent Coverage				
Employer or Employee Paid	Employer	Employee		
Spouse Benefit	N/A	\$10,000 on all covered dependents		
Overall Max	N/A	\$10,000		
GI Max	N/A	\$10,000		
Child Benefit	N/A	Included in dependent benefit (see Spouse)		
AD&D				
Loss of Life	Included	Included		
Schedule of AD&D losses	Included	Included		
Seat belt	Included	Included		
Airbag	Included	Included		
Other Comments Regarding Plan Design				
Life Disability Provision	Waiver of Premium is not included currently	Waiver of Premium is not included currently	Provide cost, if additional, to add Waiver	Provide cost, if additional, to add Waiver
Identify any other deviations from the current plans				

State of South Dakota - Short Term Disability

	Inforce Plan - Unum			Vendor Name & Responses
STD per month	Lives	Volumes	Inforce	
Up to \$1200 per week	3883	\$155,170,793	\$0.291 per \$10 weekly benefit	
Monthly Cost	\$ 86,835.00		\$86,835	\$0
Annual Cost	\$ 1,042,020.00		\$1,042,020	\$0
Amount Changed from Current				-\$1,042,020
% Change from Current				-100.0%

	Vendor Name & Responses
Rate Information	
Rate Guarantee End Date	
Describe underlying rate assumptions:	
a) Minimum enrollment assumptions:	
b) Enrollment deviations +/- 15%:	
c) Multi-line Discount	
Rate Caveats	
Confirm Rates Include No Commissions	

State of South Dakota - Life & Disability

Plan Provisions:

STD (Non-Statutory)

	Inforce Plan - Unum	Vendor Name & Responses
General Information	STD	STD
Employer Contribution (Base or Core)	0%; voluntary	
Class I		
Class Definition	All Active Employees, in a permanent position, working 20+ hours per week at least 6 months per year	
Eligibility Waiting Period	6 months after initial enrollment	
Earnings Definition	Monthly Salary, excluding bonuses, fringe benefits, longevity pay, overtime pay, or summer school compensation	
Elimination Period	7 days	
Basic Benefit %	70%	
Basic Max Benefit	\$1,200	
Additional Information		
Maximum Benefit Duration	52 weeks	
Recurrent Disability Provisions	Included	
Limitations		
Pre-Ex Provision	None	

State of South Dakota - Life & Disability

Life & DI Questionnaire

Vendor Name	
Response Required	
Initial Quotation	
Financial Information > Financial Overview Vendor's minimum participation requirements for supplemental life and voluntary STD Vendor's minimum employer contribution levels (confirm 0% employer contribution) Confirm that proposed rates will not be subject to change based on differences between actual enrollment and underwriting information provided in this RFP. Outline any other assumptions that may result in a change to your proposal	
Financial Information > Proposed Rate Development Method What rate guarantee are you offering for this client? (request min of 3 years) Are you willing to offer a contingent guarantee (subject to an incurred loss ratio) in subsequent years beyond this initial period? If yes, provide the loss ratio and the Maximum Increase Loss Ratio: Maximum Increase: Vendor's credibility factors used to generate quote Pooling level Trend Vendor's expected or targeted loss ratios Implementation credit Do you offer an Implementation Credit? Amount: Notes:	
Financial Information > Invoicing Indicate the length of the grace period you will permit for late payment of fees/premiums Indicate interest charge applied for late premium payment	
Financial Information > Underwriting Assumptions Is your proposal contingent on the client's acceptance of any other lines of coverage? Are you offering any multi-line discounts?	
Non-Financial Information Where will customer service staff be located and what are their hours of operation (include time zone)? In a few sentences, explain the customer service options available to members who have questions about this coverage. In a few sentences, explain your claim filing process. (Electronic or paper. Telephonic or web. Submission support.)	

Additionally, describe your claims support process, in a few sentences. Is there an assigned claim representative who will work with the member or beneficiary through out the entire process or absence?

In a few sentences, explain the customer service options available to the State benefits staff for escalated issues.

Will you agree to provide on-site open enrollment support as requested by the State?

Will you agree to design communications to communicate the program to members?

Will you advise and assist the State in preparation of forms and other documentation necessary to fulfill reporting and disclosure requirements?

Will you prepare Summary Plan Descriptions and Plan Summaries by May 1st of each year in order to be available during the Open Enrollment Period?

Will you provide the State with quarterly and annual reporting? Attach sample reports to your proposal as:
"VendorName_QuarterlyRptSample" and
"VendorName_AnnualRptSample".

Did you attach references as "VendorName_References"?

Did you attach your implementation plan as
"VendorName_Implementation Timeline"?

State of South Dakota - Life & Disability
Performance Guarantees

Performance Guarantees
Implementation and Annual Open Enrollment
Claims Administration
Customer Service
Member Satisfaction
Reporting

Vendor Name
Response Required
Initial Quotation