



Hamilton County School Board  
Director of Business Services  
5683 US Highway 129 South, Ste. 1  
Jasper, Florida 32052

**Proposal:**  
RFQ # 18-101: Health Insurance  
Brokerage and Consulting Services

Presented: 5/15/2018

Tyson Johnson  
Area President  
Gallagher Benefit Services, Inc.  
4498 West U.S. Highway 90  
Lake City, Florida 32055



**Gallagher**

Insurance | Risk Management | Consulting





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*Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.*

*This proposal of coverage is intended to facilitate your understanding of the insurance program we have arranged on your behalf. It is not intended to replace or supersede your insurance policies.*





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## Tab 1:

### 3.1.2 Cover Letter and Compliance Information

May 15, 2018

Michael Vinson, CPA, Director of Business Services  
Hamilton County School Board  
Director of Business Services  
5683 US Highway 129 South, Ste. 1  
Jasper, Florida 32052  
Michael.vinson@hamiltonfl.com

**Re: RFQ # 18-101: Health Insurance Brokerage and Consulting Services**

Dear Mr. Vinson:

We are pleased to provide a response to Hamilton County School Board's Request For Qualifications for Health Insurance Brokerage and Consulting Services. Having served the District in this capacity since 2012, Gallagher has a wealth of experience when it comes to understanding Hamilton County School Board's people, its culture, and of course the financial experience of the District's health plan. We also understand the requirements of the RFQ and are prepared to meet the commitments made in our response.

As Area President and Lead Consultant for Hamilton County School Board, I am authorized to submit this response on behalf of Gallagher Benefit Services, Inc., a division of Arthur J. Gallagher & Co. "Gallagher".

We would like to point to some of the things we have accomplished together in partnership with the School Board in recent years.

- Implemented On-Line Enrollment Platform
- Performed over 5,000 employee support transactions since 2015 on behalf of HCSB
- Streamlined plan designs to provide quality coverage and affordable rates
- Successfully negotiated a series of favorable renewals, including one rate reduction and multiple rate holds
- Secured a refund from BCBS of over \$109,000 under a Pro-Share Agreement
- Negotiated a favorable Contingent Premium arrangement, resulting in annual savings of up to \$60,000
- Provided a solution to complex ACA employer reporting requirements
- Improved employee options for dental, vision, and life insurance coverage
- Instrumental in helping HCSB establish a "state of the art" Health Fair experience
- New Voluntary Benefit (guaranteed issue life insurance) made available to all employees and new hires
- Retirees offered one on one meetings, with Medicare eligible retirees presented options to transition to Medicare primary plans, providing retirees more affordable and comprehensive plan options



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- One on One enrollment meetings with Employees

Lastly, we are proud that our 2 local offices in Live Oak and Lake City are staffed with professionals who know you and who truly love to serve you. We have been honored to be a part of the successes experienced by Hamilton County School Board and look forward to continuing to do so for many years to come.

Sincerely,

*Tyson Johnson*

Tyson Johnson  
Area President  
Health & Welfare Consulting



**Gallagher**

Insurance | Risk Management | Consulting

- a. Include under this tab the following signed forms (An original and signature is required. These forms must not be modified in any manner.)
  - i. Vendor's Statement of Qualifications (Appendix A)
  - ii. Public Entity Crimes (Appendix B)
  - iii. Federal Debarment Certifications (Appendix C)
  - iv. Non-Collusion Affidavit (Appendix D)
  - v. Public Records Act/Chapter 119 Requirements (Appendix E)
  - vi. Statement of Affirmation (Appendix F)
  - vii. Drug-Free Workplace Certification (Appendix G)



### 3.1.3: Business Type

The Proposer shall identify the type of business entity involved (e.g.; sole proprietorship, partnership, corporation, joint venture, etc.) The Proposer shall identify whether the business entity is incorporated in Florida, another state, or a foreign country. Indicate years in business; changes in ownership; bank reference; and other information to verify financial responsibility.

Gallagher Benefit Services Inc., a division of Arthur J. Gallagher & Co, is incorporated in the state of Delaware. Arthur J. Gallagher & Co. opened its doors for business in 1927 and is still “growing strong” because of a practiced ability to help clients think ahead. While Gallagher's initial public offering took place in June 1984, it has traded on the NYSE under the symbol AJG since 1987. We have operations in 33 countries and offer client-service capabilities in more than 190 countries around the world through a network of correspondent brokers and consultants. Our brokerage business is conducted from more than 710 sales and service office locations worldwide.

We have provided our business license in Florida and 10-k information to view financial stability of the firm.

- a. If the Proposer is a corporation, provide a copy of the certification from the Florida Secretary of State verifying Proposer’s corporate status and good standing, and in the case of out-of-state corporation, evidence of authority to do business in Florida.

All documentation is provided at the end of this tab.

- b. Provide the Federal Employer Identification Number of the Proposer. In the case of a sole proprietorship or partnership, provide the Social Security numbers for all owners/partners.

FEIN: 36-4291971

- c. Principals: The Proposer must provide the name and address of all persons or entities serving or intending to serve as principals in the Proposer’s firm.

Tyson Johnson, Lead Consultant  
Gallagher Benefit Services, Inc.  
120 East Conner St. Live Oak, FL 32064  
|4498 W U.S. Hwy 90 Lake City, FL 32055

Eric Scott, CEBS, Executive Sponsor  
Gallagher Benefit Services, Inc.  
200 South Orange Ave, Suite 1350  
Orlando, FL 32801



- d. License Sanctions: List any regulatory or license agency sanctions that would impact your ability to complete the Scope of Service. The Board may perform a background check on Proposer with all state and regulatory agencies.

There are no regulatory or agency sanctions that impact our ability to complete the Scope of Services outlined by HCSB.

- e. Drug-Free Workplace: If applicable, provide a statement concerning the Proposer's status as a Drug-Free Work Place. (Reference Appendix E) Responses received which are equal with respect to price, quality, and service and that have provided proper certification that a business has implemented a drug-free workplace program, shall be given preference in the award process.

Please see Appendix E as proof of Gallagher's compliance as a Drug Free Work Place.

- f. Conflict of Interest Statement: See "Statement of Affirmation and Intent" (Refer to Appendix B) included in this package

Please see Appendix B regarding Gallagher having no conflicts of interest with HCSB.

FLORIDA DEPARTMENT of FINANCIAL SERVICES

GALLAGHER BENEFIT SERVICES, INC.

4498 WEST US HWY 90  
LAKE CITY FL 32055

Agency License Number L039043

Location Number: 255354

Issued On 11/30/2006

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jeff Atwater  
Chief Financial Officer  
State of Florida

FLORIDA DEPARTMENT of FINANCIAL SERVICES

GALLAGHER BENEFIT SERVICES, INC.

120 EAST CONNER STREET  
LIVE OAK FL 32064

Agency License Number L039043

Location Number: 255355

Issued On 11/30/2006

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.



Jeff Atwater  
Chief Financial Officer  
State of Florida



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Foreign Profit Corporation

GALLAGHER BENEFIT SERVICES, INC.

### Filing Information

**Document Number** F99000006362

**FEI/EIN Number** 36-4291971

**Date Filed** 12/09/1999

**State** DE

**Status** ACTIVE

### Principal Address

2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

Changed: 04/18/2017

### Mailing Address

2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

Changed: 04/18/2017

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Address Changed: 04/27/2012

### Officer/Director Detail

#### **Name & Address**

Title D

CARAHHER, JOHN J  
2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

Title PD

DURKIN JR, JAMES W  
2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

## Title T

LAZZARO, JACK H  
2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

## Title S

HANES-DOWD, APRIL  
2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

## Title AVP

COYNE, LISA A  
2850 GOLF ROAD  
ROLLING MEADOWS, IL 60008

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2015	04/20/2015
2016	04/25/2016
2017	04/18/2017

**Document Images**

<a href="#">04/18/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/13/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/24/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/09/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/18/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/09/1999 -- Foreign Profit</a>	<a href="#">View image in PDF format</a>

**APPENDIX A**

**Vendor's Statement of Qualifications**

Please provide written responses to the following questions. If the answer to any of the questions is "Yes", Vendor shall describe fully the circumstances, reasons therefore, the current status, and ultimate disposition of each matter that is the subject of this inquiry.

- 1. Has Vendor been declared in default of any contract? Yes  No
- 2. Has Vendor forfeited any payment of performance bond issued by a surety company on any contract? Yes  No
- 3. Has an uncompleted contract been assigned by Vendor's surety company on any payment of performance bond issued to Vendor arising from its failure to fully discharge all contractual obligations thereunder? Yes  No
- 4. Within the past three (3) years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? Yes  No
- 5. Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability? Yes  No
- 6. Is Vendor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? Yes  No
- 7. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies

Arthur J. Gallagher & Co. and its affiliates may be involved in multiple court actions at any given time that are proportionate in number for a broker of our size and profile. Gallagher treats these matters as confidential, and SEC guidelines prohibit us from providing material information in this RFP response that is not currently disclosed to the public. Any material items are noted in reports to the SEC, which are available on investor.ajg.com under Investor Relations > SEC Filings.

8. Provide the following financial information:

\$ 463.10	Earnings before Interest & Taxes
\$ 12,897.40	Total Assets
\$ 6,159.60	Net Sales
\$ 4,164.90	Market Value of Equity (Common & Preferred Stock)
\$ 8,732.50	Total Liabilities
\$ 5,170.60	Current Assets
\$ 4,912.30	Current Liabilities
\$ 6,159.60	Retained Earnings

Authorized Representative's Signature

Gallagher Benefit Services, Inc.

Company Name

State Of: Florida

County Of: Suwannee County | Columbia County

**APPENDIX B**

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted

to School Board of Hamilton County, Florida

by Tyson Johnson, Area President

for Gallagher Benefit Services, Inc. 120 East Conner Street, Live Oak, Florida 32064

Whose business address is: 4498 West U.S. Highway 90, Lake City, Florida 32055

(If applicable) its Federal Employer Identification Number (FEIN) is: 36-4291971

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement on the attached sheet.) Required as per IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes means:

- a. A predecessor or successor of a person convicted of a public entity crime or;
- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those offices, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length agreement, shall be a facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of the entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting those sworn statements. (*Please indicate which statement applies.*)

Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

May 7, 2018  
\_\_\_\_\_

(Date)

STATE OF Florida

COUNTY OF Columbia | Suwannee

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

\_\_\_\_\_  
(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided

above on this 7th day of May, 2018.

\_\_\_\_\_  
**(NOTARY PUBLIC)**

My Commission Expires: \_\_\_\_\_

## **APPENDIX C**

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions**

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled  Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions,  without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment

#### **Certification**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

ED 80-0014, 9/90 (Replaces GCS-009 (REV.12/88), which is obsolete)

**APPENDIX D**

**NON-COLLUSION AFFIDAVIT**

State of Florida

County of Hamilton

\_\_\_\_\_ being first duly sworn, deposes and says that:

(1) He/she is the Owner, Partner, Officer, Representative, or Agent

of the Proposer that has submitted the attached Proposal;

(2) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

(3) Such Proposal is genuine and is not a collusive or sham Proposal;

(4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

(5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed, and delivered in the presence of:

\_\_\_\_\_  
\_\_\_\_\_

**BY:** \_\_\_\_\_

**Printed Name:** Tyson Johnson

**Title:** Area President

## APPENDIX E

### THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA Agreement Rider Maintenance and Public Access to Records

In compliance with Section 119.0701, Florida Statutes (2016) the Vendor shall:

- A. Keep and maintain public records that would ordinarily and necessarily be required by Board in order to perform the services provided by the Vendor. Any documents created by the Vendor related to this contract shall be considered a Public Record. This includes, without limitation, any and all financial, accounting, instructional, curriculum, testing, operational or service records or reports kept, generated or issued as a normal part of the services provided.
- B. Upon request from the Board's custodian of public records, provide the Board with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.
- C. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the Vendor does not transfer the records to the Board.
- D. Upon completion of the Agreement, transfer, at no cost, to the Board all public records in possession of the Vendor or keep and maintain public records required by the Board to perform the service. If the Vendor transfers all public records to the Board upon completion of the Agreement, the Vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Vendor keeps and maintains public records upon completion of the Agreement, the Vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Board, upon request from the Board's custodian of public records, in a format that is compatible with the information technology systems of the Board.
- E. If the Vendor does not comply with a public records request, the School Board shall be entitled to enforce these contract provisions by any legal or equitable means available, including, without limitation, damages, injunctive relief or both.

Failure of Vendor to abide by the terms of this provision shall be deemed a material breach of this Agreement. This provision shall survive any termination or expiration of this Agreement. In the event a civil action is filed against the Vendor to compel production of public records where the Vendor has unlawfully refused to comply with the public records request within the time required by law, the Plaintiff may be entitled to recover its reasonable costs of enforcement, including reasonable attorney's fees from the Vendor as authorized by 119.0701, Fla. Stat.

**IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE VENDOR MUST CONTACT THE CUSTODIAN OF PUBLIC RECORDS FOR THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA: Rex L. Mitchell, Superintendent, The School District of Hamilton County, Florida , 5683 South US Highway 129, Suite 1, Jasper, Florida 32052, email address: rex.mitchell@hamiltonfl.com. telephone number (386) 792-7802.**

## **APPENDIX F**

### **STATEMENT OF AFFIRMATION AND INTENT**

TO: HAMILTON COUNTY SCHOOL BOARD, DIRECTOR OF BUSINESS SERVICES

PROJECT: RFQ #18-101

DATE: May 15, 2018

The undersigned, hereinafter called the Proposer, declares that the only persons, or parties interested in their Response are those named herein, that this Response is, in all respects, fair and without fraud that it is made without collusion with any other vendor or official of Hamilton County School Board (HCSB). Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

The Proposer certifies that no Board Member, Director, or any HCSB Employee directly or indirectly owns assets or capital stock of the bidding entity, nor will directly or indirectly benefit by the profits or emoluments of this Response. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Proposer certifies that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the School. In the event that a conflict of interest is identified in the provision of services, the Proposer agrees to immediately notify HCSB in writing.

The Proposer further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Request for Qualifications and that Proposer's Response is made according to the provisions of the RFQ and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Request for Qualifications.

The Proposer agrees to abide by all conditions of the negotiation process. In conducting negotiations with HCSB, Proposer offers and agrees that if this negotiation is accepted, the Proposer will convey, sell, assign, or transfer to HCSB all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by HCSB. At the School's discretion, such assignment shall be made and become effective at the time the School tenders final payment to the Proposer. The Response constitutes a firm and binding offer by the Proposer to perform the services as stated.

Proposer acknowledges that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

The signer of this Response guarantees, as evidence of the sworn affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by HCSB or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.

**STATEMENT OF AFFIRMATION AND INTENT ATTESTATION**

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Signature of Authorized Firm Representative Date

Tyson Johnson, Area President May 7, 2018

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Name and Title of Authorized Firm Representative (Typed) E-mail Address

Gallagher Benefit Services, Inc. Tyson\_Johnson@ajg.com

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Name of Firm (Typed)

4498 West US Highway 90, Lake City, Florida 32055 | 120 East Conner Street, Live Oak, Florida 32064

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Address, City, Zip

386.269.3360 386.755.7264

---

Telephone Number Fax Number

Sworn to and subscribed before me this 7th day of May 2018.

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Notary Public Commission Expiration Date

**APPENDIX G**

**DRUG-FREE WORKPLACE CERTIFICATION**

The response preference shall be given to businesses with drug-free workplace programs. Whenever two or more responses, 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 response received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie responses will be followed if none of the tied Awardee(s) have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 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 employees for violations of such prohibition.
- 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.
- Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in subsection (1).
- 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 response, 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.
- 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.
- 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 COMPANY COMPLIES FULLY WITH THE ABOVE DRUG-FREE WORKPLACE REQUIREMENTS.**

May 7, 2018

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**Company Official Signature**

**Date**



## Tab 2:

### 3.2 Qualifications, Experience of Team Members and References

Summarize the qualifications of the Proposer's project team. Where the project team includes sub- contractors or sub-consultants, qualifications of the proposed sub- contractors or sub-consultants shall also be provided. Past working relationships on similar projects should be indicated. Provide the credentials of the individual(s) from your company that will administer the day-to-day operations of HCSB contract.

#### 3.2.1:

In order to be considered for award, Proposer must demonstrate financial stability to HCSB. Proposer must provide at a minimum one of the following:

- a. A Statement from a Certified Public Accountant certifying the firm's financial stability including information as to current or prior bankruptcy proceedings.  
OR
- b. Dun & Bradstreet (D&B) Supplier Evaluation Report (SER) or similar type report shall be delivered to the Chief Financial Officer. All costs associated with this report shall be borne by Proposer.  
OR
- c. Certified Financial Statements – Copy of audited financial statement for each of the last two years, by an independent certified public accounting firm or Federal Tax Return for previous years.

