

## Vendor Questions - RFP #251-23-239 – Flexible Benefit Plans/Cafeteria Plans

Reference	Vendor Question	Answers
Base Plans and Riders	Is the committee able to provide base and rider costs separately to see what each optional rider costs individually?	This data can be viewed via the link below: <a href="https://drive.google.com/drive/folders/1yay-xgo0ngX7OsNWSC9h_i5Uu_u3aF4C?usp=share_link">https://drive.google.com/drive/folders/1yay-xgo0ngX7OsNWSC9h_i5Uu_u3aF4C?usp=share_link</a>
Group Term Life – Composite rate	Can the current broker provide claims for a history of 3 years?	This data can be viewed via the link below: <a href="https://drive.google.com/file/d/1DwwNwrshXnSmdpeAvkG8pDgFi_xF613u/view?usp=share_link">https://drive.google.com/file/d/1DwwNwrshXnSmdpeAvkG8pDgFi_xF613u/view?usp=share_link</a>
Premium (Cost) Proposal, page 8	“In order to get the most competitive quotes, carriers would like to know if WCPSS is going to keep Colonial on payroll deduction or have employees keep coverage on bank draft for those wanting to keep coverage?”	This depends on the comparable plans. Ideally, WCPSS would rather work with one vendor and transfer participants as appropriate.
Introduction, Page 4; Benefit Plans, Page 6; Premium (Cost) Proposal, Page 8, Appendix L, Page 32	In order to get the most competitive rates on your group term life, carriers will need both census and claims data. <b>Information needed:</b> 1. Census, including: o DOB/Age o Gender o Salary o Coverage Amt o Workplace Zip Code o An identifier (name or ee ID) 2. Copy of booklet or certificate including' Life/AD&D schedule 3. Current and/or Renewal Rates 4. Experience (if 5 years is not available, please provide data from inception to current) o 5 years of claims o 5 years of premium o 5 years of rate history o 5 years waiver history	This information has already been provided.
Appendix K – Technical/Reference Questionnaire, page 30, Insurance Plan Type 3.3 section	On page 30 there is only room to list a single insurer, # of Participants, and # Eligible under each category. As an independent broker, we represent many carriers under each insurance plan. Is WCPSS looking for our total block of business & carriers we	Yes, and please include additional pages as needed for appropriate details.

	represent? Can WCPSS elaborate on how much detailed information they would like to see in this section?"	
Customer Service section, page 9, question 14	Will Wake County Public Schools elaborate on their definition and requirement of 'held harmless' used in question 14, as copied below, from page 9 of the RFP in the Customer Service Section?  <i>14. A held harmless confirmation of participants transferring benefit plans.</i>	Held harmless means that participants will not be harmed financially in the transition to new plans.
Statement of Compliance section, page 7	Page 7 of the RFP, in the 'Statement of Compliance' section it states that proposers must include within the <u>Technical/Reference Questionnaire - Appendix K</u> a Statement of Compliance. However, there is not an area within the <u>Technical/Reference Questionnaire - Appendix K</u> to include a Statement of Compliance. Is there a section within the <u>Technical/Reference Questionnaire - Appendix K</u> that WCPSS would like the Statement of Compliance to be added?	Per Appendix K: In <b>submitting</b> a Proposal, each Proposer understands, represents, and acknowledges all the conditions of the RFP (if the Proposer cannot so certify to any conditions of the RFP, the Proposer shall submit with its Proposal a written explanation of why it cannot do so).  Your submitted proposal without additional written explanation of why you cannot comply is your statement of compliance.
Benefit Plans Section, Page 6	On PAGE 6 of the RFP, Benefit Plans section, it states, <i>"Proposals shall include up to five (5) independent insurance providers..."</i>  The NCFlex program offers 6 carriers which includes the Tricare plan. NCFlex also offers FSA through a TPA, not considered an insurance carrier.  Will WCPSS allow for 6 insurance carriers in order to provide best-in-class and required programs such as Tricare Supplement, or has WCPSS determined it is not required to offer Tricare Supplement under NC Session Law 2013-292/House Bill 402?	Yes – Ideally, we'd like to work with as little vendors as possible but will focus our decision on what's best for our employees.
Benefit Plans	Is there a fee for the FSA card? If so, what is the fee?	Yes – The current fee for the FSA accounts is \$2 PEPM for participation in either or both plans. For example, an employee enrolled in both the FSA and DCA would still pay \$2/month.
Benefit Plans	Is there an employee fee for the FSA account? If so, what is the fee?	See above answer
Benefit Plans	Do you offer an FSA credit/debit card for the Dependent Day Care FSA?	Yes – a debit card is offered to all participants for both plans.
Appendix J, Page 28	On page 28 the RFP asks, "List all Agents that will assist in the placement, service, or any other capacity." Could WCPSS provide information on whether employees are required to see an agent or	Employees should be able to enroll on-line, via a call center representative, or with an in-person agent, however, agents

