REQUEST FOR PROPOSAL
FLEXIBLE SPENDING ACCOUNTS
FOR
ILLINOIS VALLEY COMMUNITY COLLEGE
PROPOSAL #RFP2013-P02

INTRODUCTION
The purpose of this proposal process is to identify potential flexible spending account administrators who are willing to duplicate existing benefits for the best overall value. Illinois Valley Community College (“IVCC”) intends to compare all aspects of the proposed programs and requests that each vendor provide a complete and thorough response to this RFP.

HISTORY
IVCC provides these coverages to their 230 eligible full time employees. Currently, 27 employees take advantage of the dependent care plan or medical savings account plan.

BENEFIT PLAN OVERVIEW
IVCC has used AFLAC for these services for several years. The plan is in a shortened six-month plan year ending December 31, 2012. The shortened plan year was utilized to get the plan on a calendar year.

OBJECTIVES
With AFLAC exiting flexible spending account administration, the College is interested in finding a more interested administrator. The College seeks administrators that will be able to administer these plans with the highest level of customer service at the most competitively-priced rates. Existing benefits must be matched as closely as possible. Any and all plan design discrepancies MUST be specifically identified in your organization’s proposal.
INSTRUCTION TO BIDDERS
Two (2) copies of the signed proposal must be submitted to:

Illinois Valley Community College District No. 513
Purchasing Department – Room C343
815 North Orlando Smith Road
Oglesby, Illinois 61348

ALL PROPOSALS MUST BE IN A SEALED ENVELOPE AND MARKED “RFP FOR FLEXIBLE SPENDING ACCOUNTS” AND DELIVERED NO LATER THAN NOVEMBER 5, 2012 AT 3:00 P.M. Late proposals will not be considered. Electronic proposal submissions will be accepted and can be sent to purchasing@ivcc.edu. Vendors, however, assume the risk of premature disclosure due to submission in an unsealed form. It is strongly suggested that vendors choosing to submit electronically also submit copies of the bid in written form as specified above.

Please submit all questions to Patrick Berry in writing, via e-mail by November 1, 2012. All unique questions and responses will be posted to the IVCC purchasing web page.

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<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Internet E-Mail</th>
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<tbody>
<tr>
<td>Patrick Berry</td>
<td>815-224-0389</td>
<td><a href="mailto:Patrick_berry@ivcc.edu">Patrick_berry@ivcc.edu</a></td>
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The College reserves the right to accept or reject any or all proposals received or any parts thereof, or to negotiate separately with any administrator whatsoever if no acceptable proposals are submitted in order to best serve the interest of the College. The submission of a proposal indicates acceptance by the administrator of the conditions contained in the request for proposal (RFP), unless clearly and specifically otherwise noted in the submitted proposal and confirmed in the contract between the College and the administrator selected. The RFP is made for information and planning purposes only and does not obligate or bind the College contractually to accept any proposals submitted.

<table>
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<tr>
<th>Event</th>
<th>Date and Time</th>
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<tr>
<td>Request for Proposal Issued</td>
<td>October 23, 2012</td>
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<tr>
<td>Question Period Ends</td>
<td>November 1, 2012</td>
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<tr>
<td>Proposals Due and Bid Opening</td>
<td>November 5, 2012 by 3:00 PM</td>
</tr>
<tr>
<td>Recommendation to Board of Trustees</td>
<td>November 20, 2012</td>
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<tr>
<td>Effective Date</td>
<td>January 1, 2013</td>
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SELECTION CRITERIA
The following criteria will be used by the College to evaluate the proposals and to make a recommendation to the Board of Trustees:

1. Ability to provide a cost-effective solution
2. Ability to duplicate or increase current features
3. Ability to provide quality customer service
4. Ability to offer responsive account management
5. Ability to provide accurate and timely claims processing

Acceptance of a proposal will be based on the total package of services offered. The College reserves the right to request additional information during the evaluation period.

ACKNOWLEDGEMENT OF ADDENDA
Signature of a company official on an original document shall be construed as acknowledgement of receipt of any and all addenda pertaining to this specific proposal. Identification by number of addenda and date issued should be noted on all proposals submitted. FAILURE TO ACKNOWLEDGE RECEIPT OF ADDENDA ON PROPOSAL SUBMITTED MAY RESULT IN DISQUALIFICATION OF PROPOSAL.