An audited financial statement for Arthur J. Gallagher & Co. is available in our SEC Form 10-K filing for the fiscal years ended December 31, 2016, December 31, 2017. You can access this filing at [www.ajg.com](http://www.ajg.com) > Investor Relations > SEC Filings. Due to its volume (over 100 pages), we did not include copies, but will do so upon request.

#### 3.2.2: Background

- a. Provide a core contact with name, title, email, address, phone, and fax

Tyson Johnson, Area President

[Tyson.Johnson@ajg.com](mailto:Tyson.Johnson@ajg.com)

4498 West U.S. Hwy 90 Lake City, FL 32055

P: (386) 269-3660

F: (386) 755-7264

- b. Where are your corporate headquarters located?



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Arthur J. Gallagher & Co.  
Corporate Headquarters  
2850 Golf Road  
Rolling Meadows, IL 60008

c. Do you have any offices in Hamilton County or any contiguous counties?

Yes. Although we do not have a physical office in Hamilton County, we have 2 local offices which are fully staffed and available to serve the employees of HCSB. The locations of these 2 offices are:

Gallagher Benefit Services, Inc.  
120 East Conner St.  
Live Oak, FL 32064 4498

Gallagher Benefit Services,  
Inc. 4498 West U.S. Hwy 90  
Lake City, FL 32055

d. Please list the number of years your company has been in operation.

Arthur J. Gallagher is proudly celebrating its 90th year anniversary in 2017. The predecessor company to Gallagher's two local offices, Parks Johnson Agency, has been in business for 42 years.



e. Describe your support and quality assurance resources.

Customer service and quality are the cornerstones of all client interactions at Gallagher. One of the first deliverables you receive is a Client Service Plan that sets expectations for our interactions. The plan outlines your benefit objectives, sets specific performance criteria for your Gallagher team and describes our method for determining that your objectives are met.

The next step is to evaluate progress. On a regular basis, we will meet with you to review your program and your Gallagher team's performance. Our managing partner structure also allows HCSB to rely on a central point of contact to discuss any service concerns or challenges. Any issues will be identified and quickly resolved.



**f. Company website**

[www.ajg.com](http://www.ajg.com)

**g. Number of clients: Active and Inactive.**

Although Gallagher has thousands of clients throughout the US, we are unable to provide an accurate depiction of the total number of active and inactive clients. In the North Florida market, we serve 139 total clients, 21 of which are public entities. Your Gallagher consulting team has a wealth of experience serving clients like HCSB.

**h. Provide evidence of licensing required to support group policies inside and outside the State of Florida.**

Gallagher is a licensed insurance agency in all 50 states. If requested, a copy of each individual license can be provided to HCSB. In addition, it should be noted that if the policies are group policies the license that is needed is the situs of the policy. For instance, HCSB is headquartered in Florida thus a Florida license is needed. We are licensed outside of Florida for our customers where their headquarters reside elsewhere.

**3.2.3 Experience - Describe your company's experience with the services specified. Prefer at least five years' experience working with school districts.**

Our core clients are mid-size to large employers (100 – 5,000 employees) who provide both self-insured and fully insured medical plans. We have a significant amount of public entity, and particularly school board experience, both in Florida and throughout the country. In Florida alone, we serve over 80 public entity clients. Your North Florida Gallagher consulting team serves as consultant to 11 school districts, in several cases over 10 years.

With our consulting team we are able to consult HCSB on your medical plan and claims experience as well as consult on communications best practices, total employee wellbeing and provide the service and administrative support requested in this RFQ.

Examples include:

- Innovative services and solutions for private exchanges, benefit stop-loss captives, data warehousing, workforce evaluation tools and other needs
- Communications for an informed workforce that understands the value of the benefits and compensation you provide
- Customized strategies to control the costs of claims, liability, noncompliance and data security
- Expert data analysis, interpretation and forecasting to improve budgeting and decision making
- Risk management and wellness strategies that resonate with employees and foster a culture of health and wellness



- A full range of pharmacy benefit management consulting services that help control your overall health plan costs
- Medical plans including consumer-driven health plans, health savings accounts and health risk assessment/wellness programs
- Life insurance and accidental death and dismemberment coverage
- Long-term and short-term disability
- Voluntary and worksite benefits

The many specialized services available to HCSB's HR department are:

- Compliance consulting to meet your regulatory obligations, including compliance newsletters, alerts and seminars on FMLA, COBRA, HIPAA, and cafeteria plan rules
  - Benchmarking for plan competitiveness and cost-effectiveness
  - Custom wellness and productivity programs
  - Online communication solutions
  - Merger and acquisition due diligence support related to compliance and potential liability
  - Pharmacy consulting to best manage your prescription drug program
  - Retiree healthcare to help your organization cope with rising retiree health costs and the aging of our population
  - Analyze and assess medical and pharmaceutical data with physician-level clinical insights to identify opportunities to control health care costs and improve health outcomes
- a. Describe how your organization is organized and staffed to support the required services in the scope of work.

Gallagher is organized in a manner that allows us to leverage the resources of a large organization while delivering our services in a local manner. The core consulting team is located in our Live Oak and Lake City offices. The majority of the other team members including actuarial, and wellbeing and engagement are located in Florida as well. By providing a holistic team we ensure that we not only bring significant expertise but also significant resources to meeting the project demands and timelines in delivering the scope.

Please refer to the 3.2.3 c. for our approach to the Scope of Services outlined in this RFQ.



b. Identify key personnel and provide biographical information pertaining to their backgrounds, expertise and job descriptions. Provide an organizational chart.

Overall Strategy	<b>Tyson Johnson</b> Area President & Lead Consultant		
Senior Management Consultant Resources	<b>Eric Scott, CEBS</b> Executive Sponsor	<b>Jeff Angello</b> Florida Area President	
Account Management & Support	<b>Joanie LeRoy</b> Account Manager	<b>Tammy Clarke</b> Dedicated Customer Service Representative	
Wellness Consulting	<b>Design &amp; Analytics Team</b>		
	<b>Kate Siano</b> Florida Wellbeing Practice Leader	<b>Kathleen Schulz</b> Eastern Region Wellbeing Practice Leader	<b>Jenny Love, MD, MPH</b> Southeastern Region Health Management Director
Actuarial & Underwriting Consulting	<b>Glen Volk, ASA, MAAA</b> Actuary		<b>Dave Costa</b> Underwriting Benefits Consultant
Compliance Consulting	<b>Lindsey Surratt, JD</b> Southeastern Region Compliance Director		<b>GBS Compliance Help Desk</b>

Please see the resumes below for the Gallagher team that will support HCSB on a day-to-day basis to ensure you receive the epitome of support for your employee benefits program.

### Resumes of Key Gallagher Personnel

#### [Tyson Johnson, Area President, Lead Consultant](#)

The Gallagher team is led by Tyson Johnson who will be the primary coordinator of all Gallagher resources to HCSB. Tyson will ensure HCSB receives exceptional service and expertise from the Gallagher network. He will work hand-in-hand with all other team members to ensure effective execution of the entire scope of services.

#### Relevant Experience & Qualifications

After serving as Owner and President of Parks Johnson Agency, LLC (PJA), a privately owned employee benefits firm, Tyson merged the company with AJG in 2013. The combination of



PJA's "hands on" approach and AJG's depth and breadth of resources makes Gallagher a valuable resource and vital business partner to its clients.

Tyson is a lifelong resident of north Florida, having graduated from the University of Florida in 1988, where he played for UF's first ever College World Series baseball team. He joined Barnett Bank in 1988, was appointed as President & CEO of the north central Florida affiliate in 1996, and remained in that position until the bank was acquired in 1998. Tyson then served as Chief Financial Officer for a privately owned family company before joining PJA in 2002. After the merger with AJG in 2013, Tyson was appointed to his current position.

As Area President for AJG, his responsibilities are to ensure clients are informed and prepared to make Employee Benefits work in the best interests of the organization and its employees. This includes a broad range of consulting and brokerage services, such as compliance, communications, procurement, and wellness consulting.

### **Public Sector Experience**

Tyson's clients include numerous public entities, such as county governments, school boards, and other municipalities, including Suwannee County School Board and Columbia County School Board.

### **Education, Licenses, Organizations & Designations**

- Bachelors of Science from the University of Florida
- Florida 2-15 – Life, Health and Variable Annuity license

### **Eric Scott, CEBS Area President, Executive Sponsor**

In his role, Eric is responsible for overall management of the North Florida team. He is instrumental in high level consulting and supporting Tyson in any area he may need.

### **Relevant Experience Qualifications**

Eric Scott is the Area President for the North Florida Region, and has been with Gallagher since 2009. Eric brings nearly 25 years' experience in the employee benefits industry. He began his career as the Director for Business Development for Orlando Regional Healthcare System's hospital based health plan HealthChoice, where he had oversight for all marketing, renewals, reporting and customer service for the plan. Other areas of involvement with the health plan included physician contracting and compliance. Eric left HealthChoice in 1997 to join Wittner National Group as a consultant and then Aon Consulting in 2001 until joining Gallagher to lead the Orlando office in 2009.

### **Public Sector Experience**

Eric works with several large public entity clients in the Central Florida area, including the School District of Osceola County and Orange County Public Schools.



## **Education, Licenses, Organizations Designations**

- Certified Employee Benefit Specialist (CEBS)
- Bachelors of Arts from the University of Michigan
- MBA from the Crummer School of Business at Rollins College.
- Florida 2-15 – Life, Health and Variable Annuity license

### [Joanie LeRoy, Dedicated Client Manager](#)

Joanie LeRoy is a Client Manager for Arthur J. Gallagher & Co. (Gallagher) in the Northeast Florida market. Joanie has 25 years' experience in Health Insurance Systems and Managed Care Business Management, applying a strong expertise in insurance systems, back office management and Customer focused strategic planning. Joanie joined Parks Johnson Agency 2010. After the merger with AJG in 2013, Joanie was appointed to her current position.

Prior to joining AJG, Joanie held multiple management positions at Providian Financial and Health Systems Design in California, where she was responsible for external client communication and system support strategies as well as back office management positions serving both internal and external customers.

She works closely with our clients to ensure that all aspects of their benefits program run smoothly. Joanie's responsibilities include plan design and implementation, coordinating general compliance consulting, assisting with employee communication and enrollment strategies, and contract and policy review. She also provides support for billing and claims resolution and contract related questions and problem solving.

## **Education & Licenses**

- Bachelors of Science from Northern Illinois University
- Florida 2-15 – Life, Health, and Variable Annuity license

### [Tammy Clarke, Dedicated Client Service Representative](#)

Tammy Clarke is a Client Service Representative for Arthur J. Gallagher & Co. (Gallagher) in the Northeast Florida market. Tammy joined Parks Johnson Agency 2012. After the merger with AJG in 2013, Tammy was appointed to her current position.

Prior to joining AJG, Tammy was HR Director for Columbia County Bank for 3 years and held various banking positions from Loan Officer to Branch Manager.

Tammy works closely with our clients and performs a variety of internal projects to assist both the service team and clients. She has a deep understanding of your group and plans, thus allowing her to work with you on advanced claims or billing issues and with the account manager to best deliver day-to-day support.

## **Education & Licenses**



- Associate of Arts from Hillsboro Community College
- Professional in Human Resources Designation
- Florida 2-15 – Life, Health, and Variable Annuity license

## Design and Analytics Team

Our Design and Analytics team is dedicated to in-house analytics and creative development. Analytics services are at the non-actuarial level and include experience reporting, financial analysis, contribution modeling, enrollment audits, and various ad-hoc analytics tasks. Creative development services include varying levels of custom communication materials. We utilize the standard Microsoft Office suite as well as Adobe products: InDesign, Illustrator, Photoshop, and Premier Pro. Our team works closely with each member of our account teams, and in some cases, our clients directly. Combined, our Design and Analytics team has over ten years of experience in the benefits industry, and our team leader holds an active Florida Life and Health license.

## Glen Volk, FSA, Member of the American Academy of Actuaries (MAAA), Area Vice President, and Consulting Actuary

Glen is a Consulting Actuary with Gallagher HealthCare Analytics (HCA), a division of Gallagher Benefit Services, Inc. He has 30 years of varied experience in the actuarial field, and has been with the Gallagher family of companies since April 2000. Glen's primary responsibility with HCA is to work with plan sponsors in the design, pricing, and financial management of their benefit plans. He works with several Gallagher offices around the country, typically with their largest and most complicated clients. He also provides consulting support to health plans and provider organizations.

## Relevant Experience & Qualifications

Prior to joining Gallagher in 2000, Glen held various positions in the management consulting and insurance industries. He has extensive experience in managed care and in the reinsurance field. He has also served on several health care reform panels and committees.

Glen's experience includes: traditional Health and Welfare consulting to plan sponsors including underwriting and budgeting, plan design, and claim reserve development; emerging delivery systems and healthcare reform; network evaluations for Plan Sponsors, with a focus on provider discounts; provider negotiations for managed care plans, including risk arrangements; preparation of a variety of rate filings for state and federal regulators for commercial and government health products; and retiree healthcare consulting, including GASB 45 valuations, Medicare Part D attestations, and retiree plan design and funding consulting.

## Education & Licenses

- Bachelors of Science in Mathematics from the University of Regina
- Master's degree in Applied Mathematics from the University of Waterloo
- Member of the American Academy of Actuaries (MAAA)
- Associate of the Society of Actuaries (ASA)



## Dave Costa, Underwriting Director

Dave Costa joined Gallagher in June 2010 and is currently an Underwriting Director for the Southeast region including the DC-metro area, Virginia, the Carolinas, Georgia and Florida. Dave works with a team of analysts and underwriters responsible for underwriting self-funded and fully insured health plans, employee contribution and plan design scenarios, client financial reporting, IBNR reserve analysis and other client support. Dave also helps develop custom financial tools to help meet the needs of his customers.

### Education & Licenses

- Bachelors of Science in Corporate Finance and Bachelors of Science in Risk Management from the University of South Carolina

## Jenny Love, MD, MPH, FAAFP, CPE, FAAPL, Director, Gallagher Health Management, Southeast Region, Health Management Consulting

Jenny Love, MD is the Health Management Director, Southeast Region, of the Health & Welfare Consulting Practice within the Benefits and Human Resources Consulting division of Arthur J. Gallagher & Co. (Gallagher). In this position, Dr. Love leads the health management services within the Wellbeing & Engagement Practice Area. Dr. Love works with Gallagher teams and clients to provide health management consultation and innovative solutions to control health care costs. Her clinical knowledge and experience in physician leadership, population health, primary care and integrative healthcare systems provides a unique perspective to claims and risk analysis as well as a thorough view of wellness and wellbeing to the members of your health benefit plan.

Dr. Love is a board-certified family physician with over 16 years of experience in public, behavioral, and community health settings, most recently providing clinical leadership and medical management for the largest Federally Qualified Health Center in Alaska. She is a graduate of the UNC School of Medicine where she also earned a master's degree in Public Health with a focus on Healthcare and Prevention. She has over 10 years of experience in health policy development including utilization of evidence-based guidelines for care, pharmacy benefits management and formulary development, and integration of behavioral and physical health states, including substance abuse/recovery settings.

### Education & Licenses

- Master's degree in Public Health, with a focus of Healthcare and Prevention from the University of North Carolina
- Fellow of the American Academy of Family Physicians
- Fellow of the American Association for Physician Leadership
- Certified Physician Executive
- NCQA Patient Centered Medical Home Certified Content Expert.

## Kate Siano, CWC, Wellbeing and Engagement Consultant

Kate is the Wellbeing & Engagement Consultant for Gallagher Florida Offices. Kate has nearly 20 years of experience in the Health and Wellness industry. Kate served as the Director of Corporate Wellness for a National Health Management company prior to joining Gallagher. She



was responsible for developing customized health management solutions for new and existing clients, including; Disease Management programs, Lifestyle and Behavior change programs, Customized Portal design, Incentive design, Health Promotion Campaigns, Program Implementation and Reporting. Prior to serving as Director of Corporate Wellness, Kate also worked as a Certified Wellness Coach for several years for their Labor & Trust clients, specializing in Diabetes Prevention, Stress Management and Weight Management.

Kate is actively involved as an Advisory Board Member for both Keiser University and the Club Spa Fitness Association (CSFA). She is also a member of WELCOA and holds several certifications from the American College of Sports Medicine, National Academy of Sports Medicine and The American Council on Exercise. She has been a Keynote speaker for the Palm Coast NAHU, JDRF of the Eastern Shore and the Women's Health Symposium for Atlantic General Hospital.