	if they can enroll online or through call center without visiting with an onsite enrollment counselor? Depending on the degree of in-person meetings requested will determine how many counselors are listed.	are required to make themselves available to each of the schools and departments during the open enrollment period.
Customer Service, Page 9	Will carriers be disqualified if the vision vendor uses an outside TPA to administer COBRA? To our knowledge Superior Vision is the only vision provider that administers COBRA in-house.	Yes – We do not want a TPA for the COBRA benefits for any of our plans.
Statement of Compliance section, page 7 and Warranties and Requirements, Appendix J, page 27, 3 <sup>rd</sup> item	Under <u>Statement of Compliance</u> and under <u>Warranties and Requirements</u> it is required to provide a statement that all terms and conditions will not reduce benefits for insureds. With plans such as cancer and accident insurance there are many categories covered under these plans. Every carrier will have different benefits under each category that may not match up with your current plan. As an example, a cancer plan may cover 30 different categories however categories such as radiation/chemotherapy, where the majority of claims are paid, but also have a category for Bone Marrow Donor screening benefit which is a rarely used benefit and has a small payout. While the overall payout to an insured would typically be much greater with a carrier that has a richer benefit for radiation and chemotherapy rather than a carrier who has a richer Bone Marrow Doner screening benefit, is it required that every category exceed the current plan? The same question would apply to accident, critical illness, and hospital indemnity coverage. How would WCPSS determine if a vendor is out of compliance with these criteria?	It is not required to exceed our current plan benefits however it's required to at least provide comparable benefits. The committee will review all offered benefits against the current plans and make a determination if they are comparable. To make that process transparent, it's recommended that Proposers provide a crosswalk of offered benefits from our current plans to their proposed plans.
Letter of Instruction	The "scope of work" for the RFP pertains to a broker/consultant. Please confirm that participating insurance carriers are expected to submit their proposal through a broker/consultant and <u>not</u> directly to WCPSS for evaluation.	Yes – All proposals should go through a broker however, it's our hope that all vendors are fairly represented. If a vendor would like to submit a proposal for a particular plan without a broker, we will consider partnering them with the broker to address the customer service expectations.
Multiple references (submission instructions)	Please clarify submission instructions as they vary throughout RFP. See following examples. <ul style="list-style-type: none"> <li><i>Submit one (3) signed, original executed proposal responses and one (1) electronic copy on a flash drive (emails not accepted) of your proposal simultaneously to the address identified below.</i></li> </ul>	Vendors shall submit 3 signed, original executed proposal responses and 1 electronic copy on a flash drive

