

REQUEST FOR PROPSALS
INSURANCE MANAGEMENT
SERVICES

MAYFLOWER MUNICIPAL
HEALTH GROUP
(MMHG)



May 1, 2024

Request for Proposals

The Mayflower Municipal Health Group (MMHG), a joint purchase group established pursuant to M.G.L. c. 32B, Section 12 and consisting of governmental units located primarily in southeastern Massachusetts, is requesting proposals from qualified firms to provide health insurance management services.

Specifications and requirements may be obtained online at www.mmhg.org or at the MMHG's Offices at 65 Cordage Park Circle Suite 110, Plymouth, MA 02360 on business days between May 1, 2024 and May 15, 2024 between the hours of 9:00a.m and 4:00p.m. Proposers must submit separate technical (non-price) proposals and price proposals. Both proposals must be received by **1:00p.m. on May 30, 2024**, at the MMHG's Offices at 65 Cordage Park Circle Suite 110, Plymouth, MA 02360. Non-price proposals will be opened at that time. All proposals must be submitted in two (2) sealed envelopes. Proposers shall submit one (1) or more envelopes containing five (5) copies of their non-price proposal, sealed and clearly marked **RFP Health Insurance Management Non-Price Proposal** that must include all signature submission requirements. Proposers shall also submit another envelope or envelopes containing five (5) copies of the Price Proposal on the attached Price Proposal Form (Appendix A), sealed and clearly marked **RFP Health Insurance Management Price Proposal.** **Both envelopes must be marked with the Proposer's names and the due date.**

**MAILING ADDRESS FEDEX/UPS: 65 CORDAGE PARK CIRCLE SUITE 110
PLYMOUTH MA 02360**

**POST OFFICE MAILING ADDRESS (USPS): P O BOX 6008, NORTH
PLYMOUTH, MA 02362**

- **PLEASE NOTE ALL PROPOSALS MUST BE RECEIVED BY MAY 30, 2024. WE RECOMMEND HAND DELIVERY TO RECEIVE A DELIVERY RECEIPT. MAILING TO THE WRONG ADDRESS DOES NOT RELIEVE THE PROPOSER FROM HAVING THE REQUIREMENT OF THEIR PROPOSAL BEING IN HAND BY MAY 30, 2024**

Mayflower Municipal Health Group
Request for Proposals
For
Insurance Management Services

The Mayflower Municipal Health Group (MMHG) is seeking services of a health insurance management firm to provide, consulting and technical services, legal support, claims auditing, certain administration such as COBRA, enrollment auditing and other related services for the period of three (3) years (with an option for the MMHG to extend the contract for a fourth (4th) and/or fifth (5th) year). In responding to this solicitation, Proposers must follow the prescribed format and use the included forms. By doing so, each Proposer will be supplying the MMHG with comparable data thereby assuring a fair and objective review during the evaluation process.

BACKGROUND

The MAYFLOWER MUNICIPAL HEALTH GROUP was established in 2008 pursuant to M.G.L. c. 32B, Section 12 to provide health and other insurance coverage for the employees and retirees (and their dependents) of the Group's governmental unit members. Effective January 1, 2024, MMHG has the following thirty-one (31) governmental unit members:

| | |
|--|--|
| Town of Bridgewater | Town of Plympton |
| Brockton Area Transit Authority | Town of Rochester |
| Carver Marion Regional Refuse Disposal District | Silver Lake Regional School District |
| Dartmouth Fire District #3 | Southeastern Regional Transit Authority |
| Greater New Bedford Regional Refuse Management District | South Shore Regional Emergency Communication 911 Services |
| Town of Halifax | South Shore Educational Collaborative |
| Town of Hanover | South Shore Vocational Technical High School |
| Town of Hanson | Southfield Redevelopment Authority |
| Town of Hull | Town of Wareham |
| Town of Kingston | Wareham Fire District |
| Town of Marshfield | Town of West Bridgewater |
| Norfolk County | Town of Whitman |
| North River Collaborative | Whitman-Hanson Regional School District |
| Onset Fire District | |
| Town of Pembroke | |
| Plymouth County | |
| Plymouth County Retirement Association | |

The MMHG active health plans are self-insured with a stop-loss reinsurance policy to limit loss exposure to \$325,000 per participant per policy period. MMHG also offers retirees with Medicare, a self-insured Medex 2 plan with fully insured PDP, and a fully insured Medicare Advantage plan.