#### [Lindsey Surratt, Area Senior Vice President, Compliance Director, Southeastern Region](#)

Lindsey is Compliance Director and the leader of the Southeast Region's Legislative Compliance team. As Compliance Director Lindsey leads a team of compliance experts that provide support to the offices within the Southeast Region.

Lindsey utilizes her knowledge of healthcare reform, ERISA, COBRA, HIPAA, and the Internal Revenue Code to provide guidance to employer plan sponsors. With the support of her team, Lindsey educates clients and internal staff members on health and welfare plan regulatory compliance, delivers practical answers to day-to-day compliance questions, and helps develop new tools to promote compliance.

Previously, Lindsey practiced law with a boutique health care firm in Louisiana where she advised physicians and healthcare providers on compliance with physician self-referral and anti-kickback statutes, analyzed healthcare contractual relationships, and provided advice on mergers and acquisitions. Her work with employers in other areas of the healthcare industry provides her with a unique, well-rounded perspective on health and welfare plan compliance.

Lindsey is a graduate of the University of North Carolina at Chapel Hill and Loyola University New Orleans College of Law, cum laude. She is an active member of the Health Law section of the American Bar Association and a frequent speaker on employer-sponsored health and welfare plan compliance topics.



## c. How would this team be organized to service our organization?

Your Gallagher team will be your local resource that puts the strength of our entire 3,300-person global benefits team to work for HCSB's employee benefits program. Areas of expertise include:

- Public sector industry experience
- Experience with all types of benefit programs
- Strategic planning and consulting
- Carrier underwriting and negotiation
- Relationship management and executive presentations
- Employee communication programs for public sector organizations
- Compliance and regulatory support
- Human Resource department systems and processes
- Market research and statistical reporting
- Third party administration and ancillary services
- Employee wellbeing programs

### SENIOR BENEFIT CONSULTANTS

Your Gallagher team is led by Senior Benefit Consultant Tyson Johnson. Tyson has 16 years of experience and in-depth knowledge of employee benefits and industry trends. He excels in structuring plans, conducting program analysis and meeting client objectives. He is also responsible for the team and is charged with ensuring resources are available at all times to meet your needs.

### PLAN ADMINISTRATORS

Joanie LeRoy and Tammy Clarke will manage all aspects of HCSB's program and will be your daily contacts whenever you need help. They are experts in administering benefit plans, including employee communications, analysis and reporting, carrier negotiations and problem solving.

### SPECIALIZED SUPPORT

Complementing your local Gallagher team are our corporate and regional industry experts who provide specialized client support. They monitor and communicate on legislative and compliance issues, provide actuarial support and analysis, and audit plan performance, systems and tools. Their integrated efforts help you manage your benefit plans and costs based on the latest trends, research and carrier information.

Together, these Gallagher professionals will provide HCSB an unsurpassed client experience and the most competitive employee benefits plan possible.



- d. HCSB will require a single point of contact for all services. Does your company have a dedicated resource with a knowledge base around the educational sector?
  - i. Who
  - ii. Biographies
  - iii. Job Description

Tyson Johnson is the lead consultant and is responsible for working with HCSB to determine overall strategy and making all the resources required in the scope of work available to HCSB. He is also the lead consultant for Columbia County Schools and Suwannee County Schools. The Executive Sponsor for HCSB is Eric Scott, who is lead consultant for Orange County Public Schools and The School District of Osceola County. Biographies and job descriptions are available in section 3.2.3 b

### 3.2.4 References

References: Please provide three (3) public entity clients as references, including at least one whose medical coverage is self-funded. Proposers shall be required to sign the form in Section 9 giving HCSB authorization to contact and check previous performance on projects. Include name of customer, address, contact name, telephone numbers (including facsimile number), and email address. Please include only references within the previous thirty-six (36) months. HCSB will contact these references during the evaluation process. Non-responsive references may reflect negatively on the vendor.

REFERENCE 1.	
<b>COMPANY NAME:</b> Columbia County School District	
<b>COMPANY ADDRESS:</b> 372 West Duval St., Lake City, FL 32055	
<b>CONTACT PERSON:</b> Bonnie Penner, Director of Finance	
<b>PHONE NUMBER:</b> 386.755.8012	<b>FACSIMILE NUMBER:</b> N/A
<b>EMAIL:</b> pennerb@columbiak12.com	
REFERENCE 2.	
<b>COMPANY NAME:</b> Suwannee County School Board	
<b>COMPANY ADDRESS:</b> 1729 Walker Avenue SW, Suite 200, Live Oak, FL 32064	



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<b>CONTACT PERSON:</b> Vickie Depratter, Chief Financial Officer	
<b>PHONE NUMBER:</b> 386.647.4609	<b>FACSIMILE NUMBER:</b> N/A
<b>EMAIL:</b> Vickie.depratter@suwannee.k12.fl.us	
REFERENCE 3.	
<b>COMPANY NAME:</b> School District of Osceola County	
<b>COMPANY ADDRESS:</b> 831 Simpson Road, Suite 100, Kissimmee, FL 34744	
<b>CONTACT PERSON:</b> Ken DeBord, Director of Risk & Benefit Management	
<b>PHONE NUMBER:</b> 407.870.4905	<b>FACSIMILE NUMBER:</b> 407.943.7749
<b>EMAIL:</b> debordk@osceola.k12.fl.us	





## Tab 3:

### 3.3 Vendor Methodology

#### 3.3.1 Vendor Methodology

- a. Describe plan for performing the work specified. For each of the required services identified in the scope of services, describe how your firm will accomplish each activity. Include practices, methods, and processes that determine how best to plan, develop, control and deliver the work specified until successful completion.

This is detailed in Tab 7. Scope of Work

- b. Discuss overall communications methodology for communicating to key target audiences/stakeholder groups such as project team members, users, and external (resident and vendor) community.

At Arthur J. Gallagher & Co., we view employee communications as a strategy to enhance both employee engagement and workplace productivity – all leading to optimal cost containment and positive talent attraction and retention. We believe the right communication plan, combined with the right rewards program, can help an organization either achieve or maintain employer-of-choice status.

First, your Gallagher communications team begins the discovery process by listening to better understand your organization's needs. Discovery could consist of one or all of the following methods:

- Stakeholder branding workshops
- Employee focus groups
- Surveys
- Workforce Evaluation

(Additional fees may be required to support these discovery methods.)

With your input and using the analysis and results from the Workforce Evaluation, your organizations' short term tactical goals and long term strategic communication goals will be determined.

Our approach integrates the four elements of communication: The sender (employer), the receiver (employees), the message and the channels. We begin our strategic communication planning by evaluating the sender – your organization's culture, communication preferences and objectives. The "Workplace Inventory Checklist" guides this conversation and delivers a thorough overview of your current situation and organizational goals.



We also assess the receivers, using workforce evaluation or other demographic data to understand the life-stage segments of the workforce. This is a critical element to developing a communication strategy, as it suggests which messages will be most relevant depending on employee priorities or participation in certain programs. Employee demographic data also helps to suggest which channels will be best received by the audience. When developing our messaging, we keep it clear and captivating to capitalize on each outreach.

### c. Define the expectations that you have of your clients

Defining expectations is key to any strong partnership. We believe that a partnership should be mutually beneficial to both HCSB and Gallagher. We understand that in our engagement there will be objectives that we need to meet. Our goal with HCSB will be to partner on achieving those objectives. Our expectations are relatively simple:

- We want to be treated in a manner of professional respect
- If we do not meet HCSB's expectations let us know so we can correct moving forward
- When working on large projects with critical deadlines we will be expected to hit our targets and would like HCSB to also stay true to their targets
- Last but not least, while our business and objectives are very serious, we expect to have a relationship where we can truly have fun working together. We find that these are the relationships that have the best results

We also understand that extenuating circumstances may lead HCSB to not achieve our expectations, such as timely response when a deadline is looming, because other stakeholders are holding up the process. As such, HCSB is the client and we are the advisor so while these are our expectations in a perfect world it is our job to adjust to HCSB.

### d. Describe any additional value added services that vendor is proposing.

#### BENEFIT ADVOCACY CENTER

As current consultant for HCSB, Gallagher has an intimate working knowledge of the types of service issues that employees of the District consistently need. Our local office staff works directly with HCSB employees to resolve many issues, ranging from ID card replacement to detailed claims resolution. Some are quick, easy fixes and others require substantial investigation and due diligence. During times when our local staff may not be readily available, we would like to offer access to our Benefit Advocacy Center (BAC). BAC offers a personalized service for your organization that helps your employees by answering their benefit questions using a single dedicated toll-free phone number. Your dedicated BAC rep has extensive experience working with health plans and will deliver the high level of customer satisfaction you've come to expect from Gallagher. This is essentially "one stop



shopping” for service for all benefits, relieving the administrative burden on your team and removing risks associated with exposure to Protected Health Information (PHI). The BAC can assist employees with the following:

### Educate and Inform

- Answer benefit questions (how plan work, coverage, referrals, provider searches)
- Explain in-network/tier provider usage
- New Hire benefit overview
- Annual enrollment education for inbound employee calls and emails
- Educate and train members on resources available through their plan

### Provider Billing and Claims Support

- Help resolve outstanding claims issues
- Address Prescription/Pharmacy coverage and authorization issues
- Assist with claims appeal process
- Participate in conference calls with 3rd parties to discuss complex issues
- Guide members to applicable plan solutions not covered above. When necessary, escalate issues to appropriate parties and follow up to conclusion

### Administrative

- ID card resolution
- Deliver relevant forms and documents to employees/members as needed
- Support Qualifying Event processes including documentation

### Referral to Outside Sources

- Access to Nurse Advocate
- Referral to Medicare experts

### Support Features

- Dedicated phone number and customized email addresses
- Access to escalated carrier contacts
- Calls/emails logged and tracked in encrypted database (PHI/PII information encrypted)
- Calls recorded for quality assurance purposes
- Dedicated Lead Advocate supported by experienced and licensed insurance professionals
- Language line/interpretation service for questions
- Satisfaction survey sent after each closed case
- Utilization Report – case volume, case origin, inquirer type, aging table, survey results
- Encrypted emails
- Caller identity verified
- Support HCSB’s culture and employee contact expectations



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Gallagher's BAC is a service provided to many clients at a cost of \$1.50/PEPM (per employee per month). We are proposing to provide this service at no cost to HCSB, representing an annual value of over \$5,000.

## WELLBEING AND ENGAGEMENT CONSULTING

The Wellbeing & Engagement Global Practice at Arthur J Gallagher & Co. consists of nearly 50 subject matter experts across the country each with specialty niches. For our clients, that means a broad and vast pool of expertise including disease management and chronic condition management program expertise, clinical services such as on-site and near-site medical consultation, organizational development and change management expertise, and relationships with trusted wellness vendor partners to address the diverse needs of our clients and their employee populations. Our Wellbeing & Engagement team is unique in that we have a physician providing clinical evaluation of large claimants and cost drivers, as well as additional clinical insight for case management, disease management and wellness opportunities.

Our consultative and integrated approach to employee wellbeing is focused on all aspects of a client's total rewards benefit package. When developing a best in class wellbeing strategy, Gallagher looks at all forms of data including traditional health care utilization and financial drivers, as well as organizational data including workers compensation, attraction and retention, employee engagement and any other metrics that are relevant to your unique organization. Our process includes reviewing an organization's demographics and claims analysis data (with physician-level clinical insight), as well as overall vision, mission and culture to create an impactful wellbeing strategy that meets the specific needs determined by each client. Gallagher sees wellbeing as an integral part of the strategy to contain costs, strengthen employee engagement and heighten productivity. Our approach begins with understanding your unique culture, workforce, and organizational objectives, and then creating a path to ensure the right programs get to the right people at the right time to maximize outcomes and positively influence your culture and the individual health of your employees.

Your Florida Wellbeing & Engagement Team has the experience to assist HCSB in developing a best in class wellbeing strategy to become an employer of choice and develop an engaged workforce.

To further these efforts, Gallagher will provide the full resources of our dedicated Wellbeing and Engagement Consulting Team to support HCSB's evolution from "wellness" to "wellbeing and engagement". The value of these team members and their deliverables for HCSB is estimated by their expertise, time, and resources to be worth approximately \$25,000 annually. This will be provided to HCSB at no cost.



## Tab 4:

### 3.4 Staffing Plans

Proposers are required to submit a staffing plan, including a listing of all sub-contractors, if applicable, and a description of the project team roles. The submission shall incorporate the following:

- Project organization chart showing HCSB and Proposer staff, role descriptions, and a description of the correlation between HCSB and Proposer roles.

Please see Tab 2 for our organization chart. While we have served as HCSB's broker/consultant for many years, we believe this RFQ presents an opportunity to revisit the roles and responsibilities of the team members at both HCSB and Gallagher. As personnel and processes have evolved over the years, the way we work together has evolved as well. We at Gallagher look forward to the prospect of the opportunity to continue this partnership.

- Roles and Responsibilities, describe the Proposer's role and the expected District's role for this project.

Please see Tab 2 for more detailed qualifications, biographies, and team structure. The ability to deliver comprehensively structured employee benefits solutions to clients is Gallagher's signature in the marketplace. Your account team listens intently to learn about your organization, and delves deeply into all the details that matter when balancing employee satisfaction with your budget. This single-minded focus on excellence — characterized by innovation and creativity — is the driving force behind every Gallagher customized employee benefits program.

#### 3.4.1 Project Organization

- a. Describe in detail how the Proposer's team shall be organized; identify the relationships among all the key personnel. Include single point of contact for HCSB.

Please see Tab 2 for more detailed biographies and team structure. We believe this team approach allows us to best serve HCSB and ensure you always have a point of contact.

Tyson Johnson, Area President will act as the main point of contact for HCSB, and Joanie LeRoy, Account Manager will be the day-to-day contact.



- b. Describe in detail how the Proposer plans to allocate responsibilities/lead roles and work for the various tasks.

While we work in a team format, the Gallagher team has different roles to maximize efficiency and client outcomes. These roles are outlined in our Biography section. For your convenience we are including the responsibilities lead roles in this section as well.

**TYSON JOHNSON, LEAD CONSULTANT** – Overall responsibility for the HCSB relationship. Will work with the HCSB team to develop the strategy, present on best practices, analyze alternative benefit delivery systems, review claims reports for outliers and areas of opportunity and bring to bear the resources of the entire Gallagher team as well as carrier partners.

**ERIC SCOTT, CO-CONSULTANT, EXECUTIVE SPONSOR** – Overall responsibility for the North Florida market. Will work with Tyson and the HCSB Team as additional support.

**JOANIE LEROY, ACCOUNT MANAGER** - Project manager ensuring all timelines and deliverables are met. Joanie will work hand in hand with Tammy Clarke in renewal planning, open enrollment dates, compliance deliverables and insurance committee meetings and more.

**TAMMY CLARKE, CUSTOMER SERVICE REPRESENTATIVE** – Day-to-day contact for all eligibility, compliance, billing and administrative support. Will work directly with Tyson and Joanie to ensure all deadlines are met and that HCSB's expectations are being met.

**DESIGN AND ANALYTICS TEAM** – Prepare all employee facing communications, open enrollment materials, total compensation statements. In addition, will work with the consulting team on data analytics and reconciliation projects.

**KATE SIANO, WELLBEING AND ENGAGEMENT FLORIDA LEADER** – Work directly with HCSB and consulting team to develop a total wellbeing strategy. This is more than just walking programs and wellness. Kate will focus on HCSB employee value proposition and how other areas of wellbeing, including career health, community health and financial health integrate into HCSB programs.

**DAVID COSTA, UNDERWRITING CONSULTANT** – David's primary responsibility is to closely work with the lead consultant to ensure HCSB's medical plan is priced appropriately for the risk and in line with market expectations. David will review and analyze claims data to set renewal expectations for both HCSB and the medical carrier.

**LINDSEY SURRATT, JD, COMPLIANCE CONSULTANT** – Lindsey is an attorney supporting the HCSB Gallagher consulting team to provide direction on compliance related matters. She and members of her team are available to conduct compliance reviews and also work with our clients on the impact of upcoming or recently passed legislation.



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- c. Identify and describe proposed staff classifications and their responsibilities. Proposed Staff Classifications for development, implementation and production services.

Gallagher does not have separate and distinct teams for development, implementation and production. The core consulting team is made up of Tyson, Joanie, and Tammy. The other team members will be utilized as the need arises.





## Tab 5:

### 3.5 Local Office Presence

#### 3.5.1 Please address the following:

- a. Provide a complete description of how your office will provide service to HCSB staff, employees, and retirees.