	<ul style="list-style-type: none"> <li>• <i>Submit one (1) signed, original executed proposal response, and 1 electronic copy on a flash drive (emails will not be accepted) of your proposal simultaneously to the address identified below.</i></li> <li>• <i>Three originals and one electronic copy on a flash drive of the Proposal must be provided</i></li> </ul>	
No Specific Section	Is experience (monthly premium and claims) available from Colonial for the Short-term Disability, Accident, Cancer, Medical Bridge Indemnity, or Critical Care plans? If so, could you provide the past 5 years, or as much as is available?	All the claims information available has been submitted.
Appendix D, Page 20	Will the existing policies be taken over by the vendor selected for coverage, or will the vendor selected only be issuing new policies? Will incumbent products be taken off payroll deduction? (Example: There are 3,395 participants in the Short-term Disability plan. If awarded the Short-term Disability business, will the vendor take over those 3,395 policies as of the effective date?)	All existing policies will transfer to new policies or participants can continue with their current plan via post tax payments made directly from the participant. WCPSS will not sponsor both old and new plans via the payroll process.
Appendix A, Page 17	Are employees of Wake County Public School System eligible for NCFlex or any other benefit program other than what is detailed in Appendix A on Page 17? In particular, for disability, accident, cancer, medical bridge indemnity, critical care, or life insurance.	Yes – Other plans not currently offered will be entertained.
	Can we please get the vision enrollment by tier?	This information has been provided
	Can we please get monthly experience for the past 12 or 24 months on the vision plan?	All available claim data has been provided.
	Will you please verify the current commissions received on the vision plan?	WCPSS has no knowledge of commissions earned via the Vision Plan.
Appendix A - CURRENT VENDORS AND FLEXIBLE BENEFIT PLANS, page 17	The Accident, MedBridge, Short Term Disability, Term Life, and Whole Life plan details attached in the links seem to be sample product information. Please provide specific plan design/options currently in force with WCPSS.	Plan documents for all current plans have already been supplied.
Appendix A - CURRENT VENDORS AND FLEXIBLE BENEFIT PLANS, page 17	The Group Critical Care plan details attached in the link do not align with the plan design details in the 2023 benefits booklet. Please confirm which reflects the current plan design in force with WCPSS.	WCPSS is not aware of any disconnects between the plan documents and benefits booklet.

Appendix B - CENSUS DATA, page 18	Please provide detailed census to include DOB, Salary, as well as current elections with premium amount.	All available claim data has been provided.
Appendix C - EMPLOYEE PREMIUM COSTS/RATES PLAN YEAR 2022, page 19	Please provide specific rates for each plan design offered.	All rates and plan documents have been provided for all current plans.
Appendix J - MANDATORY WARRANTIES AND REQUIREMENTS, page 27	Is there any specific request in regard to the amount of commissions to be included?	WCPSS has no knowledge of commissions earned for any plans.
Vision coverage	Does WCPSS currently do Self Bill or Standard Bill?	WCPSS does both depending on the employees, employment /leave status.
Vision coverage	Please confirm if WCPSS intends to pay bill with P-Card?	Payments are all direct payments via wire or fund transfer. P-cards will not be used.
Vision coverage	Can you please provide up to 24 months of recent experience along with enrollment history?	All available claim data has been provided.
Appendix B – Page 18	Please include Employee, Spouse and Child Voluntary Life coverage amounts on the census.	All available census data has been provided.
Appendix B – Page 18	Please include STD and LTD amounts of coverage on the census.	All rates and plan documents have been provided for all current plans.
Page 19 – Appendix C	Please provide rates for the Base Plan for Cancer Plans Level 1, 2, 3 and 4 for all age bands and dependent tiers.	All rates and plan documents have been provided for all current plans.
Page 19 – Appendix C	Please provide rates for Critical Illness Plan 1 and 2 assuming a \$10,000 benefit for all age bands and dependent tiers.	All rates and plan documents have been provided for all current plans.
Page 19 – Appendix C	Please include the cost of all Critical Illness plan riders for all age bands and dependent tiers.	All rates and plan documents have been provided for all current plans.
Page 19 – Appendix C	Please provide the rates for the Accident plan for all age bands and dependent tiers	All rates and plan documents have been provided for all current plans.
Page 19 – Appendix C	Please provide the cost of the Medical Bridge plan assuming Option 3 – Hospital Benefit, Option 2 – Outpatient Surgery Benefit, Tier 2 – Diagnostic Procedures, \$50 Screening Benefit, and \$100 Hospital Confinement Benefit. Please provide rates for this plan for all age bands and dependent tiers.	All rates and plan documents have been provided for all current plans.

