BILL NO. S-24-12-07

SPECIAL ORDINANCE NO. S-_____

AN ORDINANCE approving the awarding of RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PHP / SYMETRA LIFE INSURANCE COMPANY for the HUMAN RESOURCES AND BENEFITS DEPARTMENT.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. That RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PHP / SYMETRA LIFE INSURANCE COMPANY for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

Self-Funded Health Plan: **PHP/TPA**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed $2,550,000
Lowest bid

Group Life/AD&D/LTD/STD: **Symetra Life Insurance Company**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed $1,800,000
(Includes $600,000 of Supplemental Life Insurance (EMPLOYEE PAID)
Renewal 16.5% lower than current

involving a total cost of not to exceed FOUR MILLION, THREE HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS ($4,350,000.00)- (INCLUDES $600,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department

of Purchasing, and are by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2. That this Ordinance shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

_____
Council Member

APPROVED AS TO FORM AND LEGALITY

_____
Malak Heiny, City Attorney

CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA HELMKAMP – HR & BENEFITS MANAGER

RE: SELF FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AWARDED TO PHP AND RENEWAL OF GROUP LIFE/AD&D INSURANCE AND LONG TERM & SHORT-TERM DISABILITY INSURANCE AWARDED TO SYMETRA

DATE: DECEMBER 2, 2024

The Benefits Department requests approval for the following contracts effective January 1, 2024:

Self-Funded Health Plan:	**PHP/TPA** Total annual fees are based on per person/per month enrollment. Total annual not to exceed $2,550,000 Lowest bid
Group Life/AD&D/LTD/STD:	**Symetra Life Insurance Company** Total annual fees are based on per person/per month enrollment. Total annual not to exceed $1,800,000 (Includes $600,000 of Supplemental Life Insurance **(EMPLOYEE PAID)** Renewal 16.5% lower than current.
TOTAL:	**$4,350,000**

See attached summaries for more detailed information. Funding Source 403 INSR1 5146

Please contact me at 427-2634 if you have any questions.

City of Port Wayne
January 1, 2025 Self Funded Cost Comparison

THE DEHAYES GROUP

	1	2	3	4
Plan Administrator Managing Underwriter Reinsurance Carrier Networks	Current - 2024 AGA MDS Companion Life Signature Care EPO & Evolutions	Renewal - 2025 AGA MDS Companion Life Signature Care Elite, TDPs Encore/Encore Combined (as needed)	Alternate - 2025 AGA MDS Companion Life Encore/Encore Combined	Alternate - 2025 AGA MDS Companion Life Cigna
Reinsurance Contract Terms				
Specific Deductible	$400,000	$400,000	$400,000	$400,000
Aggregating Specific Deductible	$200,000	$200,000	$200,000	$200,000
Specific Contract	18/12	18/12	18/12	18/12
Aggregate Contract	18/12	18/12	18/12	18/12
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental
Enrollment	Medical Dental	Medical Dental	Medical Dental	Medical Dental
TOTAL	2165 2196	2165 2196	2165 2196	2165 2196
Administration Fees				
Medical	20.45	20.45	20.45	20.45
Dental	3.25	3.25	3.25	3.25
PPO Access	7.25	7.25	7.25	21.33
Utilization Review/Mgmt	3.50	3.50	3.50	3.50
OP Therapy Review	0.70	0.70	0.70	0.70
OP Surgery Review	0.80	0.80	0.80	0.80
MCC Disease Mgmt Pkg	5.45	5.45	5.45	5.45
HealthiestYou	5.50	5.50	5.50	5.50
Consolidated Appropriations Act	1.00	1.00	1.00	1.00
Total Monthly Admin per Employee	47.90	47.90	47.90	61.98
Monthly Administration Costs	$103,804.25	$103,804.25	$103,804.25	$134,287.45
Annual Administration Costs*	$1,245,651.00	$1,245,651.00	$1,245,651.00	$1,611,449.40
Reinsurance Premiums				
Specific Premium	61.84	61.84	74.69	68.27
Aggregate Premium	3.39	3.39	3.39	3.39
Monthly Reinsurance Premium	$141,222.95	$141,222.95	$169,043.20	$155,143.90
Annual Reinsurance Premium	$1,694,675.40	$1,694,675.40	$2,028,518.40	$1,861,726.80
Aggregate Claim Factors				
Medical Aggregate Factor	1,646.01	1,624.18	1,768.01	1,685.64
Dental Aggregate Factor	75.75	75.75	75.75	75.75
Monthly Aggregate Factors	$3,729,958.65	$3,682,696.70	$3,994,153.60	$3,815,757.60
Annual Aggregate Factors	$44,759,503.80	$44,192,360.40	$47,929,843.20	$45,789,091.20
Total Minimum Plan Costs	$2,940,326.40	$2,940,326.40	$3,274,169.40	$3,473,176.20
Total Maximum Plan Costs	$47,699,830.20	$47,132,686.80	$51,204,012.60	$49,262,267.40