Blue Cross/Blue Shield of MA and Harvard Pilgrim Health Care administer the claims and charge an administrative fee for each family plan and each individual plan. Effective January 1, 2024, there are approximately 4100 active subscribers and approximately 3300 retiree subscribers enrolled in the health insurance plans.

Additional information concerning the health insurance program is available on our website www.mmhg.org or you may submit a written request. Questions shall be addressed to: Michael W. Levy, Chairman of the Steering Committee, Mayflower Municipal Health Group, P.O. Box 6008, North Plymouth, MA. 02362 or email steeringcommitteechairman@mmhg.org.

Instructions for Request for Proposal (RFP) Response

1. GENERAL

This request for Proposals (RFP) invites qualified management firms to submit proposals for the specific services described in the Scope of Work Section of this RFP.

2. PREPARATION OF RFP RESPONSE

It is the sole responsibility of the prospective management firms to fully examine this RFP and referenced documents.

Questions may be submitted by mail, by fax to 774-773-9403 or Email at steeringcommitteechairman@mmhg.org. All questions will be responded to by the Chairman of the Steering Committee of the MMHG. Questions must be submitted by May 22, 2024. Any objection to the RFP or to any provision of the RFP that is not raised in writing within the question period is waived.

SUBMISSION OF PROPOSALS

Bound proposals shall be submitted in accordance with the specifications as described in this document. All proposals submitted become the property of the Mayflower Municipal Health Group and will be subject to applicable Public Records Laws.

Each Proposer must supply all requested information in the formats specified in this RFP. Promotional materials and other advertising media are not desired and will not be considered as meeting any of the requirements in this RFP.

Sealed proposals from interested parties will be received and registered until 1:00 p.m. on May 30, 2024. Proposals received after that due date and time will be returned unopened. The MMHG reserves the right to reject any or all proposals or to waive any informality(s) if it appears to be in the best interest of the MMHG.

All proposals must be submitted in two (2) sealed envelopes. Proposers shall submit one (1) or more envelopes containing five (5) copies of their non-price proposal, sealed and clearly marked **RFP Health Insurance Management Non-Price Proposal** that must

include all signature submission requirements. Proposers shall also submit another envelope or envelopes containing five (5) copies of the Price Proposal on the attached Price Proposal Form (Appendix A), sealed and clearly marked **RFP Health Insurance Management Price Proposal. Both envelopes must be marked with the Proposer's names and the due date.**

A Proposer may correct, modify or withdraw a proposal by sealed, written notice clearly marked as correction, modification, or withdrawal, and received at the MMHG's Offices prior to the date the proposals are due.

SIGNING OF PROPOSALS

Each proposal must be signed as follows:

1. If the Proposer is an individual, by him/her individually;
2. If the Proposer is a partnership, by the name of the partners followed by the signature of each general partner; or,
3. If the Proposer is a corporation, by the authorized officer whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed.

ADDENDA TO RFP

If it becomes necessary to revise any part of this RFP, or if additional data is necessary to clarify any of its provisions, an addendum will be sent to all Proposers who have obtained a copy of this RFP from the MMHG's Offices. The MMHG intends to adhere to the schedule and dates specified in the RFP. However, if it is necessary, due to revisions made to this RFP, the proposal due date and all subsequent dates may be extended with written notice of such changes sent to all Proposers who have requested a copy of this RFP.

REVIEWING PERIOD

All proposals meeting the minimum requirements and conditions may be held by the MMHG for a period not to exceed sixty (60) days from the date of the opening for the purpose of reviewing the proposals and investigating the qualifications of Proposers prior to awarding a contract.

REJECTION OF PROPOSALS

The MMHG reserves the right to reject any and all proposals received in response to this RFP for any of the following reasons:

- 1) The Proposer fails to adhere to one or more of the provisions established in the RFP;

- 2) The Proposer fails to submit its proposal in the specified format or supply minimum information requested;
- 3) The Proposer fails to meet the minimum evaluation criteria specified;
- 4) The Proposer fails to submit a proposal to the required address on or before the prescribed deadline established in the RFP; or
- 5) The Proposer fails to submit price information in a separate envelope as required.

The MMHG reserves the right to reject any or all proposals if the proposal is (or the proposals are) not in the best interest of the MMHG.