Page 17 – Appendix A	For the Group Term Life plan, please provide monthly claims vs. premiums for the last 60 months. Please break out these figures by line of coverage. Basic, Voluntary Dependent, etc.	All available claim data has been provided.
Page 17 – Appendix A	Please provide details of all guaranteed issue provisions for all products. How much coverage is guaranteed issue, is guaranteed issue only available in year 1 or multiple years, etc.	All rates and plan documents have been provided for all current plans.
Page 17 – Appendix A	Please provide all current commission levels, first year and renewal included in all products requested.	WCPSS has no knowledge of commissions earned for any plans.
References, Appendix G, Page 23	Please provide specifics on type of customer references being requested. Please confirm if references are being requested by product or three in total?	In total three references should be provided with quality customer service experience for as many proposed products.
Customer Service, Page 8	What channels does WCPSS typically use to communicate benefits information with employees (email, portal, print, etc.)? Are there any communication or benefit education challenges they would like to address?	Benefit information is provided via multiple medias, on-line landing pages, videos, booklets, flyers, in-person meetings, call centers, and emails. Reaching all 20k employees with meaningful information is always challenging.
Customer Service, Page 8	Will enrollment be a mandatory and active process (employees required to actively elect or decline benefits in order to have benefits the following year)?	Yes – Open enrollment is an annual requirement to re-elect certain benefit plans.
Customer Service, Page 8	Will employees have the opportunity to enroll in these benefits at the same time and on the same platform as medical? If so, do these benefits immediately follow medical in the enrollment flow?	Currently the medical plan, FSA plans, and the Dental plan are using the State's enrollment platform with BenefitFocus. All other plans are using the BenSelect platform sponsored by our current broker. Enrollment periods are different for medical and all other flexible plans.
Customer Service, Page 8	Would WCPSS be agreeable to consider an auto-enrollment arrangement for either the employee-paid disability or life plans where employees must actively waive coverage?	No
Customer Service, Page 8	Would WCPSS be agreeable to consider the carrier coordinating an enrollment communication campaign for these benefits?	Yes
Customer Service, Page 8	Would WCPSS be agreeable to the carrier providing ongoing communication to employees experiencing life events (newly hired, newly eligible, retirement, newly married, new parent, etc.)?	Yes
Customer Service, Page 8	Do employees currently receive ID cards for vision? If so, we would like to understand the current ID card fulfillment process.	No
Customer Service, Page 8	Does WCPSS typically hold onsite events, perhaps at some larger locations? If so, are they throughout the year and/or during annual	Open enrollment meetings current take place at numerous smaller locations and larger department / district locations