Notes/Contingencies
Current Benefits - $1,200/$3,100 Deductibles
Grandfathered Status
See Underwriter Comments and Assumptions
* AGA unbundled admin fees - no additional fees charged for Subrogation fees, Out-of-Network Savings fees, PaidHealth Human Services & Rx Fees Mo. Current year budget for these items is $1,591,392

November 11, 2024

City of Fort Wayne
January 1, 2025 Self Funded Cost Comparison

THE DEHAYES GROUP

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Revised November 19, 2024

Plan Administrator Managing Underwriter Reinsurance Carrier Networks	Current - 2024 AGA MDS Companion Life Signature Care EPO & Evolutions	Renewal - 2025 AGA MDS Companion Life Signature Care Elite, TRP, Encore/Encore Complined (as needed)
Reinsurance Contract Terms		
Specific Deductible	$400,000	$400,000
Aggregating Specific Deductible	$200,000	$200,000
Specific Contract	18/12	18/12
Aggregate Contract	18/12	18/12
Specific Contract Coverage	Medical/Rx	Medical/Rx
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental
Enrollment	Medical / Dental	Medical / Dental
TOTAL	2165 / 2196	2165 / 2196
Administration Fees		
Medical	20.45	20.45
Dental	3.25	3.25
PPO Access	7.25	7.25
Utilization Review/Mgmt	3.50	3.50
OP Therapy Review	0.70	0.70
OP Surgery Review	0.80	0.80
MCC Disease Mgmt Pkg	5.45	5.45
HealthiestYou	5.50	5.50
Consolidated Appropriations Act	1.00	1.00
Total Monthly Admin per Employee	47.90	47.90
Monthly Administration Costs	$103,804.25	$103,804.25
Annual Administration Costs*	$1,245,651.00	$1,245,651.00
Reinsurance Premiums		
Specific Premium	61.84	53.81
Aggregate Premium	3.39	3.33
Monthly Reinsurance Premium	$141,222.95	$123,708.10
Annual Reinsurance Premium	$1,694,675.40	$1,484,497.20
Aggregate Claim Factors		
Medical Aggregate Factor	1,646.01	1,616.67
Dental Aggregate Factor	75.75	75.75
Monthly Aggregate Factors	$3,729,958.65	$3,666,437.55
Annual Aggregate Factors	$44,759,503.80	$43,997,250.60
Total Minimum Plan Costs	**$2,940,326.40**	**$2,730,148.20**
Total Maximum Plan Costs	**$47,699,830.20**	**$46,727,398.80**

Notes Contingencies
Current Benefits - $1,200 $3,400 Deductibles
Grandfathered Status
See Underwriter Comments and Assumptions
* AGA transparent plan fees + reinsurance fees charged for Subrogation fees, Out of Network Savings fees, PaidHealth Pharmacy Services & Rx Fixed Mo. Current year ratings for these items is $1,591,302