PROPOSAL PROCEDURES
No proposal shall be modified, withdrawn, or canceled for sixty days after the proposal opening date without the consent of the College’s Board of Trustees.

Changes or corrections may be made in the proposal documents after they have been issued and before proposals are received. In such cases, the College will issue a written addendum describing the change or correction to all bidders of record. Such addendum shall take precedence over that portion of the documents concerned and shall become part of the proposal documents. Except in unusual cases, addendum will be issued to reach the vendors at least (5) five days prior to the date established for receipt of proposals.

Each vendor shall carefully examine all proposal documents and all addenda thereto and shall thoroughly familiarize themselves with the detailed requirements thereof prior to submitting a proposal. Should a vendor find discrepancies or omissions from documents, or should there be doubt as to their meaning, they shall, at once, and in any event not later than (10) ten days prior to proposal due date, notify the Director of Purchasing who will, if necessary, send a written addendum to all bidders. The College will not be responsible for any oral instructions. All inquiries shall be directed to the Director of Purchasing. After proposals are received, no allowance will be made for an oversight by the bidder.
SIGNATURE ON PROPOSALS
The College requires the signature on proposal documents to be that of an authorized representative of said company. Each Bidder, by making her/his proposal, represents that she/he has read and understands the proposal documents and that these instructions to vendors are a part of the specifications.

TAX EXEMPTION
The College is tax exempt and therefore all proposal submissions should not include tax.

INVESTIGATION OF BIDDERS
The College will make any necessary investigation to determine the ability of the bidder to fulfill the proposal requirements. The College reserves the right to reject any proposal if it is determined that the bidder is not properly qualified to carry out the obligation of the contract.

PROPOSAL AWARD
The successful contractor, and/or any contractor, shall not proceed on this proposal until it receives a purchase order from the College. Failure to comply is the risk of the contractor.

PROPOSED AGREEMENT
Submit a sample of your company’s agreement with your proposal.

CERTIFICATION FORM
Bidders must sign the enclosed Certification Form that refers to the Criminal Code of 1961 and to the Illinois Human Right Act dealing withSexual Harassment. The signed Certification must be submitted with your proposal. Failure to do so may result in the rejection of your proposal.

EQUAL OPPORTUNITY EMPLOYMENT
Illinois Valley Community College District No. 513 is an Equal Opportunity/Affirmative Action Employer, and parties doing business with the College must comply with the employment opportunity clause as required by the Illinois Fair Employment Practices Commission. The successful bidder must agree to conform to the current rules and regulations of the Fair Employment Practices Commission. Illinois Valley Community College District No. 513 is committed to a policy of non-discrimination on the basis of sex, handicap, race, color, and national or ethnic origin in the admission, employment, education programs, and activities it operates.

W-9 FORM
Please complete the enclosed W-9 form and return with your proposal.
BID REQUIREMENTS

1) General
   a) Your proposal should include a cover letter signed by the individual(s) who is (are) authorized to bind your organization contractually. Your cover letter should indicate your ability to meet the specifications or outline each deviation, including the reasons for such differences.
   b) You must agree to be bound to your proposal until the effective date during which time IVCC or its representatives may request clarification, modification or correction of the proposal for purposes of the evaluation. Amendments and clarification shall affect only that portion of the proposal that is amended and clarified.

2) Rate Guarantee
   a) Fees/rates, plan design and provisions submitted with this proposal will be in effect from January 1, 2013 through December 31, 2013. Changes in the fees or rates and the terms of the contract will not be allowed during the first 12-month period.
   b) Fees/rates must be provided on the proposal form. If you are not willing or able to provide a three-year rate, provide not-to-exceed maximums for second and third plan years.
   c) 120-day written notification is required of any change in rates based on the contract anniversary date.

3) Required Features
   a) Credit card for the medical savings account
   b) Direct deposit for both the MSA and dependent care account
   c) Ability to fax claims to your firm
   d) Downloadable claim forms
   e) Website that allows members to track the status of requests and payments
   f) Toll free support number for participants

4) Additional Desired Features
   a) Android and iPhone apps for submitting claims and tracking status
   b) Ability to email claims to your firm
   c) Claim forms that may be completed electronically, such as a fillable PDF or online claim form

5) Confidentiality
   All information presented in this request for proposal, as well as information disclosed during the procurement process, is to be considered strictly confidential. Information may not be released to parties inside or outside your company without permission from IVCC.
FEES
1. Please provide a full and clear description of all fees and the timing of each fee.