	enrollment? At how many locations and how many employees are expected to attend? Are there any expected changes to this strategy in light of the pandemic?	multiple times during open enrollment and throughout the year. Employees are not required to attend but new marketing strategies are appreciated.
Appendix B, Page 18	Vision - Please provide Vision disruption file	This information is not available.
Appendix C, Page 19	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) - Are there any administration fees due to Ameriflex for the FSA or DC-FSA that are paid by WCPSS?	No – Employees pay \$2/month/plan via payroll deductions.
Appendix C, Page 19	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) - How is the FSA funded today? Are payroll deductions remitted periodically, or does WCPSS fund claims when paid?	FSA accounts follow the IRS guidelines and are deducted and paid monthly from participants and claims are paid as submitted.
Appendix C, Page 19	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) - Do you currently use a replenishment account to fund claims? What is the frequency of funding between WCPSS and Ameriflex?	No – all payments are submitted monthly.
Appendix A, Page 17	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) - Who currently administers COBRA notifications and collection of premiums for your FSA? Are you looking for COBRA administration as part of this RFP?	FSA elected benefits are collected monthly via payroll deductions and submitted to our currently vendor for administration as well as the Cobra processes.
Appendix C, Page 19	All Products – Please confirm the current and requested commissions for each product being requested. <b>Without direction on requested commissions per product or service from WCPSS it will be challenging for WCPSS to accurately compare pricing from responding vendors.</b>	WCPSS has no knowledge of commissions earned for any plans.
Appendix D, Page 20	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) – What is the total annual contribution amount for the FSA and DC-FSA?	WCPSS follows the IRS guidelines for maximum annual allowable contributions.
Appendix D, Page 20	Health Care FSA (FSA) & Dependent Care FSA (DC-FSA) – What is the average forfeiture amount for both plans annually?	Data on forfeitures are unavailable.
Appendix A, Page 17	Group Term Life – Please confirm how long this plan has been in place with Colonial, the certificate provided suggests 1/1/2019. If this is accurate, was this plan in place with another carrier prior to 1/1/2019?	This is accurate and is a new policy.
Appendix A, Page 17	Group Term Life – Please confirm if there have been any plan changes with Colonial life from the effective date. Please confirm the plan change and effective date of the change.	No changes have occurred from the effective date of this plan.
Appendix A, Page 17	Group Term Life – If the plan was in place with another carrier prior to 1/1/2019, please confirm the waiver of premium provision with the prior carrier.	This was a new plan.

Appendix A, Page 17	Group Term Life – Please confirm the current Guaranteed Issue Amounts for OPTL, DEPL-SP and DEPL-CH.	All rates and plan documents have been provided for all current plans.
Appendix A, Page 17	Group Term Life – Please provide paid claims and premium as well as average volume and lives for the plan from 1/1/2019 – Current. If there was a prior carrier and that experience is available, please provide as much data as possible.	All available claim data has been provided.
Appendix C, Page 19	Group Term Life – Please confirm if there have been any rate changes. If so, please confirm the date of the change and the increase/decrease %.	Rates have not changed.
Appendix C, Page 19	Group Term Life – Please confirm if the renewal rates are available.	All rates and plan documents have been provided for all current plans.
Appendix C, Page 19	Group Term Life – Please confirm the current and requested commissions.	WCPSS has no knowledge of commissions earned for any plans.
Appendix B, Page 18	Group Term Life – Please provide an updated census that includes the benefit election amounts including Dependent Spouse and Dependent Child elections.	All available census data has been provided.
Appendix C, Page 19	Short Term Disability – Please provide the rates for the “Base” STD plan and all possible riders.	All rates and plan documents have been provided for all current plans.
Appendix A, Page 17	Short Term Disability – Please confirm the sick leave policy.	The sick leave policy is stated in the Employee Handbook.
Appendix A, Page 17	Short Term Disability – What is the average # of sick leave days per EE?	The sick leave policy is stated in the Employee Handbook.
Appendix B, Page 18	Short Term Disability – Please update the census to include the STD Benefit amount elected as well as individual employee sick leave bank.	All available census data has been provided.
Appendix D, Page 20	Long Term Disability – We understand that the LTD plan is newly effective for 1/1/2023. Please confirm the current/estimated enrollment. OR was the minimum enrollment achieved for the coverage to become effective?	All available census data has been provided.
Appendix A, Page 17	Long Term Disability – Please confirm how (or from whom) MetLife can obtain information regarding PERS/STRS/FERS benefits for LTD offsets.	Question is unclear
Appendix A, Page 17	Long Term Disability – Are employees eligible to receive Social Security Disability in addition to PERS/STRS/FERS?	No
Appendix B, Page 18	Long Term Disability – Please provide hire date or years of tenure on the census so that we can determine who would be eligible for the NC Retirement Disability Benefits.	All available census data has been provided.
Appendix B, Page 18	Long Term Disability – Please provide annual salary on the census.	All available census data has been provided.