City of Fort Wayne
January 1, 2025 Self Funded Cost Comparison

THE DEHAYES GROUP

	6	7	8	9
Plan Administrator	PHP TPA	PHP TPA	PHP TPA	PHP TPA
Managing Underwriter	Crum & Forster	Crum & Forster	Crum & Forster	Crum & Forster
Reinsurance Carrier	North River	North River	North River	North River
Networks	Signature Care Elite/TRP+	PHP Freedom/Encore Combined	Signature Care Elite/TRP+	PHP Freedom/Encore Combined
Reinsurance Contract Terms				
Specific Deductible	$400,000	$400,000	$425,000	$425,000
Aggregating Specific Deductible	$200,000	$200,000	$200,000	$200,000
Specific Contract	18/12	18/12	18/12	18/12
Aggregate Contract	18/12	18/12	18/12	18/12
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental
Enrollment				
Employee	753	753	753	753
Employee/Spouse	333	333	333	333
Employee/Child(ren)	289	289	289	289
Family	790	790	790	790
TOTAL	*2165*	*2165*	*2165*	*2165*
Administration Fees				
Medical	$20.00	$20.00	$20.00	$20.00
Dental	$2.00	$2.00	$2.00	$2.00
PPO Access	$6.00	$6.00	$6.00	$6.00
Utilization Review/Mgmt	$2.00	$2.00	$2.00	$2.00
OP Therapy Review	Included	Included	Included	Included
OP Surgery Review	Included	Included	Included	Included
Disease Mgmt	$3.00	$3.00	$3.00	$3.00
24/7 Call-A-Doc	$2.35	$2.35	$2.35	$2.35
COBRA/HIPAA	$2.00	$2.00	$2.00	$2.00
Total Monthly Admin per Employee	$37.35	$37.35	$37.35	$37.35
Monthly Administration Costs	*$80,924.75*	*$80,924.75*	*$80,924.75*	*$80,924.75*
Annual Administration Costs	*$971,097.00*	*$971,097.00*	*$971,097.00*	*$971,097.00*
Reinsurance Premiums				
Specific - Employee	$39.66	$34.50	$37.02	$32.34
Specific - Employee/Spouse	$64.30	$54.04	$59.05	$49.72
Specific - Employee/Child(ren)	$58.62	$49.53	$53.96	$45.71
Specific - Family	$89.14	$73.73	$81.25	$67.24
Aggregate - Composite	$1.38	$1.33	$1.42	$1.37
Aggregate Accomodation Rider	$2.00	$2.00	$2.00	$2.00
Monthly Reinsurance Premium	*$145,955.36*	*$123,744.14*	*$134,725.95*	*$114,534.62*
Annual Reinsurance Premium	*$1,751,464.32*	*$1,484,929.68*	*$1,616,711.40*	*$1,374,415.44*
Aggregate Claim Factors				
Aggregate Factors - Employee	$888.36	$851.20	$889.46	$855.25
Aggregate Factors - Employee/Spouse	$1,769.63	$1,701.56	$1,771.81	$1,703.66
Aggregate Factors - Employee/Child(ren)	$1,566.19	$1,505.95	$1,568.12	$1,507.81
Aggregate Factors - Family	$2,657.99	$2,555.75	$2,661.26	$2,558.91
Monthly Aggregate Factors	*$3,810,662.88*	*$3,664,094.13*	*$3,815,358.19*	*$3,668,618.02*
Annual Aggregate Factors	*$45,727,954.56*	*$43,969,129.56*	*$45,784,298.28*	*$44,023,416.24*
Total Minimum Plan Costs	**$2,722,561.32**	**$2,456,026.68**	**$2,587,808.40**	**$2,345,512.44**
Total Maximum Plan Costs	**$48,450,515.88**	**$46,425,156.24**	**$48,372,106.68**	**$46,368,928.68**