As HCSB's current broker/consultant, Gallagher is constantly adapting to your preference when deciding how our office will provide service to HCSB staff, employees, and retirees. Because of the diverse nature of HCSB's workforce and retiree pool, we have learned that there is no one-size-fits-all method for providing service, but instead there are multiple ways. While some people prefer email, others prefer phone or in-person communication. Because we have 2 local offices (Live Oak and Lake City), we are uniquely positioned to meet your employees service needs in the manner they find most helpful. Additionally, we are proposing a new service delivery option through our Benefit Advocacy Center (BAC), offering yet another way for employees and retirees to access resources and minimize the burden on HCSB staff.

Our experience with HCSB employees and retirees has been that they appreciate personal service. In conjunction with the addition of our Benefit Advocacy Center and our local employees, we are confident we can continue to deliver the level of service to which HCSB and its employees have become accustomed.

- b. Identify the physical location of your office, the hours your office is staffed, and whether your office is staffed with personnel capable of addressing the issues and concerns of HCSB staff, employees, and retirees, including the number of licensed personnel authorized to discuss coverage.

120 East Conner St. | Live Oak, FL 32064 – 3 staff members, 3 licensed

4498 West U.S. Hwy 90 | Lake City, FL 32055 – 5 staff members, 5 licensed

Normal business hours are 8:00am – 5:00 pm

- c. What is the standard response time for emails, voice mails, or physical messages?

Your Gallagher team is accessible via phone, email, or in person, whether at HCSB's offices or our own. We make every attempt to respond in the same business day, if not with the solution then at least an acknowledgement we are working on it. Higher level issues may require more time to resolve, and your Gallagher team will keep you



updated throughout the process.

For the proposed Benefit Advocacy Center (BAC), the standard response time is 4 business hours. However, calls to both the local office and the BAC are often answered immediately and handled at that time.

- d. Can HCSB employees schedule appointments with your staff to discuss specific issues that may be confidential in nature?

Yes. Gallagher's Live Oak office meets quite frequently with employees and retirees of HCSB to help them navigate complex issues dealing with coverage, authorizations, claims resolution, and a variety of other issues.

- e. Please describe your process for assisting HCSB personnel with issues related to eligibility, billing, and other administrative matters.

As your current broker/consultant, Gallagher assists HCSB staff with numerous billing and administrative issues. Your dedicated day-to-day contacts, Joanie LeRoy, leads our team's efforts to minimize the burden that is sometimes created by carrier errors, computer glitches, or timing differences. When this happens, a member of the team may deal with the situation via phone, email, or in person. Frequently, we find that in person visits lead to quicker resolutions and help to discover root causes, so that they can be avoided or more easily dealt with in the future.



## Tab 6:

### 3.6 Other Firm Capabilities

Provide answers to the following questions:

3.6.1. Do you provide any benefits administration services, including outsourcing, systems or consulting support?

Gallagher can provide a variety of employee benefits administrative services to HCSB. We can evaluate the vast range of services available and match your needs to the right partner. We can help you implement a full-service HR outsourcing function to offload some of your day-to-day activities of benefits plan administration; provide financial analysis and long-range cost forecasting at regular, preset intervals; administer COBRA; and perform a complete compliance review and implement any needed changes.

Year-round support for your HR staff and employees is also available. Related benefits administration services available to you include:

- Web-based self-service benefits administration
- Year-round benefits call center support
- Face-to-face enrollment support
- Preparation and distribution of communications
- Electronic management of eligibility information for all plans
- Implementation of open enrollment changes
- Preparation of Medicare Part D notices
- New hire benefits orientation
- Ad hoc reporting

3.6.2 Describe how you would support the benefits enrollment process for new hires and during annual enrollment.

As HCSB's current broker/consultant, Gallagher has worked with HCSB staff to manage annual enrollment and new hire enrollment for many years. The process for doing this has evolved to meet the changing needs of HCSB staff and employees.

The annual enrollment process follows this path:

- Recommendation to the Board is approved
- Payroll Deduction calculations and coverages are verified
- Gallagher prepares Employee Benefit Booklets and distributes printed versions to all HCSB employees after approval from HCSB.
- When requested by HCSB, Gallagher team prepares narrated video presentation of employee benefit options
- Gallagher account team works with the HCSB benefits team to schedule enrollment



meeting dates with each site.

- Communication materials are submitted for distribution to all employees notifying them of meeting dates/locations and enrollment period.
- Employees can make benefit elections on their own anytime during the enrollment period or during Gallagher scheduled enrollment meetings.
- Enrollment forms are submitted to the HCSB benefits team directly by employees, or by the Gallagher account team when signed by employees during the scheduled enrollment meetings.
- The format for making elections is through HR Connection, an online enrollment tool provided by Gallagher to HCSB. This tool allows all employee benefits data to be housed in one location and provides data necessary to communicate elections/changes to carriers.
- After the open enrollment period ends, the Gallagher account team compiles all data necessary to be transmitted to the carriers and completes the renewal process with each carrier.
- In addition to the signed enrollment forms, the Gallagher team provides reporting to HCSB to include payroll deductions for all employees.

The new hire process follows this path:

- During HCSB's new hire orientation prior to the beginning of each school year, the Gallagher team presents all benefit options to new hire candidates. New hires are given a current year benefit guide. This is a time for them to learn about their benefit options and ask questions.
- New hires receive an email from the HRconnection on-line enrollment tool with their login information. New hires are also sent an email with an electronic version of the benefit guide, with guidance on where to find the on-line enrollment instructions as well as contact information for the Gallagher account team, in the event they have questions about on-line enrollment or their benefit options. Many new hires immediately make their benefit elections. For those who do not, the Gallagher team tracks them and follows up with them to complete their new hire benefit elections.
- Once this is completed, a signed election summary is submitted to HCSB.
- Additionally, the Gallagher team ensures all elections are successfully submitted to appropriate carriers.

The above summarizes how your Gallagher team supports the benefit enrollment process. We continually look for ways to improve and streamline the process to make it more seamless and less burdensome to both HCSB staff and employees. As part of our engagement with HCSB, we propose an evaluation of your current systems to look for ways to improve. This evaluation and analysis may result in changes to the above processes and we are prepared to help you implement these changes.



### 3.6.3 Describe how you will support our benefit administration activities through your relationship with the providers as well as the physical location of the team that would provide direct services to our employees.

The physical location of the team that provides direct services to your employees is in our Lake City and Live Oak offices. Additionally, the BAC may be called on to support benefit administration activities. Your Gallagher team will support you by providing to your administration staff fully signed versions of employee benefit election summaries both at the point of new hire and during annual enrollment. These election summaries will provide payroll deduction information as well as required language for compliance with IRC requirements. Gallagher staff will ensure all elections and changes are updated in various carrier platforms and systems so that billing and coverage are consistent with the employee elections. This seemingly simple process removes the burden from HCSB staff of conducting over 2,000 +/- transactions per year. Additionally, your Gallagher team provides an online enrollment tool (HR Connection) to help you manage employee benefits data.

### 3.6.4 Describe how your Benefit Advocacy Center team resolves claims issues and answers employee and dependent questions regarding our Health and Welfare program.

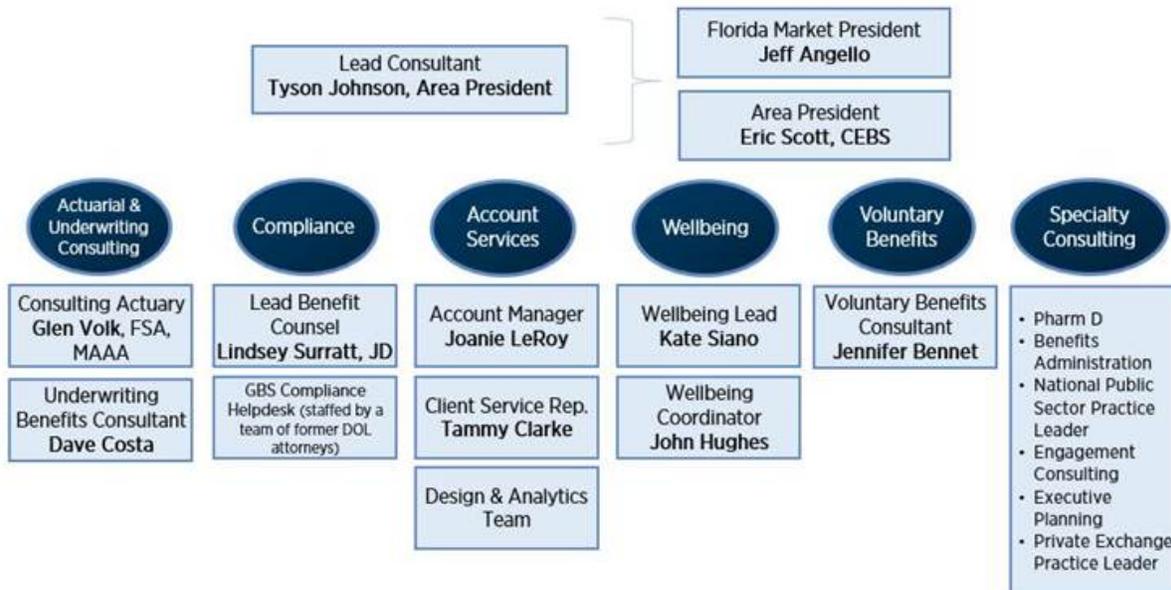
Gallagher Advocates provide hands-on support to plan administrators, employees, dependents, and COBRA participants to resolve claims issues, explain plan parameters and online tools, and advise on appropriate plan utilization.

Advocates will communicate with carriers and providers and involve the core Gallagher account team as necessary. As the opportunity arises, Gallagher Advocates are trained to educate employees to become more savvy healthcare consumers. They will also observe and diagnose recurring claims issues and report them to the core Gallagher account team to facilitate proactive solutions.

Examples of issues addressed by the Benefit Advocate Center team include:

- Eligibility questions
- Open enrollment questions
- Coverage and benefits questions
- Locating in-network providers
- Help with referrals
- Prescription/pharmacy problems
- Assistance with pre-certification and prior authorization
- Support for claim issues
- Balance billing problems
- Understanding explanation of benefits

### 3.6.5 Provide an organizational chart



### 3.6.6 Do you have attorneys on staff who specialize in Health and Welfare?

Gallagher has a fully dedicated compliance group that includes ERISA experts, lawyers and state-of-the-art compliance resource databases. In addition, Gallagher's Southeast region has two compliance attorneys and four compliance consultants on staff. Lindsey Surratt, JD is the Compliance Director for the Southeast.

Although your Gallagher team can answer most health and welfare compliance questions, counsel can be made available for general questions and guidance. If you need extensive legal work, formal legal opinions or written documents, Gallagher can arrange a formal meeting with affiliated counsel.



### 3.6.7 Advise who you would assign from your communications team to support our account and include their bios.

Recognizing that communication is a critical component required to help support, grow and express the culture of every organization, Gallagher has invested in our communication capabilities to service and support our clients.

Your Gallagher Communications team begins any project by understanding your organization, culture, objectives, workforce demographic and key messages. Through a process of listening, questioning, discovery and collaboration we work with you to determine the best strategy and campaigns needed to best reach your goals. It is through this process that insights in tone, image and culture surface to create the design and delivery of your communications program.

Our focus is always to engage employees with a higher level of understanding and appreciation for your benefits and deliver tangible business results for you. In Tab 2, we detail our Design and Analytics team that is located in the North Florida region and will drive a lot of these efforts.

### 3.6.8 How will you develop our employee communication plan?

The in-house communications staff and creative team at Gallagher is full-service. Our team will make your benefits strategy effective by ensuring it is well communicated to your employees. The first step of the process will be to develop a communication strategy, incorporating your goals and objectives, budget, available resources and your employee demographics. Our benefits communication specialists can conduct employee focus groups or survey if desired.

From there, we will work with HCSB to develop a strategy that will reach all employee demographics in a variety of ways, ensuring that we reach each employee's learning styles. Our solutions include:

- Benefit summary booklets
- New Hire booklets
- Post cards, posters, wallet cards
- Enrollment materials, including forms and notices
- Newsletters

The Gallagher Communications team is also experienced in all forms of electronic media, such as benefit and enrollment websites, other digital and online employee communications and email communications.

### 3.6.9 What is the total number of employees in your company? What is the total number of employees in your benefits group?

Gallagher's workforce has grown steadily since 2009. Our global headcount exceeded 26,000 at year-end 2017. More than 3,500 of these employees are dedicated to serving the employee benefits needs of our clients. HCSB will benefit from the market knowledge, partnership network and leverage of a global organization with an expanding localized presence.



### 3.6.10 Describe some effective strategies to manage pharmacy costs and your expertise in this area.

With fully-insured clients, Gallagher has extensive experience developing communication and education surrounding items such as generic utilization, medication adherence, and more.

If HCSB were to decide to become self-funded, Gallagher's Healthcare Analytics team has developed a proprietary RFP for Pharmacy Benefit Managers (PBMs) that look at all aspects of the program. In addition to robust financial analysis and a sophisticated re-pricing process, a key differentiator to our approach includes detailed analysis of specific contractual provisions in each PBM contract. This project can be funded by the winning PBM as part of their proposal or as a separate project HCSB can engage.

### 3.6.11 How are benefits structured at your company? What creative ideas do you use to reduce costs while providing good benefits?

Gallagher offers a broad selection of benefits to our employees. They include a mix of company-paid benefits to support employees' long-term security needs and a selection of voluntary benefits that give employees the flexibility to evaluate and address their unique needs and preferences.

The medical plan options chosen by Gallagher establish a framework for managing risk more effectively and reducing costs. On the participant side of this plan experience, all options provide employees with a competitive health plan. Those employees who choose a PPO + HSA plan will also have a stake in managing their healthcare purchases to reduce costs and increase savings.

All health plan options include a range of wellness tools that provide opportunities for greater cost management across the spectrum of healthcare needs. Because wellness is a priority at Gallagher, all options cover wellness and preventive care at 100% for in-network care.

In addition, the company has designed a salary banded contribution structure to appropriately spread the employee portion of healthcare costs. Gallagher aggressively negotiates a cost-effective plan infrastructure for its benefits program, including multi-year guarantees and stringent performance guarantees.



3.6.12 Explain your ability to monitor regulatory and legislative developments in areas such as cafeteria plans, COBRA, HIPAA, healthcare reform, FMLA and other benefits issues including relevant statutes, rules and regulations on the federal, state and local levels that may impact the benefits we provide. How will this be communicated? Provide name(s), qualifications, experience and location(s) of assigned compliance staff.

Compliance requirements for employee benefits plans have exploded over the past 20 years. This increase in governmental regulation has impacted every area of human resources and employee benefits administration. Arthur J. Gallagher & Co. will take an active role in helping HCSB stay current on, and in compliance with, the multitude of local, state and federal laws and regulations.

Gallagher's compliance practice has a national canvas with a regional and local focus. We have over 30 dedicated compliance professionals averaging more than a decade of benefits compliance experience, and most of them are licensed attorneys. They monitor legislative initiatives, regulatory developments, court cases and industry changes, and analyze their impact on your employee benefits plans. These resources will assure that we apply our understanding of the latest developments to help you manage your benefits program.

Gallagher's compliance experts will also keep you informed of the active legislative landscape. They will provide your organization with timely, accurate and concise information about the regulatory environment through various publications, including:

- **Healthcare Reform Update** – a comprehensive publication written by our own compliance experts on the latest healthcare reform developments and their potential impact on employers
- **GBS Directions** – a monthly publication featuring general interest articles on employee benefits and human resources
- **Client Webinars** – on-demand webinars offering updates on hot topics as well as reviews of major legislative developments
- **Technical Bulletins** – detailed whitepapers on proposed or new legislation

In addition, Gallagher will help you comply with state and federal laws and regulations. Our experts will evaluate the design of your benefits plans and review relevant documents, insurance contracts and your employee benefits communications. Gallagher will help you identify potential problem areas and conduct a year-end review using our proprietary tools and resources to make certain that your benefits plans are in compliance with COBRA, ERISA, HIPAA, cafeteria plan rules, healthcare reform, FMLA and all other relevant laws and regulations that may affect your benefits plans.

As benefits professionals understand, the regulatory environment is constantly changing and the pace of that change is accelerating. The challenges can be daunting. To ensure



that Gallagher client teams are fully prepared to assist you, we maintain a complete compliance database for their use. Our compliance database contains summaries of federal requirements along with practical tools, such as models, sample forms and checklists in electronic form.

The Southeast Compliance Director is Lindsey Surratt, JD. Her biography is included in Tab 2, Question B.