Appendix B, Page 18	Critical Illness – Please provide current benefit elections on the census. This will assist with determining if the current plan designs are meeting the needs of the employees.	All available census data has been provided.
Appendix B, Page 18	Medical Bridge – Please provide current benefit election on the census.	All available census data has been provided.
	We need detailed census data for the eligible population which includes elected coverage for Group Term Life, Universal Life, and Whole Life that includes employee date of birth and gender along with employee, spouse, and children enrolled Life insurance volumes. Please include all eligible employees with their date of birth and gender even if they are waiving life coverage. Please forward current invoices for the Group Term Life Insurance coverage.	All available census data has been provided.
	Please forward an updated Group Term Life Insurance claims experience report for Voluntary Group Term Employee Life and Dependent Life by policy year from 2019 through October 2022.	All available claim data has been provided.
	Confirm flexibility to add clarifying coverage descriptions into Appendix L (cost/rate form).	Confirmed
Page 8 – Customer Service, item #5	Is the RFP asking for the Proposer to provide printed benefit booklets/guides? If so, how many? Shipped to how many locations?	Yes – at least 50% of the population to all locations.
	Will Wake County Public Schools support the discontinuation of all payroll deductions for existing benefit plans?	Yes
	Will Wake County Public Schools support a high touch, active enrollment process? I.e., require mandatory participation in the enrollment process?	Yes
Technology Expectations	Please confirm these are the benefits enrolled on BenefitFocus: <ul style="list-style-type: none"> <li>- Spending Accounts</li> <li>- Vision</li> <li>- Dental</li> </ul>	Yes
	Who currently funds the platforms? <ul style="list-style-type: none"> <li>- Benefitfocus</li> <li>- Harmony</li> </ul>	Benefitfocus is paid via the vendors and Harmony is maintained via our current broker.
	What are the current COBRA processes in place on eligible plans?	WCPSS follows the IRS guidelines for Cobra offers.
Question for standalone vision	Please provide monthly premium dollars paid, claims dollars paid (or incurred) and enrolled employees and dependents by month, for the last 24 months. Please advise if there have been any rate or benefit changes during the experience period.	All rates and plan documents have been provided for all current plans. Rates have not changed.

Question for standalone vision	Please provide monthly claims count data by service, by month: exam, lens type, frame, contact lens, for the last 24 months.	All available claim data has been provided.
Signatures	Are wet signatures required or are electronic signatures acceptable?	Wet signatures are required on all originals.
Checklist, page 38	If 3 original hard copies and wet signatures are required, do they all need original signatures?	Yes
Question for standalone Vision	How many employees are enrolled in COBRA for vision? How many total lives (employees plus dependents) are enrolled in COBRA for vision?	All available census data has been provided.
	Will WCPSS accept proposals from vendors that can only offer a subset of the requested benefit plans (i.e.-no Vision coverage)	Yes
Page 30	The proposal requests an answer regarding administration of benefits for participants on COBRA. Should pricing for COBRA administration be included in the proposal?	Yes
Appendix B – page 18	<p>Please provide an updated census to include:</p> <ul style="list-style-type: none"> <li>• Each employee's date of hire</li> <li>• Occupation</li> <li>• Annual income</li> <li>• Which employees are enrolled in the off-job STD coverage and which employees are enrolled in the Off/On job STD coverage</li> <li>• Which employees are enrolled in the Long-Term Disability plan</li> <li>• Each employee's sick leave bank</li> </ul>	All available census data has been provided.
Scope of Work – Page 6	Please provide contracts/certs for both STD & LTD coverage	All rates and plan documents have been provided for all current plans.
Scope of Work	<p>STD, there are two conflicting documents. Perhaps two pop:</p> <ul style="list-style-type: none"> <li>• The STD has a 12-month duration and the LTD has a 90- day EP. What population is this STD plan offered to and vice versa?</li> <li>• Need to know who is in what option for the STD. Per the Colonial document there are multiple Elimination periods.</li> <li>• There is a mention of an extended 12-month disability duration. This is for a total of 24 month and even mentions 36 mos.</li> </ul>	<p>STD and LTD are offered to the same population. The disability plans are not associated with the involuntary TSERS plans.</p> <p>All available claim data has been provided.</p>