November 14, 2024

Stealth Partner Group
48 Hunter Road
Plymouth Meeting, PA 19462

stealth PARTNER GROUP
An Amwins Company

Chris Walker
Phone: 800.944.7659
Email: chris.walker@amwins.com

Prepared For: City of Fort Wayne
Effective Date: 1/1/2025

Approached:	20
Quoted:	3
Declined:	11
Pending:	6

STEALTH MARKETING SUMMARY

Carrier	Rating	Response	Comments
Amwins Accident & Health Underwriters, LLC	A++	*Pending*	
Berkley Accident and Health	A+	*Pending*	
Berkshire Hathaway Specialty Insurance Company	A++	Declined	Unable to Match Current Contract Terms
Crum & Forster	A	*Pending*	
Evolution Risk Partners	A+	Declined	Uncompetitive Rates
HCC Life Insurance Company	A++	*Pending*	
IISI - Intermediary Insurance Services, Inc.	A+	*Pending*	
International Specialty Underwriters, Inc.	A+	Declined	Unable to Match Current Contract Terms
IOA Re	A+	Declined	Underwriting Guidelines - Maximum Lives
IRC	A+	Declined	Underwriting Guidelines - Maximum Lives
Optum	A+	*Pending*	
PartnerRe	A+	**Quoted**	
QBE North America	A	Declined	Uncompetitive Rates
SL Management Partners, LLC	A+	Declined	Uncompetitive Rates
Sun Life	A	Declined	Unable to Match Current Contract Terms
Swiss Re	A+	Declined	Uncompetitive Rates
Symetra	A	**Quoted**	
Vista One 80 Intermediaries	A+	**Quoted**	
Voya Financial, Inc.	A	Declined	Uncompetitive Rates
Wellpoint Stop Loss	A	Declined	Uncompetitive Rates

THE DEHAYES GROUP

City of Fort Wayne - Effective 1/1/25

COST ANALYSIS

	SYMETRA Current	SYMETRA Renewal	SYMETRA Revised Renewal	NEW YORK LIFE	Guardian	Sun Life
Life AD&D						
Annual Premium	$489,092	$459,559	$406,082	$413,414	$422,643	$330,351
Rate Guarantee	Expiring	3 Years	3 Years	3 Years	3 Years	3 Years
Short Term Disability						
Annual Premium	$507,498	$507,498	$432,149	$421,069	$432,149	$507,498
Rate Guarantee	Expiring	3 Years	3 Years	3 Years	3 Years	3 Years
Long Term Disability						
Annual Premium	$323,249	$308,047	$264,040	$284,043	$264,040	$317,648
Rate Guarantee	Expiring	3 Years	3 Years	3 Years	3 Years	3 Years
Total All Lines						
Annual Premium	$1,319,840	$1,275,105	$1,102,272	$1,118,525	$1,118,832	$1,155,498
Annual Change vs Current		-$44,735.56	-$217,568.41	-$201,314.73	-$201,007.93	-$164,342.06
Annual % Change vs Current		-3.4%	-16.5%	-15.3%	-15.2%	-12.5%
Annual Change vs Renewal			-$172,832.85	-$156,579.22	-$156,272.37	-$119,606.50
Annual % Change vs Renewal			-13.6%	-12.3%	-12.3%	-9.4%
Annual Change vs Revised Renewal				$16,253.63	$16,560.48	$53,226.35
Annual % Change vs Revised Renewal				1.5%	1.5%	4.8%

This summary is for illustrative purposes only and is not a binding quote.
Pricing Assumes Package Sale unless otherwise noted.
Please refer to carrier proposal for full details.