### 3.6.13 What is your experience and understanding of IRS compliance requirements?

As with all legislation and regulations that may impact your benefits program, compliance experts at Gallagher keep current on all relevant IRS requirements. Your HR administrative team will always have access to our compliance professionals for the latest in compliance guidance and assistance with your concerns, including:

- Section 125 issues related to cafeteria plans
- Health Savings Account or Health Reimbursement Arrangement requirements
- Form W-2 reporting requirements related to the cost of healthcare coverage

We also recognize that IRS compliance may involve financial components and will enlist our actuarial and underwriting teams to assist with issues including:

- Actuarial projection techniques needed to estimate incurred but not reported claims
- Determining how much HCSB should be holding in reserves to avoid IRS compliance issues

### 3.6.14 What “hands-on” compliance assistance with healthcare reform requirements do you provide?

The healthcare reform law has a number of provisions that impact virtually all employer-provided healthcare plans and require extensive activities by employers to achieve compliance. Gallagher has created ten comprehensive toolkits to help clients cope with these requirements. Two of our toolkits are:

- Sections 6055 and 6056 Reporting Requirements Toolkit that includes numerous articles, a webinar, FAQs, flowcharts and checklists to help you understand how to comply with these new reporting requirements
- Summary of Benefits & Coverage (SBC) that includes two in-depth articles discussing the rules, a visual representation on SBC delivery dates, a checklist and an on-demand webinar



3.6.15 Detail your ability to monitor regulatory and legislative developments on the subject of healthcare reform and the Patient Protection and Affordable Care Act at both the state and federal levels, and how this will be communicated to us.

Arthur J. Gallagher & Co. remains clearly focused on healthcare reform and its far-reaching impact on our clients. We have one of the leading compliance and analytics teams in the country with a multi-disciplinary Healthcare Reform Taskforce dedicated to monitoring and issuing guidance on all aspects of healthcare reform.

### YOUR LOCAL AND NATIONAL SUPPORT TEAM

- **Client consultants** – provide overall guidance, and strategic and tactical advice to ensure your benefits program is cost effective and aligned with your organizational goals and objectives
- **Compliance experts** – evaluate all legislation to help you maintain compliance
- **Underwriters and actuarial consultants** – develop practical, statistically valid proprietary tools and resources to illustrate the financial impact on your bottom line
- **Subject matter and industry advisors** – focus on solving problems specific to the particular needs of niche and specialty industries
- **Education and communication specialists** – compose and distribute educational materials to support your benefits program
- **Healthcare Reform Taskforce** – consulting, actuarial, underwriting, legal, and compliance experts focused on understanding all aspects of healthcare reform and its implications for your business

### EDUCATION AND COMMUNICATIONS

In addition to seminars where you have an opportunity to connect with peers and learn from experts, Gallagher provides 24/7 access to the latest healthcare reform information and ideas on [ajg.com](http://ajg.com).

Strategic decision support tools and resources – information on Gallagher's proprietary tools and other resources that help employers gauge the impact of healthcare reform and determine their best course of action.

- **Healthcare Reform Toolkits** – collections of resources to help employers better understand and comply with the most significant healthcare reform mandates, including a Sections 6055 and 6056 Reporting Requirements Toolkit, an HCR Fees Toolkit, W-2 Reporting Toolkit, SBC Disclosure Toolkit and others
- **Newsletters** – timely and easy-to-understand, in-depth information about new and revised healthcare reform regulations



- **Frequently asked questions** – fast answers to frequently asked healthcare reform questions
- **Webinars** – on-demand educational forums led by industry experts, highlighting significant healthcare reform topics
- **Regulatory guidance** – an up-to-date listing of specific guidance issued on major healthcare reform topics, from 2010 to the present
- **Timeline** – a year-by-year quick reference guide to past and future effective dates of major provisions of the Patient Protection and Affordable Care Act

3.6.16 Describe your capabilities and resources available for actuarial analysis of plan funding needs, exploring funding alternatives such as self-funding, minimum premium payment and ASO, and making recommendations. Do you have an actuary on staff or do you outsource these elements of the scope of service?

Gallagher has extensive experience with multiple funding options, including self-funding, minimum premium payment and ASO contracting. We also have access to a variety of systems-based actuarial tools that can help guide HCSB's funding decisions. The recommendations that your Gallagher team makes for your particular plan will be based on a comprehensive, comparative analysis of several different funding scenarios.

Our actuaries are all on staff, not outsourced, and become an integral part of the consulting team.

3.6.17 Describe your market knowledge capabilities in negotiating rates and rate guarantees

Gallagher has the experience, the relationships and the independence you need to obtain the best combination of rates, rate guarantees, policy terms and plan design. As one of the largest employee benefit brokers, we know the markets. We also know their specific strengths. As a result, we can evaluate carriers that have the right products for your individual needs. Gallagher will maintain complete independence to assure objectivity in providing HCSB with the best carriers, vendors, networks and risk arrangements for each unique negotiation.

3.6.18 Discuss your approach to contract vendor renewals.

Gallagher's renewal methodology makes it possible to handle thousands of renewals each year. HCSB's renewal process will be completely managed by your Gallagher team, and starts with the development of a timeline. This timeline will include a pre-renewal meeting to discuss your expectations, the evaluation of vendors' service levels and the possibility of making benefit changes. Negotiations with the proposed vendors will take place within a comfortable timeframe that can support a confident



choice. This includes marketing the account if the vendor's requested renewal action is not considered reasonable, and exploring alternative vendors.

### 3.6.19 How have you reduced lifestyle-related claims at other companies?

Many Gallagher clients have implemented multi-step wellness initiatives with measurable success in a number of areas, including reduced lifestyle-related claims.

For self-funded clients, GBSInsider, Gallagher's own data warehouse platform, analyzes your specific medical and pharmaceutical data to uncover insights into the costs associated with your program and also performs predictive modeling of future costs. We are able to assess where, how and why healthcare costs are incurred.

Financial modeling data and information are then compared with an in-depth analysis of your current workforce demographics. From these results, we can tell if there is an appropriate alignment between your financial outcomes, plan design and employee composition.

The information also serves as a baseline for the wellness strategy we recommend to you. Gallagher's model combines strategies and tactics for health promotion, risk identification, risk stratification, lifestyle programs, clinical programs and access to care.

With your goals in mind and our resources at hand, your Gallagher team will execute on your plan and measure results over time. We can work with HCSB to develop your wellness program goals and provide support in developing programs aimed at:

- Physical fitness
- Nutrition
- Weight management
- Stress management
- Consumer health
- Smoking cessation
- Alcohol and drug abuse
- Medical self-care
- Cancer prevention/detection
- Back care
- Hypertension

To optimize the results of your wellness program, our services include:

**Consultation** – analyze and assess medical and pharmaceutical data to identify the most beneficial programs, including Employee Assistance Programs, and develop multi-year strategies and budgets to achieve measurable health and productivity gains

**Customization** – create a customized wellness program, based on your data, to meet your organization's healthy lifestyle goals

**Coordination** – manage all facets of the program, including vendor and community partners, to ensure the integrity of the program and achieve program goals

Furthermore, Dr. Jenny Love is able to provide a physician-level clinical perspective



to your population health data. Her unique skill set in primary care, behavioral health and population health allow her to connect the dots between costs, claims and health trends—including a focus on lifestyle-related medical conditions that may be specific to your organization or region. Dr. Love's analysis of your population's healthcare claims and risks provides you additional insight towards needed future health management programming as well as the ability to see measurable clinical outcomes from current programming.

### 3.6.20 What measures do you take to ensure your clients are looking at possible cost containment policies or methods?

Gallagher has a proven track record of helping employers best contain growing healthcare costs. Our process begins by taking a comprehensive view of a client's overall benefits program, culture and vision and mission. We compare that information to an organization's overall goals and then determine the best recommendations to achieve optimal cost savings while staying in alignment with core goals such as best attracting, retaining and engaging talent.

*We explore various cost containment strategies such as:*

- Alternative plan funding mechanisms and plan structure opportunities, including private exchange, stop-loss captives and other scenarios
- Wellbeing and engagement programs
- Dependent audits

*Pharmacy benefits management programs, reviewing:*

- Coverage for over-the-counter medications as an alternative to higher cost brand and generic drugs
- Use of prior authorization for certain high-cost specialty medications
- Incentives for members to make brand-to-generic or brand-to-brand changes
- Pharmacy carve-out with a specialty vendor

Furthermore, Gallagher's depth of relationships means our clients benefit from our ability to negotiate the best possible pricing with the carrier.

Dependent audits are another strategy that has proven effective for clients. With this process an employer requests proof that all covered dependents are actually meeting the plan's eligibility requirements. Any ineligible dependents found on the plan are removed, lowering future potential claim costs without reducing benefits to members who are truly eligible. Gallagher's results have shown that plans with more generous benefits are more likely to have ineligible dependents enrolled.

Competitive plan bidding is just one way we can help employers achieve cost savings and an ability to lock in rates for multiple years. We approach this process with the goals of reducing overall costs and maintaining or improving benefits levels so members are not disrupted.

Employers who are considering plan design changes as a way to control costs



primarily look to five areas of opportunity:

- Eligibility
- Cost sharing
- Plan design
- Cost shifting to plan members
- Longer term strategies to increase wellness and prevention, and to encourage consumerism behavior

Ultimately, the above is just a brief overview of our capabilities when it comes to helping employers meet their cost containment goals. We know that every situation is unique and we will take the time to first fully understand a client's individual challenges and opportunities, then leverage data to help drive our recommendations.

### 3.6.21 Describe your experience with alternate plan design approaches, including consumer- driven health plans, true cafeteria plans, HSAs and HRAs.

The consumer-driven health plan experience can teach your employees how to become better stewards of their healthcare dollars. Gallagher has designed and implemented various forms of consumer-driven healthcare, and believes the key success drivers for all of these plans are communication, education and incentives. Because Gallagher continually meets with and monitors the top providers in consumer-driven healthcare, we can make sure that HCSB fully benefits from new concepts, ideas and trends. HCSB became an early adopter of CDHP's when we first proposed this as a way to help control healthcare costs several years ago.

### 3.6.22 How do you stay current on the rapidly changing vendor marketplace, and how do you keep your clients informed of new products and other opportunities they should consider?

We stay actively involved in learning about the employee benefits marketplace through membership and education in national associations, our large carrier network, and our in-house experts, to name a few. Your Gallagher team is always prepared to provide HCSB up-to-date insights on new products and services. You can access this information through Gallagher's online information portal, GBS Insight, and a variety of frequently offered bulletins, seminars and webinars.

### 3.6.23 How would you work with us to establish an appropriate employee contribution strategy that will minimize our plan expenses while avoiding adverse selection?

In many situations, employees' biggest concern about their benefits is the total amount deducted from their paychecks. Gallagher will help you develop employee contributions that fit your budget while providing a fair cost-sharing scenario for your employees. This begins with employees making appropriate decisions about their



plan elections during open enrollment. Gallagher brings creative methods and effective communication strategies to help employees understand their options. When you compare your contribution strategy with your peer organizations, benchmarking studies provide insight to guide confident decisions.

Gallagher also prepares multi-year strategies to achieve your employee benefits goals without compromising employee satisfaction. The broader goal is to minimize costs in balance with a competitive total compensation and benefits program that strongly engages your employees.

### 3.6.24 Describe your capabilities in coordinating meetings to review carrier performance and issues.

Experience with other clients has shown that regular and open communications between HCSB and your Gallagher team is vital to a successful program. We schedule four formal meetings each year that include pre- and post-renewal meetings and two semi-annual meetings. Carrier performance will always be an agenda topic for our meetings. We monitor execution against set standards and will use these sessions to resolve any issues. Additionally, we will be available to meet with you informally as needed.

### 3.6.25 Describe your company's marketplace leverage in negotiating with carriers on rates, policy terms and plan design.

When it comes to representing HCSB to carriers, Gallagher has the experience, the relationships and the independence you need to get the most effective combination of rates, policy terms and plan design. As one of the largest employee benefits consulting firms, we know the markets and their specific strengths. We can evaluate carriers that have the right products for your individual needs while remaining objective. This allows us to provide you with the most qualified carriers, vendors, networks and risk arrangements for each unique negotiation.

As your current broker/consultant, we have negotiated a rate hold or rate decrease in two of the last three renewal cycles - one of these through a formal RFP process.

The only increase was in 2016 when HCSB's claims experience spiked to higher levels. In that year, we negotiated a proposed 17% rate increase down to 9% and introduced a new funding arrangement (Contingent Premium) that offered up to an additional 5% savings. Average rate increase over last 2 years was 2.5%. The negotiation of a Contingent Premium Agreement with the medical carrier allowed HCSB to capture up to an additional 5% savings on medical premiums. This savings represents over **\$60,000** annually.

Gallagher also negotiated a favorable profit sharing arrangement with the medical carrier (BCBS Florida) resulting in a refund of **\$109,000**, bringing total value to **\$169,000**. *These are not just examples of what Gallagher **can** do; these are examples of what Gallagher **did**.*

### 3.6.26 What approach would you take to assure that we have broad coverage at a fair price with sound insurers?

Gallagher's approach begins with the selection of the right partner for HCSB's



employee benefits program. We prepare for this process by interacting frequently with vendors to truly understand their capabilities and offerings. You can be confident that our recommendations will include only those companies whose products and services provide you the best combination of price and value. Vendor financial stability is also an important factor. After selection, we monitor vendor financial stability and will quickly inform you of potential changes that may impact your program.

### 3.6.27 Describe your technology infrastructure.

Gallagher has implemented a worldwide infrastructure that supports the unique needs of our diverse businesses and their clients. Core technologies used include Microsoft, IBM, Cisco and HP. To ensure that our infrastructure complies with the many state, federal and industry regulations that govern our business, we invest in the required tools and enforce appropriate policies. These policies outline system controls over governance, security administration, data backup, change control, problem management and system development within the Gallagher IT environment.

The nature of Gallagher's business makes information one of its most valuable assets. We strictly maintain the confidentiality, integrity and availability of information and supporting information systems to make sure we sustain client confidence, accurately process transactions and financial reporting, and comply with legal and regulatory requirements. Consistent policies are enforced to preserve the integrity and security of all data processed, stored and transmitted throughout our information systems. This includes the use of encryption technology to both store and transmit information when appropriate.

### 3.6.28 Describe how your firm keeps current with the trends, best practices and latest developments in the benefit industry.

Gallagher professionals cultivate a wide information network built on internal and external business relationships at global, national and local levels. As one of the world's largest employee benefit brokerages, consulting and administrative services companies, we're able to maintain strong working relationships with other top market providers. We interact with them regularly to fully understand their capabilities and offerings, including new products, services and technologies that have strong potential to add value for clients now and in the future.

In addition, thought leaders, industry practitioners and consultants at Gallagher regularly attend conferences and participate in other professional events. These venues are often ideal opportunities to gather insights into the latest industry challenges and advances. Our thought leaders frequently speak, present and informally share their expertise at these events. Continuous information gathering through active partnership networks allows Gallagher to keep pace with rapid changes not only in technology, but also industry standards, client preferences and internal control standards.

### 3.6.29 Describe how you will assist in aligning benefit strategies with our internal budget, business, and human resources goals.



Budgeting for the public sector is a complex process with multiple stakeholder groups and the need to factor the changing regulatory landscape, including healthcare reform. With over 2,000 public entity and school clients, Gallagher's Public Sector Practice is solely dedicated to serving the needs of public employers and school districts. HCSB will have a partner who is a national leader in working with states, counties, cities, government employers and K-12 public schools and special education districts.

The public sector practitioners at Gallagher, led by a full-time practice leader, have spent years understanding and providing for the nuances of your industry. We actively participate in the community, including organizations such as ASBO, PRIMA, GFOA and NPELRA, so we know the market, the players, the legislation and the cost factors.

As a provider of services to the public, we understand that HCSB faces unique challenges. Your organization is exempt from certain laws and governed by others that may allow for flexibility and cost efficiency. Tax revenue streams and other sources that are subject to change drive the design and financing of your employee compensation and benefit programs. Also, in many cases, HCSB's decisions are affected by collective bargaining agreements and intense public scrutiny.

Your Gallagher team takes these factors into consideration. We bring a broad range of public sector-focused solutions and expertise such as collective purchasing, benchmarking data and healthcare utilization review and analysis. With our industry specialization and large number of public entity and scholastic clients, you have instant access to industry benchmarks through your consultants.

Gallagher will strengthen HCSB with:

- Guidance throughout the bargaining process and recommendations on best practices moving forward
- Communication with employees so they understand the value of their benefits package
- Deep understanding of compliance and legal issues, including healthcare reform and labor laws
- Collaborative communication with key stakeholders to build consensus and resolve issues

As a partner to HCSB, Gallagher will create a total compensation program that aligns your financial realities with employee expectations and your organization's goals. We'll help you clear away the barriers presented by complex issues and serve the public in a fiscally responsible way – now and well into the future.