PROPOSER SELECTION

The initial review of proposals will be performed by a sub committee of the MMHG's Steering Committee. The sub committee may interview qualified Proposers. Following analysis of proposals, the sub committee will make a recommendation to the full Steering Committee who will render a contract award, based on the Minimum Qualifications required, the Evaluative Criteria listed, the pricing information and other appropriate factors. The contract shall be awarded to the responsible and responsive Proposer that the MMHG believes has submitted the Most Advantageous proposal, taking into consideration factors in addition to price.

MINIMUM REQUIREMENTS

The Steering Committee shall reject proposals which do not meet the following minimum requirements:

- 1.) The Proposer must have at least ten (10) years experience in the health insurance management business working with Massachusetts M.G.L. c. 32B governmental units.
- 2.) The proposal must be from an established company, partnership or firm that routinely provides such services. A description of the firm including a list of clients must be included. Private companies are preferred.
- 3.) The Proposer must provide a list of the names and titles of personnel who will be assigned to represent the firm and who will serve as the Account Team. An account manager must be designated with a detailed description of his/her qualifications. The Account Team must include, at a minimum, a person with extensive municipal health management experience as well as a person or persons having extensive knowledge of the health insurance market in Massachusetts.
- 4.) References – The Proposer must submit on the attached Reference Form (Appendix B) a list of the Massachusetts M.G.L. c. 32B governmental units for which it has provided management services during the past three (3) years

including name, title, address and telephone number of a reference for each governmental unit.

- 5.) The Proposer must execute and submit with its Non-Price Proposal the Certificate of Non Collusion that is attached as Appendix C and the Tax Compliance certification that is attached as Appendix D.
- 6.) The MMHG may conduct interviews of qualified Proposers. Such Proposers must demonstrate superior communication skills as well as the ability to interact with municipal employers and employees.
- 7.) The Proposer must agree that, if awarded a contract, it will not accept any commission, service fee, or any other type of payment, from any insurance company, reinsurer, broker or other vendor, that is related in any way to the MMHG's contracts or to the services that Proposer provides to MMHG.
- 8.) The Proposer must agree not to be compensated by MMHG individual governmental unit for services without first notifying MMHG in writing.
- 9.) The Proposer must agree to not bid on Stop Loss services (broker/insurance).
- 10.) The Proposer must agree to yearly review/goal setting meetings with MMHG.

COMPARATIVE EVALUATION CRITERIA

Each proposal that has met the minimum requirements will be further reviewed with regards to the below-listed comparative criteria. Ratings for each of the criteria will be assigned as follows: Highly Advantageous; Advantageous; Not Advantageous and Unacceptable. Each proposal will be given an overall rating based on the same criteria.

A) Experience of the Proposer

Highly Advantageous if the Proposer has over the past ten (10) years provided health insurance management services to at least three (3) joint purchase groups (consortiums) that consist of at least ten (10) Massachusetts governmental units each.

Advantageous if the Proposer has over the past ten (10) years provided health insurance management services to at least one (1) joint purchase group (consortium) that consists of at least ten (10) Massachusetts governmental units each.

Not Advantageous if the Proposer has over the past ten (10) years provided health insurance management to multiple governmental units but not to any joint purchasing group (consortium) that consists of at least ten (10) Massachusetts governmental units.

B) Experience of the Account Team

Highly Advantageous if the members of the Account Team each have at least six (6) years of experience providing health insurance management services to Massachusetts public sector clients.

Advantageous if the members of the Account Team each have at least three (3) years of experience providing health insurance management services to Massachusetts public sector clients.

Not Advantageous if any of the members of the Account Team have less than one (1) year of experience providing health insurance management administrative services to Massachusetts public sector clients.

Unacceptable if any of the members of the Account Team have no (0) years of experience providing health insurance management administrative services to Massachusetts public sector clients.

C) References

Highly Advantageous if all references contacted provide positive evaluations of the Proposer;

Advantageous if all but one (1) of the references contacted provides positive evaluations of the Proposer;

Not Advantageous if two (2) or more of the references contacted provide less than positive evaluations of the Proposer.

D) Interview (if applicable)

Highly Advantageous if in its interview the Proposer

- 1) demonstrates a strong understanding of the health insurance market in Massachusetts, generally, and, particularly, in Southeastern Massachusetts, and
- 2) demonstrates a comprehensive understanding of the challenges facing a municipal joint purchase group in Southeastern Massachusetts, and
- 3) demonstrates superior communication skills.