	<ul style="list-style-type: none"> <li>The ORP is one population please confirm it is not associated with TSERS population. Is there are another population of employees eligible?</li> <li>Please provide 2-3 years of experience with: <ul style="list-style-type: none"> <li>Lives history and premium broken out by month</li> <li>Rate history</li> <li>Claims paid by month</li> <li>Rates and rate history</li> <li>Carrier history</li> </ul> </li> </ul>	
Scope of Work	There is a comment in the "State Disability" document (page 7) that states the employer pays the coverage. It must be provided to another population. We will need to know who it is on the census, claims, and certs.	State Disability Plans are involuntary and follow the guidelines outlined by the State.
Scope of Work	<p>LTD:</p> <ul style="list-style-type: none"> <li>The Sunlife synopsis varies from the "State Disability" document</li> <li>The ORP is one population please confirm it is not associated with TSERS population. Is there are another population of employees eligible?</li> <li>Need a census with who is enrolled, how many are eligible for this coverage?</li> <li>Do you participate in social security?</li> <li>Per the documents the disability is not offset with TSERS – please confirm.</li> <li>Carrier history</li> <li>Please provide LTD experience since inception that includes: <ul style="list-style-type: none"> <li>Open and closed claim listing with: <ul style="list-style-type: none"> <li>DOB</li> <li>Gender</li> <li>Date of disability</li> <li>Total paid by claim</li> <li>Gross and net benefit</li> <li>Offsets by claim</li> <li>Reserves by claim</li> </ul> </li> </ul> </li> <li>Paid premium by month</li> <li>Lives history</li> </ul>	STD and LTD are offered to the same population. The disability plans are not associated with the involuntary TSERS plans. State Disability Plans are involuntary and follow the guidelines outlined by the State. All available claim data has been provided. NC participates in contributing to social security. The STD and LTD are not offset by the TSERS plan.

	<ul style="list-style-type: none"> <li>• Rate history and when changes occurred</li> <li>• Plan changes and when they occurred</li> </ul>	
Scope of Work	The sample life and accident certificate lists a Guaranteed Issue amount of \$50,000. Is that amount specific to the sample individual due to their current amount being \$50,000 or is that the overall plan's Guaranteed Issue amount?	Please refer to the details within the plan document.
Scope of Work	The sample life and accident certificate states that at annual enrollment "Evidence of insurability may be required for any increase in coverage after the initial eligibility period under the policy," but does not provide more specific details. Please clarify what the current annual enrollment provisions are.	The evidence of insurability follows the normal industry standards
Scope of Work	The census provided does not list current benefit amounts for each individual. Please provide a census that includes current benefit elections for each individual for each line of life and AD&D coverage.	All available census data has been provided.
Scope of Work	In addition to benefit elections for the census, please provide annual salary for each individual.	All available census data has been provided.
Scope of Work	Please confirm all individuals listed on the census were eligible to participate in the Group Term Life plan. If not, please provide an indicator to differentiate between who was eligible but chose not to elect and who was not eligible to participate in the first place.	Confirm
Scope of Work	Please provide five years of experience, by line of coverage, that includes: <ul style="list-style-type: none"> <li>• Annual paid premium and claims for each line of coverage</li> <li>• A detailed list of incurred claims (both death and waiver)</li> <li>• Current and historical premium rates</li> </ul>	All available claim data has been provided.
Scope of Work	Please provide a copy of a recent monthly billing/premium remittance statement to compare census volumes to reported volumes	All available census data has been provided.