### 3.6.30 How will your firm assist with the District's compliance for COBRA, HIPPA, FMLA, ERISA (if applicable), ADA, ACA and IRC 125?

Gallagher will help you comply with state and federal laws and regulations. Our experts will evaluate the design of your benefits plans and review relevant



documents, insurance contracts and your employee benefits communications. Gallagher will help you identify potential problem areas and conduct a year-end review using our proprietary tools and resources to make certain that your benefits plans are in compliance with COBRA, ERISA, HIPAA, cafeteria plan rules, healthcare reform, FMLA and all other relevant laws and regulations that may affect your benefits plans.

As benefits professionals understand, the regulatory environment is constantly changing and the pace of that change is accelerating. The challenges can be daunting. To ensure that Gallagher client teams are fully prepared to assist you, we maintain a complete compliance database for their use. Our compliance database contains summaries of federal requirements along with practical tools, such as models, sample forms and checklists in electronic form.

3.6.31 Describe your process for assisting with preparation of bid documents, evaluation and negotiation during the selection process. What are some of the non-negotiables that you recommend for policies?

When it comes to representing HCSB to carriers, Gallagher has the experience, the relationships and the independence you need. We know the markets and we know their specific strengths. As a result, we can objectively evaluate carriers that offer the right products for your individual needs. Gallagher maintains complete independence to remain objective in providing the most qualified carriers, vendors, networks and risk arrangements for each unique negotiation.

Your Gallagher team will leverage our extensive experience in handling renewals and open enrollments. We'll manage every detail of the marketing process, including:

- Strategic development to identify goals, analyze program costs, and review current plans and rates. Please see Tab 7, question 8.2.7 for a full outline of our RFP process and evaluation methods
- Conduct finalist interviews to explore intangibles, such as personalities, service orientation and responsiveness
- Renewal analysis report, covering program, and claims cost projections as well as complete information on benefit designs
- Finalize decisions involving close collaboration with the Gallagher team and HCSB's HR management and executives

We don't stop here. After your employee benefits program is in place, Gallagher will proactively take the lead in monitoring the program's performance and work to resolve any issues that may arise, such as coverage disputes, billing issues, or service problems. We will also continually perform the following:

- Management of the renewal with the current carrier geared to achieving lower costs
- Recommendation on exploring alternatives to your current carrier
- Renewal timeline that covers every aspect from Request for Proposal (RFP)



preparation to the delivery of employee communications

- RFP development that involves tailoring the RFP to the exact desires, needs, and financial directions provided by HCSB management
- Exploration of funding alternatives
- Evaluation of vendor responses to identify variations in coverage and cost

### 3.6.32 What resources can you provide to educate our employees about becoming healthy consumers?

Our design team has a variety of resources available to educate employees about becoming healthy consumers. These resources come in a variety of sources:

- Print for flyers around HCSB main offices
- Webinar coordination with carrier or third party to review the price shopping tools
- Wellness Newsletters in partnership with the Navigate Wellbeing Solutions.



## Tab 7: Scope of Work

SCOPE OF SERVICES: Hamilton County School Board (HCSB) is soliciting proposals for Insurance Broker, Consultant Services. Hamilton County School Board currently employs approximately 260 employees, of which approximately 95% are eligible to participate in the group benefits. Hamilton County School Board also offers coverage to eligible retirees.

### 8.1. Customer Service:

- a. Provide claims assistance on all plans and product lines.

Confirmed. HCSB will have a dedicated Client Service Representative to assist with day-to-day claims issues the HR team may face and facilitate resolutions with the carriers. These teams are 100% in-office, so you will always have a point of contact. In addition, Joanie LeRoy will be involved in any escalated issues.

The proposed addition of the Benefit Advocacy Center (BAC) will give employees of HCSB another outlet for resolving claims issues, authorizations, and understanding how to best use their benefits.

- b. Coordinate and conduct regular face to face Insurance Committee Meetings (at least semi-annually) and other meetings as requested by Hamilton County School Board.

Confirmed. Gallagher looks for every opportunity to listen, deepen our insights and expand on ideas to help you address specific challenges. We will be available for Insurance Committee Meetings as well as meetings with HCSB administration regarding strategic planning, vendor management, claims projections and more.

- c. Provide assistance in the day to day administration of programs; resolution of vendor and carrier service issues; and address questions and concerns raised by Hamilton County School Board Members and Management.

Joanie LeRoy and Tammy Clarke will manage all aspects of HCSB's program and will be your contacts when you need help. They are experts in administering benefit plans, including employee communications, analysis and reporting, carrier negotiations and problem solving.

- d. Provide a day to day contact person for HCSB to contact directly to assist with claim issues and other insurance related questions.



Confirmed.

- e. Provide direct access to Human Resources, Benefits personnel including direct office and cellular phone numbers for qualified contact person.

Confirmed.

- f. Provide regular and timely communication of changes and proposed changes in Federal statutes and regulations that may impact the District's employee

Confirmed. Gallagher will meet with HCSB to review upcoming legislation and the impact it may have on HCSB's benefit plans. While Gallagher has Technical Bulletins on the outcome and actions items we find it is often appropriate to meet and discuss specific situations to determine the specific client impact and planning to mitigate any risk.

In addition, Gallagher provides 24/7 access to the latest regulatory information and ideas on [ajg.com](http://ajg.com) with the following resources:

- **Toolkits** – collections of resources to help employers better understand and comply with the most significant healthcare reform mandates, including a Sections 6055 and 6056 Reporting Requirements Toolkit, an HCR Fees Toolkit, W-2 Reporting Toolkit, SBC Disclosure Toolkit and others
- **Newsletters** – timely and easy-to-understand, in-depth information about new and revised regulations
- **Frequently asked questions** – fast answers to frequently asked compliance questions
- **Webinars** – on-demand educational forums led by industry experts, highlighting topical subject matter
- **Regulatory guidance** – an up-to-date listing of specific guidance issued
- **Timeline** – a year-by-year quick reference guide to past and future effective dates of major provisions of the Patient Protection and Affordable Care Act

## 8.2.2. Strategic Planning



- a. a. Assist the District staff in short and long term employee benefit strategic planning. Conduct trend analysis forecasts, project future renewal adjustments, and analyze the claims pattern.

Annually, Gallagher will coordinate a strategic planning session with HCSB. In this session, we will identify the long-term goals of HCSB and develop a plan to get you there.

The strategic planning session leads right into the service planning process. With your long-term goals in mind, Gallagher and HCSB will begin creating a calendar with specific action steps and deadlines that support ongoing, proactive plan management. While the annual service calendar is created and managed by Gallagher, the client typically dictates the need for meetings and their timing.

At Gallagher, we pride ourselves on being thorough. Through the initial analysis phase and with each subsequent plan renewal, we will review HCSB's plan goals. For instance, we will probe in the following areas:

#### General Business Environment

- Degree to which your needs for skilled/unskilled workers will increase/decrease in the next three to five years
- Extent to which you will compete for staff within your industry and geographic location

#### Compensation and Benefits Philosophy

- Appropriate percentile to use for benchmarking with peers
- Proportion of overall compensation that should be represented by benefits
- Balance of cost considerations, competitiveness, and employee satisfaction that define success

#### Cost of Plans

- Measurement of current benefit costs
- Potential growth or reduction of your benefits budget in the future
- Extent to which external trend factors affecting benefits can be absorbed by the benefits budget
- Future renewal adjustments

#### Competitive Benefits Environment

- What level of comparative strength your benefits program offers in terms of your industry benchmark group
- Ideal comparative strength at, above or below market
- Reasonableness of plan cost sharing within your industry and geographic area



## Employee Satisfaction

- Components of benefit plans that are most important to your employees
- Employee understanding through effective benefits plan communication
- Extent to which employee satisfaction governs your benefit decisions

Should HCSB become self-funded, Gallagher's in-house team of analysts, actuaries and clinicians use predictive models, health risk assessment tools, benchmarks and data from over 1,200 client companies through GBSInsider, our data warehouse. Modeling allows us to analyze different plan design scenarios and determine which plan design will perform best for HCSB. As our partner, you will have access to the only benefits firm with consulting expertise and proprietary data warehousing under one roof.

Healthcare analytics from Gallagher will assure HCSB that your plan is performing well against customized benchmarks. Through objective insights and strategic recommendations, we'll help you optimize vendor performance to get the best medical outcomes for the lowest possible costs. This disciplined, detailed approach supports a maximum return on your employee benefits investment for years to come.

If you have needs related to stop loss coverage, Gallagher can address them through broad experience and close working relationships with the country's major stop loss carriers. Given our expertise in data modeling, data warehousing and consulting with reinsurers, we understand how stop loss rates are set. We'll bring that experience and expertise to the negotiating table on HCSB's behalf.

- b. Assist the District staff in the development, implementation and ongoing management of an effective and measurable wellness program that will reduce health and welfare cost over the long term.

Confirmed. More detail is provided in Tab 6, Question 3.6.19.

- c. Participate in management presentations involving benefit strategies and issues.

Confirmed.

- d. Keep the District informed on issues and changes in the benefits marketplace.

Confirmed. More detail is provided in Tab 6, Question 3.6.12.



- e. Provide information regarding trends and benchmarks in the benefits field, including annual benchmarking studies.

Confirmed.

- f. Provide, maintain, and update comparison reports of other cities, counties and special districts' benefit plan offerings and costs to determine their competitiveness to District programs as needed.

Confirmed. With over 90 public entity clients in the State of Florida, we have unique insight into the industry and the ability to benchmark against a number of organizations.

- g. Serve as a source of general expertise for various benefit issues the School Board may encounter.

Confirmed.

### 8.2.3. Compliance

- a. Prepare all "master applications" and other documents.

Confirmed. We consider this task to be vitally important to ensure carriers adhere to commitments made in their proposals.

- b. Review all contracts, Summary Plan Descriptions, documents and other information as requested for accuracy.

Confirmed. This is a task we already complete on an annual basis.

- c. Prepare and coordinate preparation of Summary of Benefits and Coverage.

Confirmed.

- d. Prepare, coordinate and provide all compliance related documents as required, including but not limited to, required Federal and State Notices and documents for PPACA such as Exchange Notice, Michelle's Law, COBRA, Newborns' and Mothers' Health Protection Act, Section 125, CHIP, WHCRA, Medicare D Notice, etc.

Confirmed. These are notices that we already provide to HCSB employees annually, and will continue to do so.



- e. Assist Hamilton County School Board in obtaining quotes from actuarial firms to complete necessary certifications as requested by state and federal laws.

Confirmed.

- f. Provide to Hamilton County School Board's actuarial firm the correct data necessary for certification of OPEB liabilities; the actuarial firm shall bill Hamilton County School Board directly and shall be paid by Hamilton County School Board.

Confirmed. We will continue to support HCSB's reporting requirements under the new GASB 75 rule by preparing and organizing data for the District's actuarial firm.

- g. Provide up to date and accurate information related to Healthcare Reform, compliance and any other benefits-related legislation which might arise including calculation and preparation for submission, any required fees due with regard to ACA Compliance/Healthcare Reform.

Confirmed. More detail is provided in Tab 6, Question 3.6.12.

- h. Provide resources and answers for compliance-related questions.

Gallagher's compliance practice has a national canvas with a regional and local focus. We have over 30 dedicated compliance professionals averaging more than a decade of benefits compliance experience, and most of them are licensed attorneys. They monitor legislative initiatives, regulatory developments, court cases and industry changes, and analyze their impact on your employee benefits plans. These resources will assure that we apply our understanding of the latest developments to help you manage your benefits program.

If you have specific questions about local, state and federal compliance issues or require additional support, you can submit your inquiries to your Gallagher team. The team will coordinate with our local compliance experts to provide you with a custom response based on your specific facts and circumstances. Gallagher maintains regional help desks, staffed by our compliance experts, for use by our client teams. The help desk typically provides a 24-48-hour turnaround.

- i. Provide HCSB Human Resources department with resources and contacts for general Human Resource related legal and regulatory questions.

Gallagher has a dedicated team of compliance experts with a wide breadth of expertise in the nuances of legal and regulatory items in the employee benefits realm. If HCSB has further Human Resources questions or concerns, we have the ability to connect the team with our national Human Resources and Compliance Consulting team, whether it be to answer a quick question or engage them in a



larger-scale project.

- j. Provide research and professional advice on new developments in benefits law and programs both state and federal, making sure HCSB is always current on any new developments and/or requirements relative to legally administering its benefits plans, i.e. Public Health Service Act, HIPAA, COBRA and others.

As benefits professionals understand, the regulatory environment is constantly changing and the pace of that change is accelerating. The challenges can be daunting. To ensure that Gallagher client teams are fully prepared to assist you, we maintain a complete compliance database for their use. Our compliance database contains summaries of federal requirements along with practical tools, such as models, sample forms and checklists in electronic form.

- k. Assist in COBRA, HIPAA, and PPACA compliance, including review and preparation of SPDs and Plan Documents.

Confirmed. Gallagher will help you comply with state and federal laws and regulations. Our experts will evaluate the design of your benefits plans and review relevant documents, insurance contracts and your employee benefits communications. Gallagher will help you identify potential problem areas and conduct a year-end review using our proprietary tools and resources to make certain that your benefits plans are in compliance with COBRA, HIPAA, cafeteria plan rules, healthcare reform, FMLA and all other relevant laws and regulations that may affect your benefits plans.

- l. Review pertinent contracts to insure that they accurately reflect negotiated benefits, services and terms.

Confirmed.

- m. Provide support in the preparation of reports and senior management presentations.

Confirmed. Gallagher is very experienced in preparing and delivering presentations and reports to all levels of management. As HCSB's current broker/consultant, we have prepared and presented reports on a variety of subjects to both senior management and the School Board. Many of these reports have required us to present intricate details which factor into key decision making.

#### 8.2.4. Reporting

- a. Maintain all finance reports including the benefits cost analysis. This data must be customized to provide the data as requested by Hamilton County School Board. Provide reports on a monthly basis and as requested. This would include but not be limited to reports for claim summaries, financial data, high end claimant, and utilization reports.



Confirmed. Gallagher will continue to provide review and analysis of monthly utilization reports.

- b. Provide additional reports as requested.

Confirmed.

## 8.2.5. Plan Management

- a. Assist with the development, negotiation and implementation of health and welfare providers on various topics, including, but not limited to, premium rates, benefit levels, performance standards and guarantees, contractual terms and conditions, quality assurance standards, utilization and performance reports, statistical and/or financial reports, and where applicable plan-specific data such as medical conditions, prescription drugs, high cost procedures and in-patient data.

When it comes to representing HCSB to carriers, Gallagher has the experience, the relationships and the independence you need to get the most effective combination of rates, policy terms and plan design. As one of the largest employee benefits consulting firms, we know the markets and their specific strengths.

We can evaluate carriers that have the right products for your individual needs while remaining objective. This allows us to provide you with the most qualified carriers, vendors, networks and risk arrangements for each unique negotiation.

Putting a strategically solid employee benefits program in place for HCSB is just the beginning. Using our proprietary data warehousing tools, your Gallagher team will constantly monitor each carrier's claims management results to study claims history, evaluate current costs and project future expenditures. We periodically meet with each insurer to review utilization rates, disease management effectiveness, network performance and catastrophic case management. Insurers are required to explain their claims management practices, including setting reserves and estimating incurred but not reported (IBNR) claims.

- b. Provide new and innovative ways to control costs and offer competitive benefits through various resources, products and services.

Gallagher has a proven track record of helping employers best contain growing healthcare costs. Our process begins by taking a comprehensive view of a client's overall benefits program, culture and vision and mission. We compare that information to an organization's overall goals and then determine the best recommendations to achieve optimal cost savings while staying in alignment with core goals such as best attracting, retaining and engaging talent.

We explore various cost containment strategies such as:

- Alternative plan funding mechanisms and plan structure opportunities, including private exchange, stop-loss captives and other scenarios



- Wellbeing and engagement programs
- Pharmacy benefits management programs
- Reviewing coverage for over-the-counter medications as an alternative to higher cost brand and generic drugs
- Use of prior authorization for certain high-cost specialty medications
- Incentives for members to make brand-to-generic or brand-to-brand changes
- Pharmacy carve-out with a specialty vendor
- Concierge care management vendors
- Imaging carve outs

Ultimately, the above is just a brief overview of our capabilities when it comes to helping employers meet their cost containment goals. We know that every situation is unique and will take the time to first fully understand a client's individual challenges and opportunities, then leveraging data to help drive our recommendations.

- c. Review contracts with providers for accuracy in rates, benefits, eligibility, and coverage definitions.

Confirmed.

- d. Assist with managing life and disability programs.