Advantageous if in its interview the Proposer

- 1) demonstrates a general understanding of the health insurance market in Massachusetts, generally, and particularly, in Southeastern Massachusetts, and
- 2) demonstrates a comprehensive understanding of the challenges facing a Municipal joint purchase group in Southeastern Massachusetts, and
- 3) demonstrates superior communication skills.

Not Advantageous if in its interview the Proposer demonstrates neither

- 1) a strong understanding of the health insurance market in Massachusetts, generally, and particularly, in Southeastern Massachusetts, nor
- 2) a comprehensive understanding of the challenges facing a municipal joint purchase group in Massachusetts.

Scope of Services

The Mayflower Municipal Health Group is seeking *one* management firm to provide certain benefits administration; consulting and technical services, legal support, claims monitoring and auditing services, and enrollment auditing services. Prospective Proposers are asked to provide a summary of their experience providing these services. The services requested include but are not limited to:

A. Central Benefits Administration

MMHG will retain responsibilities for enrollment additions or changes through its offices. Proposer will be required to coordinate with the applicable personnel.

1. Maintaining employee and dependent membership records for health plans , providing detailed monthly membership reports to each member unit via secure web portal or other;
2. COBRA administration including offering, tracking, payment collection with adherence to all applicable laws;
3. Review detailed back up data to the health carrier invoices to assure correct amount billed for sign off by MMHG.
4. Review/create comparisons of benefits, plan documents such as SBC, summaries, and any other written benefit information as needed;
5. Provide the MMHG's independent financial auditor with data to reconcile claims billed and paid with electronic claims data submitted by health plans; IBNR (incurred but not reported) reserve certification as needed.
6. Work with MMHG Treasurer and Staff
7. Liaison with carrier(s) for services related to enrollment, billing, benefits, compliance with laws and regulations, and related programs;
8. Assist MMHG for coordination with each governmental unit for services related to enrollment and billing and eligibility;

9. Assist the MMHG with cash flow projections and analyses of financial position;
10. Assist and support MMHG Benefit personnel with insurance carriers on their procedures or situations that arise needing resolve.
11. Provide support services to the MMHG and its subcommittees including, but not limited to, preparation of meeting communications, and notices, scheduling and paying for supplies/food for meetings, providing screens and presentation materials as needed or requested;
12. Assist with training administrative staff of the governmental units in administrative procedures, HR compliance, employment law.
13. Periodic evaluation of plan enroll/term process including review of EE/ER manuals to help limit plan liability and increase participant satisfaction in accordance with MGL32B.
14. Coordinate establishment of a benefit admin computer program in the best interest of MMHG.

B. Consulting and Technical Services

1. Liaison with reinsurer/broker. Monthly review/reconciliation of stop loss tracking, experience of broker, track stop loss high claims and reconcile with broker reports monthly; monthly reconciliation for all 50% of deductible claimants to match stop loss broker reports for all claims.
2. Provide timely instructions to MMHG that are specific to Massachusetts municipalities on compliance filing/attestations/ new requirements in accordance with applicable Fed/State laws and any new laws, evaluate plan designs to assist in compliance with applicable laws; provide sample communication/documents
3. Analysis of group health benefit program(s) including, but not limited to, benefit design, costs, utilization, administration, risk, quality of and access to care, and preparation of monthly reports to the MMHG on same; electronic reports must be submitted monthly;
4. Monthly reports/YTD/Yearly report on plan performance including individual plan funding, net costs with surplus/deficit and percentages, employee contributions, comparison to prior claim period, plan trends, claims by size, benefits paid by type of service.

5. Underwriting support for the MMHG funding rates, and its' members, including 5 year actuary analysis of marketplace and MMHG; Range of percentage change in rates must be received in writing by December 1st each year with a narrative of marketplace and MMHG; Range of percentage change in rates must include each carriers' trend estimates and future status of health insurance marketplace.
6. Renewal Analysis- review/evaluate carrier projections, prepare own renewal projections compare variance of financial impact, create financial modeling reports, develop working rates to cover all expenses, provide renewal alternatives with cost impact; negotiate with carriers
7. Yearly actuarial certificate for rates you are recommending stating they are actuarially sound.
8. Provide a report showing the actuarial difference between the different levels of MMHG plans (Traditional, Rate Saver, Benchmark, HDHP) to assure the cost difference is appropriate to the corresponding copays, deductibles of the MMHG plan levels.
9. Preparation of requests for proposals for reinsurance and alternative health/prescription insurance and carrier options; review and evaluation of responses with recommendation;
10. Negotiation (subject to the approval of the MMHG) with carriers, health/dental/vision claims administrators, providers, HMOs, PPOs or other parties and evaluation of proposals and programs on issues including:
 - a. Rating
 - b. Billing
 - c. Reporting
 - d. Credits
 - e. Benefit Design
 - f. Administration
 - g. Reinsurance
 - h. Utilization
 - i. Deposit Amounts
11. Annual on-site visit/presentation with each Board/Committee for all member units, more often visits upon request;