THE DEHAYES GROUP

City of Fort Wayne - Effective 1/1/25

MARKETS APPROACHED

Carrier	Response	Notes	Tech/Implementation Credits
SYMETRA	Incumbent Life, Disability carrier	Renewal rates illustrated. Quoted VB lines of coverage, renewal rates not contingent on adding VB lines.	If VB lines are added the following credits and subsidies are being offered: One-time $10,000 implementation credit and 4% tech credit on VB lines. In addition contingent with adding VB to inforce lines additional credit of $2.14 PEPM tied to Basic Life up to a max of $50,000/year. Total estimated credits would be $70,000 in Year 1 and $60,000 Year 2+. Credits/subsidies to be used towards technology and enrollment solutions in place or future considerations.
UNUM	Incumbent VB carrier	Under rate guarantee	None
EQUITABLE	Declined to quote	Not competitive with retiree volume	N/A
Guardian	Quote Illustrated	Rates assume package pricing for core lines. VB lines do not need to sell.	Included 3% on-going technology credit on Life, Disability and one-time $25,000 implementation credit. Unable to provide tech credit on VB lines.
THE HARTFORD	Quoted, not illustrated	Rates assumed package pricing of all inforce lines of coverage.	Included 3% on-going technology credit on VB lines
Lincoln Financial Group	Quoted, not illustrated	Not competitive vs inforce or renewal. 28% above current rates ($367k annually)	N/A
MetLife	Quoted, not illustrated	Not competitive with other options. Saving $80k/year vs renewal rates	N/A
Mutual of Omaha	Quoted, not illustrated	Not competitive with other options. Saving $45k/year vs renewal rates	N/A
NEW YORK LIFE	Quote Illustrated	Rates assume package pricing of Life and DI. VB lines do not need to sell.	Included one-time $50,000 implementation credit and 3% ongoing subsidy on VB lines.
Principal	Declined to quote	Followed up and no response.	N/A
reliancematrix	Declined to quote	Followed up and no response.	N/A
	Quoted, not illustrated	Not competitive with other options. Saving $52k/year vs renewal rates	N/A
Sun Life	Quote Illustrated	Rates assume package pricing of all inforce lines of coverage.	Included 3% on-going technology credit on VB lines

SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Life Insurance Company
Mailing Address: P.O. Box 34690
Seattle, WA 98124-1690

Phone: (800) 426-7784
Fax: (866) 348-0058
TT/TTY (800) 833-6388 (Deaf/HH only)

Laura Helmkamp
City of Fort Wayne
200 East Berry Suite 370
Fort Wayne, IN 46802

Re: Policy 01-016266-00
January 01, 2025

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data and your plan's experience.

Effective January 1, 2025 your renewal rates/fees are as follows:

	Lives	Volume	Current Rate/Fee	Renewal Rate/Fee
Basic Employee Life	2931	$153,879,000.00	$0.236	$0.200
Basic Employee AD&D	1949	$221,995,000.00	$0.020	$0.020
Supplemental Employee Life	672	$99,130,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	263	$12,125,000.00	Step-rates*	Step-rates*
Supplemental Child Life	366	$3,634,000.00	$0.070	$0.070
Supplemental Employee AD&D	498	$77,310,000.00	$0.030	$0.030
Supplemental Spouse AD&D	193	$9,175,000.00	$0.030	$0.030
Supplemental Child AD&D	300	$2,982,000.00	$0.030	$0.030
Long Term Disability	1172	$6,667,680.71	$0.404	$0.330
Short Term Disability	1172	$923,395.94	$0.458	$0.390

	Current Monthly Premium/Fees	Renewal Monthly Premium/Fees	Percent Change
Basic Employee Life	$36,315.44	$30,775.80	-15.3%
Basic Employee AD&D	$4,439.90	$4,439.90	0.0%
Supplemental Employee Life	$26,617.20	$26,617.20	0.0%
Supplemental Spouse Life	$3,355.25	$3,355.25	0.0%
Supplemental Child Life	$254.38	$254.38	0.0%
Supplemental Employee AD&D	$2,319.30	$2,319.30	0.0%
Supplemental Spouse AD&D	$275.25	$275.25	0.0%
Supplemental Child AD&D	$89.46	$89.46	0.0%
Long Term Disability	$26,937.43	$22,003.35	-18.3%
Short Term Disability	$42,291.53	$36,012.44	-14.8%