## **Disability**

While much of the pricing for disability is driven by claims history and plan design, pricing increases have required carriers to modify their contracts to stay competitive. At Gallagher, we have significant experience in plan design and contracts to provide HCSB the best combination of coverage and pricing available in the marketplace.

## **Life Insurance**

As part of an employee benefits program, life insurance can take a variety of forms from group life to voluntary products that cover retirees, executives and dependents. Gallagher works with the most respected life insurance providers in the marketplace and can deliver the variety of life coverages HCSB requires.

- e. Review carrier service levels and compare performance

The proven ability to deliver on promises is one of the most important selection criteria for employee benefits vendors. Gallagher will develop and implement performance guarantees with HCSB's vendors, and continually monitor your chosen providers for effectiveness against those goals. We also provide ongoing monitoring of insurance carriers, third party administrators (TPAs) and other vendors. In addition, we will create performance guarantees with the carriers that are meaningful, as opposed to the usual performance guarantees provided by the carrier market.



### 8.2.6. Underwriting/Actuarial Services

- a. Provide actuary services as needed, including validation of premium rates provided by carriers and analysis and explanation of carrier methodology.

Should HCSB become self-insured: The development of rates begins by using HCSB's historical claim information to project future claim costs. Your Gallagher healthcare analytics consultants work with our Health Rating Model and incurred but not reported (IBNR) model to make adjustments that account for plan design, reserve levels, demographic changes, enrollment growth and other variables. The administration fees, stop loss premium and other retention components are added to develop total costs. Rates are then generated to cover this total cost, with appropriate adjustments to account for additional liability and administration expenses, where appropriate.

- b. Provide actuarial costing of legislative proposals for mandated benefit programs.

Confirmed.

- c. Provide renewal projections in advance of carrier negotiations or RFQ's.

We will review the claims experience against the current premiums and rates to determine the ability of the premium to cover insured plan liabilities. While this is important to validate the fully insured renewal, we believe regardless of the claims experience we should advocate on our client's behalf to achieve the best possible pricing.

- d. Assist the District by pricing and analyzing benefit change options; project effect of possible benefit changes on plan costs.

Confirmed.

- e. If HCSB were to become self-insured, calculate self-funded plan reserve liabilities

Confirmed. Gallagher underwriters and actuaries will develop the IBNR for the reserve liabilities. In addition, our actuaries can complete the 112.08 filing with the State of Florida.



- f. Project effect of employee contribution changes on participation and renewal costs.

Confirmed.

- g. Prepare rate tiers for funding and contributions.

Confirmed.

- h. Conduct migration and/or selection analysis based upon plan design and employer contributions.

Confirmed.

#### 8.2.7. Vendor Management:

- a. Provide support in the day-to-day management of vendors and resolve administrative issues; assist with claims and billing issues as requested, and conduct periodic meetings as necessary.

Confirmed.

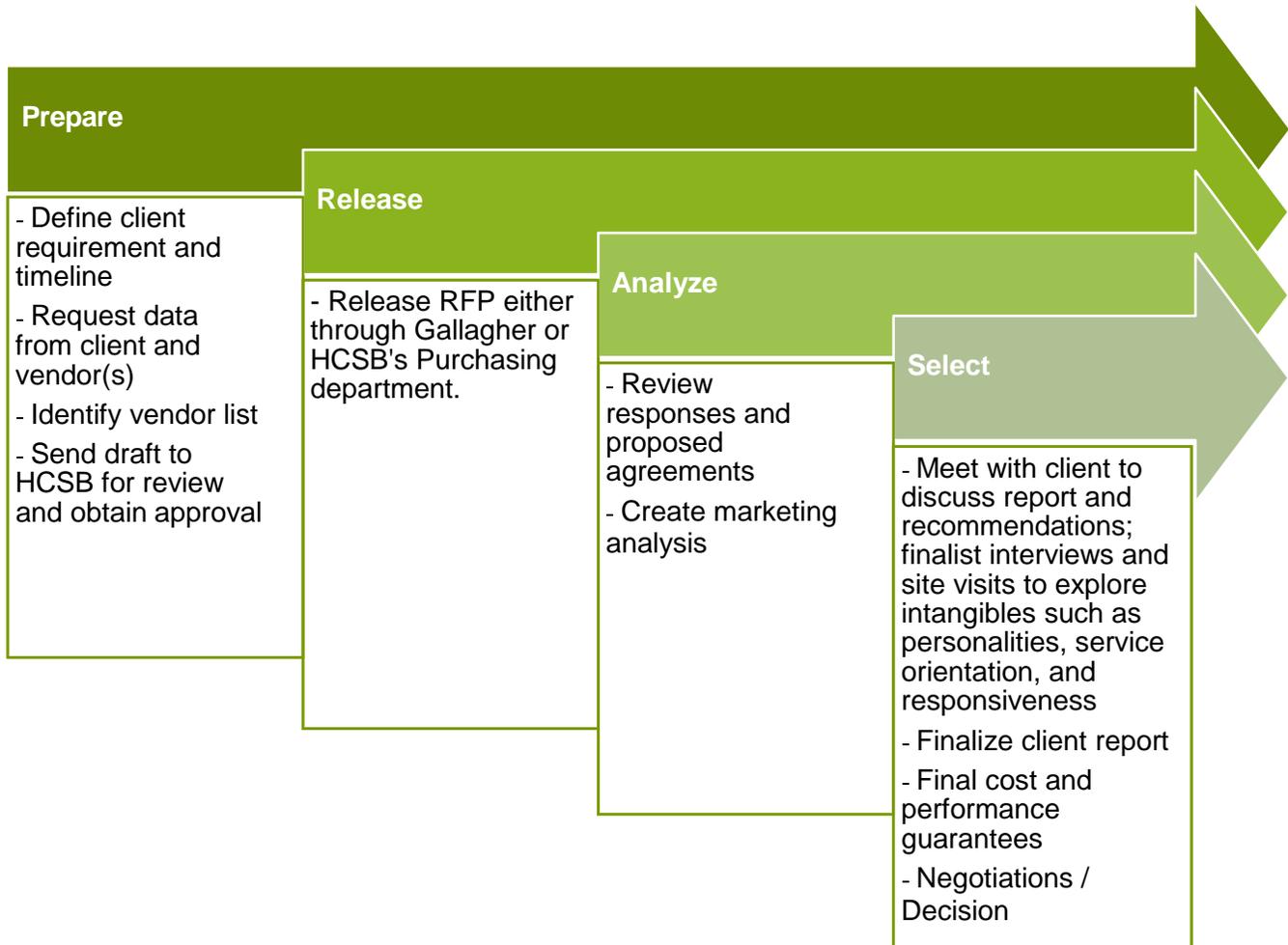
- b. Should HCSB become self-insured, conduct, on the School Board's behalf, a solicitation process for stop-loss insurance and other insurance plans as identified by HCSB. In addition to bidding the stop-loss, the vendor shall provide negotiation and processing of all stop-loss reinsurance claims. Assist HCSB with bidding medical and prescription ASO services, accident and life insurance, short and long term disability insurance and dental insurance. This will include preparing bid documents as well as assisting in evaluations and negotiations.

Regardless of the line of coverage or service, the preparation needed to develop any RFP includes a thorough discovery process with the client as well as the prospective insurance carriers. Each carrier will be asked to address pertinent information such as: benefit designs, funding methodologies, network size, scope and discount, all relevant pricing, contract terms and conditions, discounts, technology, upcoming provider contract negotiations, member services, wellness programs, disease management and their ability and commitment to control future healthcare claims costs.

This process allows Gallagher to develop the type of RFP that will identify the best carrier with the best opportunities and outcomes for our client and their employees and dependents.



A typical vendor or carrier RFP process includes the following steps managed by Gallagher:



The bidding process follows an extensive strategic review of the HCSB's benefits program, including your benefits philosophy and specific preferences. This discipline allows us to apply our experience to your particular situation. Your Gallagher team will represent you in the marketplace during the bidding process and evaluate the carriers with the right products and services to meet your strategic and financial goals. We negotiate on your behalf using the market knowledge and leverage that comes with a firm of our size, scope and reputation as a trusted business associate. Gallagher will prepare recommendations for your program and develop a mutually agreed upon plan, outlining the objectives and actions needed to achieve your benefits goals.

The proven ability to deliver on promises is one of the most important selection criteria for employee benefits vendors. We have the information and knowledge on each of the competing medical carriers in every marketplace and understand the products and benefit designs offered. We maintain a collection of data on each carrier's provider

network and have the statistical information concerning the size, scope and discount efficiencies of their networks. Gallagher maintains competitive information relative to the ancillary carriers and a complete understanding of all of their product offerings.

As a Public Entity, we will incorporate those required components of our Procurement process to include as part of our overall evaluation and scoring.

As a baseline, we would want the responses to an RFP to disclose the vendor’s capabilities and flexibility in the following areas:

	<p><b>Ease of Administration:</b> A review of a vendor’s capability regarding electronic administration and abilities to accept/transmit electronic transactions. Do they provide employee self-service to review enrollment and claims information, as well as other features that may be accessible online?</p>
	<p><b>Provider Network Access:</b> A review of a vendor’s network composition is important when determining the level of disruption to employees and their covered dependents if a change is made. During the RFP process, we have respondents provide a “Geo-Access” analysis of their existing network, which provides detail on how many physicians and hospitals participate within a certain radius of where the SCSB’s employees reside. This analysis will also provide zip codes where the desired access is not available. This analysis will provide guidance if there is sufficient coverage; however it does not provide guidance with specific provider disruption.</p>
	<p><b>Provider Utilization:</b> If available from current vendors, Gallagher will include a list of provider utilization by claims volume in the RFP. These are the most widely used providers, not necessarily the most costly. Vendors will be requested to match their network providers to this list and identify matches and discrepancies. We will evaluate how the top providers by volume in the current arrangement match up to the proposed networks to determine if there is significant disruption that may occur with a change.</p>
	<p><b>Provider Network Cost:</b> Provider networks use different payment methodologies, from straight discounts, Per Diem, DRG based, case rates, capitation, etc. Our experts are well versed in how these different payment methodologies translate into claims costs. Through Gallagher’ network analysis based on the location of the client, we have been able to determine the most cost effective network in delivering the most comprehensive benefit programs to our clients. For example, discount levels from a rented network to an owned network can vary as much as 20 percent in the claims expenses.</p>
	<p><b>Disease Management Programs:</b> What programs does the vendor have? Do they match up with SCSB’s employee population? Are they managed in-house or outsourced? How extensive are the programs? Do they coordinate with the provider network? Do they interface with Prescription Drug Managers (PBM)? How developed is the reporting? How does the vendor evaluate outcomes?</p>
	<p><b>Predictive Modeling Capability:</b> Does the vendor have the ability to identify patients in whom clinical intervention will have the most significant impact by increasing efficiency of resource deployment? Does the vendor have the ability to identify a change in a patient’s risk profile and measure the effectiveness after clinical intervention? About 80% of all medical costs derive directly from clinicians’ decisions regarding necessary</p>



	services. Does the vendor have the ability to use predictive modeling to identify both patients who may be receiving inappropriate care and the clinicians providing it?
	<b>Benefit Design Flexibility:</b> Can the vendor successfully administer a custom benefit design? Some vendors have system limitations that will not allow some types of benefit customization. For example, lab and x-ray can be administered in various environments (physician office, free-standing facility or in a hospital setting). Some vendors may not be able to administer different copayments for the same services delivered in different settings). What limitations do the vendors have? What cannot be customized?
	<b>Claims Payment Efficiency and Accuracy:</b> What percentage of claims are adjudicated electronically? The higher the volume of electronic claims is an indicator of better accuracy. What is the turnaround for paying non-electronic claims? What is the financial accuracy of claims payment? How do network providers perceive the vendors claims payment practices?
	<b>Access to Data:</b> Having access to claims data is necessary to evaluate the effectiveness of the plan and prepare for the future. What type of information is made available? How often is information provided? Will the vendor provide raw claims data into a data warehouse for Gallagher Actuaries to have access to? What data is available at no additional cost? What is the cost for additional data? Can the carrier provide the data files to Florida Hospital to include in their data management program? This will be a critical area to compare and confirm.
	<b>Satisfaction:</b> Solicit references of current clients and previous clients to determine how well the plans function as compared to goals and objectives. Solicit provider references to determine the level of partnership the vendor has to work cooperatively to control costs and current contract status that may affect the SCSB's employee benefits. What are the vendor's Customer Service performance indicators (Average speed of answer, call abandonment rate, 1st call resolution)? What are the vendor's performance indicators for the last quarter of a calendar year, which is notoriously the busiest season for benefits?
	<b>Wellness Programs:</b> What is available? Will vendor work cooperatively to solicit/provide onsite wellness initiatives? Will vendor provide onsite preventive services to avoid time away from work? What self-service, online capabilities are available to employees? What wellness budget will be given?
	<b>Communication Materials:</b> Will the vendor participate in the cost of a custom communication program? What is available at no additional cost? What is available for an additional cost?
	<b>Pharmacy Benefit Managers:</b> What are the administrative costs? What are the discounts for retail versus mail? Will a PBM allow mail order carve out? How are formularies developed and maintained? What flexibility is available to formulary content? How are rebates handled? How will rebates be shared? How does the formulary affect rebates? What utilization management programs are available to control costs? How will the PBM interface with the medical provider for disease management, and other wellness initiatives?

	<p><b>Other carve-out vendors (i.e. Behavioral Health):</b> Cost and services will be reviewed for effectiveness and overall coordination with the medical plan.</p>
	<p><b>Plan costs</b> for administration, reinsurance, reporting, etc.</p>
	<p><b>Performance Guarantees:</b> Vendors would be requested to provide performance guarantees for claims administration performance indicators, member services call center performance indicators, network access standards, access to specific data within established timeframes and plan satisfaction levels as indicated by the number and content of internal grievances/appeals in their Proposal; in addition, contract negotiations would include performance guarantees for services of great importance to the SCSB identified during the review process.</p>
	<p><b>Variations:</b> We will develop detailed evaluations of vendor responses to ensure that variations in coverage services and costs are identified and we will customize the process based on the SCSB's unique needs and priorities.</p>

- c. As directed by District staff, negotiate all insurance vendor contracts, services and renewals with vendors, including meeting directly with insurance company underwriters.

When it comes to representing HCSB to carriers, Gallagher has the experience, the relationships and the independence you need to get the most effective combination of rates, policy terms and plan design. As one of the largest employee benefits consulting firms, we know the markets and their specific strengths.

We can evaluate carriers that have the right products for your individual needs while remaining objective. This allows us to provide you with the most qualified carriers, vendors, networks and risk arrangements for each unique negotiation.

- d. Create performance guarantees for all insurance carriers providing services to the School Board.

The proven ability to deliver on promises is one of the most important selection criteria for employee benefits vendors. Gallagher will develop and implement performance guarantees with HCSB's vendors, and continually monitor your chosen providers for effectiveness against those goals. We also provide ongoing monitoring of insurance carriers, third party administrators (TPAs) and other vendors. These will be developed with HCSB's needs and objectives in mind.



- e. Review contracts with providers for accuracy in rates, benefits, eligibility, and coverage definitions.

Confirmed.

- f. Assist with managing life and disability programs.

Confirmed.

- g. Review carrier service levels and compare performance guarantees; resolve problems regarding vendors' services and performance.

Confirmed.

## 8.2.8. Education & Communication

- a. Provide educational and communication tools to increase awareness and help contain costs, including conducting employee meetings, preparing and providing an annual Benefits Booklet and any other information as requested.

It is imperative that HCSB's employees clearly understand your benefits program and the role it plays as a part of their total compensation package. Employees who have a greater understanding of their benefits program will value it more and will be more likely to stay with their organization. A strong communications program is also very important in a competitive recruiting environment.

Your communications strategy will address the cost drivers specific to your plan and adhere to HCSB's cultural and financial constraints. At the same time, it will provide your employees with a competitive benefits program that they highly value. This dynamic approach allows you to validate and define an effective long-term benefits strategy by aligning employer and employee needs.

In addition to employee communications strategy development, Gallagher's communications services, resources and technology solutions include:

- Open enrollment and new hire orientation materials
- Employee education programs and websites
- Total compensation and benefits statements
- Employee newsletters
- Benefits confirmation statements
- Employee communication sites
- Employee satisfaction surveys

Within Gallagher, you have the expertise and the commitment required to communicate a straightforward, compelling message about the value of HCSB's benefits program.

- b. Create communications and presentations outlining the plans to all employees for open enrollment, as well as other times as requested including:



i. Prepare and provide Benefit Booklets (after final client approval)

Confirmed. Gallagher will continue to prepare and provide Benefit Booklets in both electronic and printed format for distribution to all employees prior to annual enrollment and at the point of hire.

ii. Meet with each employee individually, during annual enrollment, to explain coverage options and answer questions. Provide employee and HCSB a signed summary of all benefits elected and ensure compliance with HCSB's Section 125 plan.