12. Assistance in preparation of bid specifications and seeking quotations on an ex-commission basis for all insurance benefit programs as directed by the MMHG Steering Committee/Board.
13. Design of new or alternative benefit plan options and assistance in preparation of bid specifications and seeking quotations for all benefit programs as directed by the MMHG Steering Committee/Board.
14. Assisting with the MMHG Wellness program as needed; further develop disease management program to help mitigate future claims
15. Annual review of the MMHG Joint Purchase Agreement with recommendations for change, if necessary.
16. Review, analysis and recommendation for M.G.L. c. 32B governmental units who apply for membership in the MMHG, assist with potential new MMHG member units.
17. Review current PBMs and other current vendors for actual cost savings benefit of continuing with vendor.
18. Analysis of MMHG Medicare ineligible members to see if purchasing Medicare for them is a cost savings; help with implementation if results are favorable.
19. Complex clinical claims consulting may be considered, please specify if additional fee is required.

C. Legal Support

1. Timely communication to the Board on substantive legislative and statutory issues, which impact the provision of health benefit plans by the MMHG.
2. In consultation with the MMHG legal counsel. Assistance in collective bargaining process for each member governmental unit as approved by the MMHG. It is understood that each governmental unit will rely primarily on the respective governmental unit's labor counsel for legal advice on collective bargaining issues. If requested, management firm will provide information and data pertaining to the MMHG benefit plans, proposed plan offerings, and other information supportive to the governmental unit and the MMHG;
3. In consultation with the MMHG legal counsel. Provide benefit plan eligibility guidelines for employees, retirees, dependents and surviving spouses and assist with compliance with federal and state statutes including but not limited to TEFRA, DEFRA, COBRA, OBRA, TRA, HIPAA, ACA, Massachusetts Health Care Reform, Medicare Secondary payer, Section 125 of the IRC, M.G.L. c. 32B, government mandates, and Medicare Part D.

4. Liaison with the Internal Revenue Service regarding the MMHG's legal status.
5. Liaison with Massachusetts State Auditor's office on issues related to mandated benefits.

D. Claims Monitoring and Auditing

1. Audit of carrier(s) claims, administration, and reinsurance bills for ineligible/eligible charges, overcharges, duplicate billings, and other errors.
2. Audit of carrier(s) eligibility records.
3. Audit of claims for Medicare recovery when Medicare status is known;
4. Audit of claims for excess over reinsurance attachment point and 50% of deductible, as check on stop loss administrators.
5. Review of carrier/claims administrator(s) provider audit results.
6. Monitor claims and other reports, on an ongoing basis, to ensure that the MMHG is not paying any incorrect claims or claims that are workers compensation/industrial accident claims/or another parties responsibility to pay. Including claims paid after a retro term date of a member.
7. Check vendor reports for feasibility/reasonability- matching their claims total to our actual claims including all rebates to understand the true cost.

E. Benchmarking studies, marketing, strategy

1. Work with MMHG to develop a strategy to identify and complete goals, analyze programs and coming up with alternatives.
2. Provide local and industry benchmarking studies, comparison of municipal joint purchase groups in Massachusetts including but not limited to benefits, rates, EE/ER percent contributions and other services.

F. Potential Add on services for member units (payable by member unit)

1. Preferred pricing guarantee for additional services as requested by our individual member units (payable by member unit). Services included but are not limited to – analysis of their health insurance plans to see how plan changes may help with their costs. Such as support for member units when considering MGL 32 B 21-23, adding HDHP , and any other analysis requested/available.

The contract will provide that the MMHG may add or delete to any responsibilities which it deems appropriate subject to negotiation.