SYMETRA LIFE INSURANCE COMPANY
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number:	01-016266-00
Policyholder:	City of Fort Wayne
Effective Date of Premium Rates/Fees:	January 01, 2025

Coverage/Service	Monthly Rate/Fee
Basic Employee Life	$0.200
Basic Employee AD&D	$0.020
Supplemental Employee Life	Step-rates*
Supplemental Spouse Life	Step-rates*
Supplemental Child Life	$0.070
Supplemental Employee AD&D	$0.030
Supplemental Spouse AD&D	$0.030
Supplemental Child AD&D	$0.030
Long Term Disability	$0.330
Short Term Disability	$0.390

- Life rates are based on per $1,000
- AD&D rates are based on per $1,000
- Long Term Disability rates are quoted as % of total covered payroll
- Short Term Disability rates are quoted as per $10 of weekly covered benefit

Supplemental Employee Life Step-rates are as follows:

	CURRENT	RENEWAL
Age	Rate per $1,000	Rate per $1,000
< 25	$0.070	$0.070
25-29	$0.070	$0.070
30-34	$0.070	$0.070
35-39	$0.110	$0.110
40-44	$0.170	$0.170
45-49	$0.280	$0.280
50-54	$0.500	$0.500
55-59	$0.820	$0.820
60-64	$1.090	$1.090
65-69	$1.700	$1.700
70-74	$3.000	$3.000
75 +	$4.940	$4.940

Supplemental Spouse Life Step-rates are as follows:

	CURRENT	RENEWAL
Age	Rate per $1,000	Rate per $1,000
< 25	$0.070	$0.070
25-29	$0.070	$0.070
30-34	$0.070	$0.070
35-39	$0.110	$0.110
40-44	$0.170	$0.170
45-49	$0.280	$0.280
50-54	$0.500	$0.500
55-59	$0.820	$0.820
60-64	$1.090	$1.090
65-69	$1.700	$1.700
70-74	$3.000	$3.000
75 +	$4.940	$4.940

Rates/Fees will be guaranteed until 1/1/2028 unless there is a change in benefits, eligibility, or an Associated Company is added.

Any policy issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer. Any policy issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.

Margaret Meister

BY: Margaret Meister, President

Date: 8/23/2024

Instructions: (1) Use these rates beginning on the effective date shown above.
(2) Retain this Premium Rate Notice with your policy.

COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

RFPs , BIDS, OTHER PROJECTS

Bid/RFP#/Name of Project	Self-Funded Health Plans (Administration and Reinsurance Fees) awarded to PHP AND renewal of Group Life/Long- and Short-Term Disability Insurance Plans with Symetra
Awarded To	PHP/Symetra Life Insurance
Amount	Not to exceed $4,350,000 (includes $600,000 of **employee** paid life ins)
Conflict of interest on file?	☐ Yes ☐ No
Number of Registrants	
Number of Bidders	
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

EXTENSIONS

Date Last Bid Out	
# Extensions Granted To Date	

SPECIAL PROCUREMENT

Contract #/ID *(State, Federal, Piggyback--Authority)*	
Sole Source/ Compatibility Justification	

BID CRITERIA *(Take Buy Indiana requirements into consideration.)*

Most Responsible, Responsive Lowest	☐ Yes ☐ No *If no, explain below*
If not lowest, explain	

COUNCIL DIGEST SHEET

COST COMPARISON

Increase/decrease amount from prior years For annual purchase (if available).	

DESCRIPTION OF PROJECT / NEED

Identify need for project & describe project; attach supporting documents as necessary.	Quotes were obtained through our insurance broker and reviewed/selected based on competitive rates/service

REQUEST FOR PRIOR APPROVAL

Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	403 INSR1 5146