As HCSB's current broker/consultant, Gallagher has provided this service and will commit to continue providing it as long as HCSB staff sees value from this process. Many HCSB employees have relied on our team to provide guidance and direction in plan selection, coverage questions, claims issues, etc. during annual enrollment, and Gallagher will continue to be there for that.

We also recognize that some employees are more self-sufficient and would prefer to use technology platforms to manage their elections. We will assist HCSB in the evaluation of additional communication and enrollment options, not to replace the face-to-face enrollment, but to give additional options to employees who would prefer accessing their benefits differently. We are prepared to provide multiple options while ensuring administrative ease to HCSB staff. In all cases, HCSB staff will be provided with signed enrollment summaries and appropriate documentation to ensure Section 125 compliance.

iii. Provide content for HCSB newsletter including benefit plan information, education, wellbeing, etc.

Two of your best opportunities to communicate how much you care about your employees' wellbeing coincide with two of the biggest jobs for your benefits administrative staff. Open enrollment and new hire orientation are key touchpoints for influencing the employee experience, so they call for a carefully considered strategic approach. Designing programs specifically for your workforce and culture will return the greatest value on the time, effort and financials you invest in these priorities.

We can help you plan and carry out the most effective approaches to open enrollment and new hire orientation based on HCSB's unique communication style, including:

- Enrollment strategy
- Customized communications such as announcement letters, letters from your superintendent, enrollment forms, open enrollment brochures, posters, articles for your internal newsletter and intranet, electronic information, payroll stuffers and other vehicles
- Customized presentation of open enrollment programs
- Open enrollment meetings
- Employee health fairs



To deliver the most impact through your communications, Gallagher continually researches and applies industry best practices. HCSB will have dedicated in-house communications professionals supporting this effort. The services of Gallagher's corporate graphics department, which is highly experienced in benefits enrollment communications design, are at their disposal.

## 8.2.9. Billing & Ongoing Enrollment

- a. Provide reconciliation assistance for all insurance benefit plans, if requested.

Confirmed. If requested, our analytics team will work with you to reconcile your benefits elections against carrier invoices. We often find this process to be the most beneficial to have a second set of eyes post enrollment.

## 8.2.10. Open Enrollment

- a. Prepare digital presentation for and conduct open enrollment meetings by providing 12 onsite meetings which can be attended by all employees. These include various times such as morning, afternoon and evening meetings. Presentation is prepared by and given by consultant.

Confirmed. As HCSB's current broker/consultant, the Gallagher team has conducted these meetings at all required school and non-school locations. We will continue to work directly with each individual school contact to schedule meetings at dates and times that are convenient for each specific location.

- b. Provide narrated open enrollment presentation in a recorded video format which can be viewed by members at their convenience with a way to track attendance.

Confirmed. As HCSB's current broker/consultant, Gallagher can provide this communication medium in the form of a recorded presentation of benefit options. This is an optional feature for members who may choose to enroll using a technology platform, as it provides a consistent message.

- c. Meet with each employee individually during open enrollment to explain benefit options, answer coverage questions, and provide counsel for how they can best address the coverage needs of the employee and their family.

As HCSB's current broker/consultant, Gallagher has provided this service and will commit to continue providing it as long as HCSB staff sees value from this process. Many HCSB employees have relied on our team to provide guidance and direction in plan selection, coverage questions, claims issues, etc. during annual enrollment, and Gallagher will continue to be there for that.

We also recognize that some employees are more self-sufficient and would prefer to use technology platforms to manage their elections. We propose to evaluate other communication and enrollment options as well, not to replace the face to face enrollment, but to supplement it for employees who would prefer accessing their



benefits differently. A system of this type will incorporate decision making tools to help these employees arrive at plan elections that are best for the employee and their family.

#### 8.2.11. Wellness

- a. Provide a contact for HCSB's wellness committee, preferably a resource dedicated solely to the furtherance of wellbeing and engagement activities.

Confirmed. Kate Siano, Wellbeing and Engagement Consultant, who has already been introduced to HCSB's wellness team, will be the assigned dedicated resource for helping HCSB continue its wellbeing journey.

- b. Participate and assist with the onsite health and wellness fair held annually including organizing the vendors, providing communication, providing venue supervision and vendor management.

Confirmed. Gallagher will continue to take an active role in this event. Additionally, by leveraging Kate's experience working with other clients, we can bring new fresh ideas for making this event even better.

- c. Supply best practice knowledge, tools, and resources to support Hamilton County School Board with building a sustainable wellness program which fits the specific culture, needs and budgetary constraints of the organization.

Confirmed. More detail is provided in Tab 3, Question 3.6.19.

- d. Build and implement strategic, multi-year wellness plans.

Confirmed. More detail is provided in Tab 3, Question 3.6.19.

- e. Analyze data from wellness programs and report findings.

Confirmed. More detail is provided in Tab 3, Question 3.6.19.





## Tab 8: Variations and Exceptions

At this time Gallagher provides the following clarification to the following areas to RFP #18-101 Health Insurance Brokerage and Consulting Services:

- **Section 3.1.3 (d)(page 8) and Question 7 (page 27):**

SUBJECT: Administrative Actions  
Gallagher Benefit Services, Inc.  
FEIN: 36-4291971

In October, 2013 an administrative action was issued against Gallagher Benefit Services, Inc. by the New York State Department of Financial Services for failure to report actions taken against it by the Florida Department of Financial Services and Utah Insurance Department within 30 days of their respective final dispositions and for providing materially incomplete information on its original application for an agent's license, by failing to disclosure that in 2005 its owner, Arthur J. Gallagher & Co., was ordered by the Illinois Division of Insurance to establish a fund to be paid to certain policy holders of Arthur J. Gallagher & Co., and was ordered by the Illinois Division of Insurance not to engage in certain conduct in placing, renewing, consulting on or servicing any retail insurance policy. Forfeiture in the amount of \$3,750.00 was assessed.

In September, 2014 the Commissioner of Banking and Insurance, State of New Jersey issued a consent order against Gallagher Benefit Services, Inc. for potential violations of the New Jersey Producer Licensing Act. A fine of \$5,000.00 was assessed.

It is important to note that all administrative actions taken have been strictly against the entity(s). There have been no administrative action(s) taken against any of the individual professional or occupational licenses held by any of the entity's directors or officers.

- **Section 6.12.1 (page 17):**  
Gallagher requests that indemnification be limited to negligent acts and omissions, breaches of the contract, intentional misconduct, or violations of law.
- **Section 7.7.1 (page 18):**  
Gallagher will not provide advance notice to or permit its clients to approve staffing changes. Gallagher will agree to provide notice to client within a reasonable time after the change and will use good faith efforts to ensure client is satisfied with the replacement personnel.





**Gallagher**

Insurance | Risk Management | Consulting

Tab 9: Appendix

References

Appendix A

Appendix B

Appendix C

Appendix D

Appendix E

Appendix F

Appendix G

**9. REFERENCES**

I Tyson Johnson, Area President being of Area President  
(Name/Title)  
Gallagher Benefit Services, Inc.  
(Name of Company)

Hereby give Hamilton County School Board authorization to check our company's previous performance.

Authorizing Signature \_\_\_\_\_

<b>REFERENCE 1.</b>	
COMPANY NAME: Columbia County School District	
COMPANY ADDRESS: 372 West Duval St., Lake City, FL 32055	
CONTACT PERSON: Bonnie Penner, Director of Finance	
PHONE NUMBER: 386.755.8012	FACSIMILE NUMBER: N/A
EMAIL: pennerb@columbiak12.com	
<b>REFERENCE 2.</b>	
COMPANY NAME: Suwannee County School Board	
COMPANY ADDRESS: 1729 Walker Avenue SW, Suite 200, Live Oak, FL 32064	
CONTACT PERSON: Vickie Depratter, Chief Financial Officer	
PHONE NUMBER: 386.647.4609	FACSIMILE NUMBER: N/A
EMAIL: vickie.depratter@suwannee.k12.fl.us	
<b>REFERENCE 3.</b>	
COMPANY NAME: School District of Osceola County	
COMPANY ADDRESS: 831 Simpson Road, Suite 100, Kissimmee, FL 34744	
CONTACT PERSON: Ken DeBord, Director of Risk & Benefit Management	
PHONE NUMBER: 407.870.4905	FACSIMILE NUMBER: 407.943.7749
EMAIL: debordk@osceola.k12.fl.us	

**APPENDIX A**

**Vendor’s Statement of Qualifications**

Please provide written responses to the following questions. If the answer to any of the questions is “Yes”, Vendor shall describe fully the circumstances, reasons therefore, the current status, and ultimate disposition of each matter that is the subject of this inquiry.

- 1. Has Vendor been declared in default of any contract?      Yes       No
- 2. Has Vendor forfeited any payment of performance bond issued by a surety company on any contract?    Yes  No
- 3. Has an uncompleted contract been assigned by Vendor’s surety company on any payment of performance bond issued to Vendor arising from its failure to fully discharge all contractual obligations thereunder? \_\_\_\_\_ Yes       No
- 4. Within the past three (3) years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? \_\_\_\_\_ Yes       No
- 5. Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm’s financial position or future viability? \_\_\_\_ Yes       No
- 6. Is Vendor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? \_\_\_\_\_ Yes       No
- 7. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies

Arthur J. Gallagher & Co. and its affiliates may be involved in multiple court actions at any given time that are proportionate in number for a broker of our size and profile. Gallagher treats these matters as confidential, and SEC guidelines prohibit us from providing material information in this RFP response that is not currently disclosed to the public. Any material items are noted in reports to the SEC, which are available on investor.ajg.com under Investor Relations > SEC Filings.

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8. Provide the following financial information:

\$ <u>463.10</u>	Earnings before Interest & Taxes
\$ <u>12,897.40</u>	Total Assets
\$ <u>6,159.60</u>	Net Sales
\$ <u>4,164.90</u>	Market Value of Equity (Common & Preferred Stock)
\$ <u>8,732.50</u>	Total Liabilities
\$ <u>5,170.60</u>	Current Assets
\$ <u>4,912.30</u>	Current Liabilities
\$ <u>6,159.60</u>	Retained Earnings

\_\_\_\_\_  
Authorized Representative’s Signature

Gallagher Benefit Services, Inc.

Company Name

State Of: Florida

County Of: Suwannee County | Columbia County

**APPENDIX B**

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted

to School Board of Hamilton County, Florida

by Tyson Johnson, Area President

for Gallagher Benefit Services, Inc. 120 East Conner Street, Live Oak, Florida 32064

Whose business address is: 4498 West U.S. Highway 90, Lake City, Florida 32055

(If applicable) its Federal Employer Identification Number (FEIN) is: 36-4291971

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement on the attached sheet.) Required as per IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes means:

- a. A predecessor or successor of a person convicted of a public entity crime or;
- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those offices, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length agreement, shall be a facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of the entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting those sworn statements. (*Please indicate which statement applies.*)

Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

May 7, 2018  
\_\_\_\_\_

(Date)

STATE OF Florida

COUNTY OF Columbia | Suwannee

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

\_\_\_\_\_  
(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided

above on this 7th day of May, 2018.

\_\_\_\_\_  
**(NOTARY PUBLIC)**

My Commission Expires: \_\_\_\_\_

## **APPENDIX C**

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions**

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled  Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions,  without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment

#### **Certification**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

ED 80-0014, 9/90 (Replaces GCS-009 (REV.12/88), which is obsolete)

**APPENDIX D**

**NON-COLLUSION AFFIDAVIT**

State of Florida

County of Hamilton

\_\_\_\_\_ being first duly sworn, deposes and says that:

(1) He/she is the Owner, Partner, Officer, Representative, or Agent

of the Proposer that has submitted the attached Proposal;

(2) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

(3) Such Proposal is genuine and is not a collusive or sham Proposal;

(4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

(5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed, and delivered in the presence of:

\_\_\_\_\_  
\_\_\_\_\_

**BY:** \_\_\_\_\_

**Printed Name:** Tyson Johnson

**Title:** Area President

## APPENDIX E

### THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA Agreement Rider Maintenance and Public Access to Records

In compliance with Section 119.0701, Florida Statutes (2016) the Vendor shall:

- A. Keep and maintain public records that would ordinarily and necessarily be required by Board in order to perform the services provided by the Vendor. Any documents created by the Vendor related to this contract shall be considered a Public Record. This includes, without limitation, any and all financial, accounting, instructional, curriculum, testing, operational or service records or reports kept, generated or issued as a normal part of the services provided.
- B. Upon request from the Board's custodian of public records, provide the Board with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.
- C. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the Vendor does not transfer the records to the Board.
- D. Upon completion of the Agreement, transfer, at no cost, to the Board all public records in possession of the Vendor or keep and maintain public records required by the Board to perform the service. If the Vendor transfers all public records to the Board upon completion of the Agreement, the Vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Vendor keeps and maintains public records upon completion of the Agreement, the Vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Board, upon request from the Board's custodian of public records, in a format that is compatible with the information technology systems of the Board.
- E. If the Vendor does not comply with a public records request, the School Board shall be entitled to enforce these contract provisions by any legal or equitable means available, including, without limitation, damages, injunctive relief or both.

Failure of Vendor to abide by the terms of this provision shall be deemed a material breach of this Agreement. This provision shall survive any termination or expiration of this Agreement. In the event a civil action is filed against the Vendor to compel production of public records where the Vendor has unlawfully refused to comply with the public records request within the time required by law, the Plaintiff may be entitled to recover its reasonable costs of enforcement, including reasonable attorney's fees from the Vendor as authorized by 119.0701, Fla. Stat.

**IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE VENDOR MUST CONTACT THE CUSTODIAN OF PUBLIC RECORDS FOR THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA: Rex L. Mitchell, Superintendent, The School District of Hamilton County, Florida , 5683 South US Highway 129, Suite 1, Jasper, Florida 32052, email address: rex.mitchell@hamiltonfl.com. telephone number (386) 792-7802.**

## **APPENDIX F**

### **STATEMENT OF AFFIRMATION AND INTENT**

TO: HAMILTON COUNTY SCHOOL BOARD, DIRECTOR OF BUSINESS SERVICES

PROJECT: RFQ #18-101

DATE: May 15, 2018

The undersigned, hereinafter called the Proposer, declares that the only persons, or parties interested in their Response are those named herein, that this Response is, in all respects, fair and without fraud that it is made without collusion with any other vendor or official of Hamilton County School Board (HCSB). Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

The Proposer certifies that no Board Member, Director, or any HCSB Employee directly or indirectly owns assets or capital stock of the bidding entity, nor will directly or indirectly benefit by the profits or emoluments of this Response. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Proposer certifies that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the School. In the event that a conflict of interest is identified in the provision of services, the Proposer agrees to immediately notify HCSB in writing.

The Proposer further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Request for Qualifications and that Proposer's Response is made according to the provisions of the RFQ and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Request for Qualifications.

The Proposer agrees to abide by all conditions of the negotiation process. In conducting negotiations with HCSB, Proposer offers and agrees that if this negotiation is accepted, the Proposer will convey, sell, assign, or transfer to HCSB all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by HCSB. At the School's discretion, such assignment shall be made and become effective at the time the School tenders final payment to the Proposer. The Response constitutes a firm and binding offer by the Proposer to perform the services as stated.

Proposer acknowledges that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

The signer of this Response guarantees, as evidence of the sworn affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by HCSB or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.

**STATEMENT OF AFFIRMATION AND INTENT ATTESTATION**

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Signature of Authorized Firm Representative Date

Tyson Johnson, Area President May 7, 2018

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Name and Title of Authorized Firm Representative (Typed) E-mail Address

Gallagher Benefit Services, Inc. Tyson\_Johnson@ajg.com

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Name of Firm (Typed)

4498 West US Highway 90, Lake City, Florida 32055 | 120 East Conner Street, Live Oak, Florida 32064

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Address, City, Zip

386.269.3360 386.755.7264

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Telephone Number Fax Number

Sworn to and subscribed before me this 7th day of May 2018.

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Notary Public Commission Expiration Date

**APPENDIX G**

**DRUG-FREE WORKPLACE CERTIFICATION**

The response preference shall be given to businesses with drug-free workplace programs. Whenever two or more responses, 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 response received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie responses will be followed if none of the tied Awardee(s) have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 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 employees for violations of such prohibition.
- 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.
- Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in subsection (1).
- 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 response, 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.
- 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.
- 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 COMPANY COMPLIES FULLY WITH THE ABOVE DRUG-FREE WORKPLACE REQUIREMENTS.**

May 7, 2018

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**Company Official Signature**

**Date**