Appendix “A”
Price Proposal
 (Attach additional sheets if needed)

The Mayflower Municipal Health Group is seeking a three year price proposal on a per subscriber per month basis with the option of two one year extensions. For evaluation purposes, please use the current enrollment count of approximately 7400 for each of the three years. Please fill in the per subscriber per month (PSPM) fee as well as the total monthly and annual cost.

Please note that the MMHG will require a provision in the ultimate contract to allow it to terminate the agreement for any reason at any time with 30 days’ notice to the proposer/contractor.

Price Quotes must be submitted separately from Technical Proposal, and Technical Proposal must contain no reference to price, or entire proposal will be disqualified.

| | Year 1 | Year 2 | Year 3 |
|------------------------|---------------|---------------|---------------|
| Rate | | | |
| x Enrollment | 7400 | 7400 | 7400 |
| Monthly Total | | | |
| Annual Total (x 12) | | | |

Please note: Actual number of subscribers will be determined by the total number of health plan subscribers for which trust fund contributions are billed on the trust fund invoice due the first of the month in which the fee is due.

NAME AND ADDRESS OF BIDDER (STREET, the CITY, STATE, ZIP)

SIGNATURE OF PERSON AUTHORIZED TO SIGN BID

TYPE OR PRINT SIGNER’S NAME DATE

ADDENDUM ACKNOWLEDGEMENT

Disclosure Statement
Appendix "B"

Name of Management Firm

1. Does your firm (referring to the firm, its principals, and affiliates) have a policy or practice regarding the offering of compensation in any form in connection with either the solicitation of prospective clients or the retention of existing clients?

Y N

If yes, please explain below. (Please attach additional pages if necessary.)

2. Does your firm (referring to the firm, its principals, and affiliates) have a policy or practice regarding the offering of compensation in any form in connection with either the solicitation of new clients or the retention of existing clients among any Massachusetts governmental entities?

Y N

If yes, please explain below. (Please attach additional pages if necessary.)

3. Has your firm (referring to the firm, its principals, and affiliates) solicited any person or entity to assist in marketing any services or products to MMHG?

Y N

Terms of Compensation:

4. Has your firm (referring to the firm, its principals, and affiliates) offered compensation in any form to others in connection with marketing your services or products to any Massachusetts governmental entity?

Y N

Relationship to Proposer:

Terms of Compensation:

5. Does your firm or any of its affiliated entities benefit in any way from commissions generated by any clients' accounts?

Y N

If yes, please explain below. (Please attach additional pages if necessary.)

6. Does your firm (referring to the firm, its principals, and affiliates) have any financial ties with any insurance brokers?

Y N

If yes, please explain below. (please attach additional pages if necessary)

7. Does your firm (referring to the firm, its principals, and affiliates) agree not to participate in the procuring of any stop loss insurance for the MMHG, including agreeing not to seek a bid, other than on behalf of the MMHG?

Y N

Name of Firm (Print or Type)

I attest under the penalties of perjury that the above statements are true.

Name of Individual (Print or Type)

Signature

Title

Date

**MAYFLOWER MUNICIPAL HEALTH GROUP
TAX CERTIFICATE
APPENDIX "C"**

I CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I TO THE BEST OF MY KNOWLEDGE AND BELIEF HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER THE LAW.

FOR USE BY CORPORATIONS ONLY:

CORPORATE NAME

BY _____
SIGNATURE OF CORPORATE OFFICER

FEDERAL IDENTIFICATION NUMBER

FOR USE BY INDIVIDUALS OR COMPANIES OTHER THAN CORPORATIONS ONLY:

* _____
SIGNATURE OF INDIVIDUAL
(MANDATORY IF NOT A CORPORATION)

** _____
SOCIAL SECURITY NUMBER

*APPROVAL OF CONTACT OR OTHER AGREEMENT WILL NOT BE GRANTED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.

**YOUR SOCIAL SECURITY NUMBER WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS.

**CERTIFICATE OF VOTE
(CORPORATIONS ONLY)**

I, _____ : CLERK/OFFICER OF _____
_____ HEREBY NOTIFY THAT AT A MEETING OF THE BOARD OF
DIRECTORS/OFFICIALS OF SAID CORPORATION/COMPANY, HELD ON _____
THE FOLLOWING VOTE WAS PASSED:

VOTE TO AUTHORIZE _____ TO SIGN IN BEHALF OF THE
CORPORATION/COMPANY WITH THE MMHG _____

CLERK/OFFICER

APPENDIX "D"
AFFIDAVIT OF CLERK OF CORPORATION VENDOR
 (To be signed and completed by Clerk)

I, _____, certify as follows:
 (Print full name of Clerk)

1. I am the Clerk of _____ (print exact name of corporation), which is duly organized and incorporated under the laws of the Commonwealth of Massachusetts (or State of _____) and is/is not (circle one) duly registered to do business in the Commonwealth of Massachusetts with a principal place of business at _____.