2. Length of time these fees will remain constant.

3. Maximum fee increase to IVCC for next three (3) years if applicable.

4. Payment Terms

COMPANY INFORMATION
1. Please provide a description of your organization, including:
   a) Company history
   b) Ownership
   c) Significant organizational developments within the past two years
   d) Significant operational development within the past two years
   e) Future merger/acquisition plans

2. Please describe how your firm will manage this account.
3. Identify IVCC’s main contact at your firm.

4. Please describe your customer service department and the hours of operation.

5. Describe the process of ensuring that IVCC’s plans remain legally compliant.

6. Please provide any planned systems conversion activities in the next 24 months. If there are activities, what is the potential impact to the IVCC account?

7. Please detail the types of banking/funding arrangements available to IVCC.

8. Please describe the conversion process and timeline if your firm is awarded this proposal.

9. Please provide your firm’s website address.
10. Please provide your average claim processing turnaround time.


11. Please provide your guaranteed claim processing turnaround time.


12. Describe when credit card paid claims will require submittal of supporting documentation.


13. Please provide three current and three former client references:

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<th>Current</th>
<th>Reference #1</th>
<th>Reference #2</th>
<th>Reference #3</th>
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Having read and understand the specifications and requirements of Flexible Spending Accounts - Proposal # RFP2013-P02, I agree to the terms and conditions of this proposal.

Submitted By:

_____________________________________  ____________________________
Company      Authorized Signature

_____________________________________  ____________________________
Address       Printed Name

_____________________________________  ____________________________
City  State  Zip   Phone

_____________________________________  ____________________________
Fax       E-Mail

_____________________________________
Date
If your company decides not to submit an offer, the College would appreciate your input as to why you are not participating. Please indicate your reason and return by proposal due date to:

Illinois Valley Community College District No. 513
Purchasing Department – Room C343
815 North Orlando Smith Road
Oglesby, Illinois  61348
Phone: 815.224.0417
Fax: 815.224.0294

_______ Previous commitments

_______ Unable to supply service

Other ____________________________________________________________

_________________________________________________________________

________________________
Company Name

________________________
Date

________________________
Signature
MAKE CERTAIN TO ENCLOSE THE FOLLOWING:

Signed Cover Letter

Completed Proposal Form/Signature Page

Sample of Literature that will be provided to employees considering these benefits

Sample of Forms that participant will use

Sample of any Agreements that the College will be required to sign

Completed Certification Form

Completed W-9

Acknowledgement of Addenda (if applicable)
CERTIFICATION FORM

TO: ILLINOIS VALLEY COMMUNITY COLLEGE DISTRICT NO. 513
    OGLESBY, IL  61348

Pertaining to the proposal titled:  Flexible Spending Accounts - Proposal # RFP2013-P02

I/We, as the Bidder certify that I/we have not been barred from bidding on this project as a result of a conviction for either bid-rigging or bid-rotating under Article 33E of the “Criminal Code of 1961”

We also do hereby certify that we have a written sexual harassment policy in place in full compliance with Section 2-105 of the Illinois Human Rights Act and will, upon request, be able to provide such written policy to the Department of Human Rights.

_____________________________________
NAME OF CONTRACTOR/BIDDER

_____________________________________
TITLE

_____________________________________
DATE

THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL TO:

Illinois Valley Community College District No. 513
Purchasing Department – Room C343
815 North Orlando Smith Road
Oglesby, Illinois 61348
**W-9**

**Request for Taxpayer Identification Number and Certification**

**Give form to the requester. Do not send to the IRS.**

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
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<td>Business name, if different from above</td>
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<tr>
<th>Check appropriate box</th>
<th>Individual/ Sole proprietor</th>
<th>Corporation</th>
<th>Partnership</th>
<th>Other</th>
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<tr>
<th>Address (number, street, and apt. or suite no.)</th>
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<tr>
<td>Requester’s name and address (optional)</td>
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<tr>
<th>City, state, and ZIP code</th>
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<th>List account number(s) here (optional)</th>
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**Part I  Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II  Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien). Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable:

1. Check that the TIN you are giving is correct (or you are waiting for a number to be issued), and
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you may use the requester’s form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-9(a) and 7701-9(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,