2. That the names, residential addresses and title of officers of the above named corporation are as follows:

| | |
|------------------|---------|
| President | Address |
| Vice - President | Address |
| Treasurer | Address |
| Resident Agent | Address |

3. That the above named corporation was incorporated on _____.

4. The federal tax identification number of said corporation is _____.

5. That the above named corporation is in good standing with the Secretary of the Commonwealth of Massachusetts or the State of _____ (if incorporated under the laws of a foreign State) and has filed all federal and state tax returns and paid all federal, state and/or local taxes required under law.

6. _____ is authorized to sign contract/agreements on behalf of _____ pursuant to a vote of the Board of Director/Officers on _____.

PERTAINING TO NON-MASSACHUSETTS CORPORATIONS:

7. I, on behalf of the within corporation, do hereby acknowledge that by this contract, this corporation is transacting business within the Commonwealth of Massachusetts as defined by M.G.L. Chapter 223A, Section 1, et seq. And is subject to the jurisdiction of its courts.

SIGNED under the pains and penalties of perjury this _____ day of _____, 2012.

Signature of Clerk

REGISTRATION FORM
APPENDIX "E"

DATE: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

COMPANY: _____

BUSINESS ADDRESS: _____

THE CITY, STATE, ZIP: _____

TELEPHONE NO: _____ FAX NO: _____

IF CORPORATION:

1. GIVE YOUR CORRECT CORPORATION NAME:

2. STATE AND DATE OF INCORPORATION:

3. IF FOREIGN CORPORATION, GIVE MASSACHUSETTS REGISTRATION DATE:

IF COMPANY, GIVE the CITY'S NAME AND TITLE:

IF PARTERSHIP, GIVE NAMES AND ADDRESSES OF PARTNERS:

IF TRUST OR LEGAL ENTITY, GIVE NAMES AND ADDRESSES OF TRUST OR LEGAL ENTITY:

ATTESTATION CLAUSE
APPENDIX "F"

Under Section 35 of Chapter 233, political subdivisions and agencies of the Commonwealth must annually furnish to the Commissioner of Revenue a list of all person who have provided goods, services or real estate space in the aggregate of five thousand dollars (\$5,000) or more.

Chapter 233 of the Acts of 1983, Sections 35 & 36 requires that each provider or vendor of goods and services to any municipal agency must attest that it/he is in compliance with all the laws relating to taxes.

The Attestation must occur at the time of issuing, renewing, or extending a license, contract, or agreement.

Any person/company failing to execute the Attestation Clause shall not be allowed to obtain, renew, or extend a license, contract or agreement.

Each successful bidder shall certify that he is in compliance with Chapter 233 by providing a social security number or a federal identification number when a contract is issued.

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

BONA FIDE PROPOSAL

As per Chapter 30B, Section 10, any person submitting a proposal for the procurement or disposal of supplies or services to any governmental body shall certify in writing, on the bid or proposal, as follows:

The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and made without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Name of person signing proposal _____

Company: _____

EACH VENDOR SHOULD SIGN BOTH PARTS OF THIS FORM AND SUBMIT IT WITH THE BID.

DEVIATION SHEET
APPENDIX "G"

All deviations and/or substitutions from the original specified item (or equal) must be noted in writing and forwarded to the Mayflower Municipal Health Group.

Please List Below:

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

**CERTIFICATION OF INSURANCE
APPENDIX “H”**

As successful proposer on the Health Insurance Management Services contract you must supply the Mayflower Municipal Health Group with a properly endorsed CERTIFICATE OF INSURANCE. Both the Mayflower Municipal Health Group and the firm shall be named as co-insured and the MMHG shall be named as owner, and certificates of insurance shall be furnished to both parties. Reporting of accidents and claims shall be done by the vendor. This Certificate must accompany the Contract.

INSURANCE REQUIREMENTS:

WORKERS’ COMPENSATION: The Contractor, before commencing performance of the work required to be done under the Contract, shall provide for the payment of workers’ compensation, provided by the General Laws (ter. Ed.) Chapter 152 as amended to all persons to be employed by him in connection with said performance and shall continue in full force throughout the period of this Contract.

PUBLIC LIABILITY: Within fifteen (15) days after the award of this Contract the Contractor shall, at his own expense, procure and maintain any Public Liability Insurance in limits of \$100,000/\$300,000 and Property Damage Insurance of \$50,000/\$100,000. The above policies shall contain a provision worded as follows.

“The insurance Company waives any right to subrogation against the Mayflower Municipal Health Group which may arise by reason of any payments under this policy”

The policy must contain on the face a notation that it cannot be canceled without at least thirty (30) days notice in writing to the MMHG as owner.

The certificates of all policies shall provide for notice of cancellation of the Contracting officer and the certificates shall indicate that the above provisions have been included.

**ASSURANCE OF NONDISCRIMINATION COMPLIANCE
APPENDIX "I"**

The undersigned certifies that it does not subject employees or applicants for employment by this firm to discrimination on the basis of race, color, national origin, handicap, age or sex, in any of the following areas:

1. Recruitment, hiring, upgrading, promotion, whether for full-time or part-time employment, consideration for demotion, transfer, layoff, or rehires.
2. Rates of pay or any other form of compensation and changes in compensation.
3. Job assignments and seniority status.
4. Granting and returning from leaves of absence, leave for pregnancy, or any other leave.
5. Fringe benefits available by virtue of employment, whether or not administered by the Proposer.
6. Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, selection for tuition assistance, and selection for sabbaticals and leaves of absence to pursue training.
7. Employer-sponsored activities, including social or recreational programs.
8. Any other term, condition, or privilege or employment.

NAME OF PROPOSER: _____

BY: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____

If a Corporation, must be signed and sealed by duly authorized officer; if partnership, so state and give names of all partners; or if any individual, so state and sign.

Minority/Women Business Classification Statement

1. Our firm is principally (more than 50%) minority owned.
Yes _____ No _____
2. Our firm is principally (more than 50%) woman owned.
Yes _____ No _____
3. Our firm is registered with S.O.M.B.A. (State Office of Minority & Business Assistance)
Yes _____ No _____
SOMWBA Certification Category: _____
MBE _____ WBE _____

APPENDIX “J”

A. The undersigned proposes to supply _____

B. The undersigned offers the following information as evidence of his qualifications to perform the work as bid upon, according to all the requirements of the specifications.

1. Have been in business under present business name for _____ years.
2. Are you fully licensed to do business under this contract? _____
3. Do you comply with all ordinances and regulations mandated by M.G.L. and the community in which you are located? _____
4. Ever fail to complete any work awarded? _____
5. Have you been involved in litigation in the past five (5) years? _____

If so, please attach a detailed description of such litigation.

6. List at least three (3) state, local or private companies and/or organizations, which you have served recently of similar character as required for the above-mentioned.

| <u>Location</u> | <u>Description of Work</u> |
|-----------------|----------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

COMPANY: _____

TYPED NAME: _____

SIGNATURE: _____

TITLE: _____

APPENDIX “K”

CERTIFICATION OF INDEMNIFICATION & RELEASE

The Proposer shall indemnify and hold the Mayflower Municipal Health Group harmless from any and all acts & omissions arising out of this contract

Further, the Proposer shall indemnify and hold harmless the Mayflower Municipal Health Group against any/all suits, claims, actions, costs or damages to which the MMHG may be subject by reason of damages to the property or person or anyone, arising or resulting from fault, negligence, or wrongful omissions by the Proposer.

The Proposer, their agent(s), representatives or employees shall release and hold the Mayflower Municipal Health Group harmless from any injury to themselves, corporate officers, agents, representatives or employees in connection with the performance of this agreement or any related sub-contract thereof.

The Proposer acknowledges having been informed that the MMHG reserves the right to terminate this procurement at any time for any reason and that the Mayflower Municipal Health Group assumes no responsibility and no liability for costs incurred relevant to the preparation and submission of the RFP, or any other costs prior to issuance of a contract.

Authorized Signature

APPENDIX “L”

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under the penalty of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business partnership, corporation, union, committee, club or other organization, entity or group of individuals.

(Name of person signing bid)

(Name of business)