Torrance County
RFP TCFY25-26 013 : MINIMUM REQUIREMENTS
EFFECTIVE DATE: JANUARY 1, 2027

ALL VENDORS MUST COMPLETE THIS SECTION.

The following are proposal specifications. Please complete the following chart by responding in the right-hand column. If you disagree with any of the criteria, you may not be considered. If the criteria do not apply to the services you are quoting, please indicate "N/A."

		AGREE	DISAGREE
1.	You have reviewed and accept the Plan's eligibility provisions outlined in the RFP.		
2	You must be licensed in New Mexico or willing to obtain a license in New Mexico.		
3	Fully insured premiums must be guaranteed for a minimum of two (2) years from the effective date. A third year rate guarantee is preferred with additional preference for a fourth year guarantee. Rates must be the same for Years 1 and 2.		
4	Include a 10% flat commission level for vision benefits and 20% flat commission for all other lines of coverage to match commissions included in current rates.		
5	Renewal rates and fees must be submitted 120 days prior to the contract renewal date.		
6	Your proposal assumes that each line of coverage is purchased on a stand-alone basis. Provide information in the Cost Exhibits related to any savings or discounts applicable if your company is awarded multiple lines of coverage.		
7	You have included detailed plan summaries for all quoted plans.		
8	You currently have a Vision provider network in Estancia, New Mexico and surrounding areas.		
9	You may be required to complete a network analysis.		
10	The vendor will be responsible for producing the Booklet/Summary Plan Description . The client reserves the right to review/revise the Booklet/SPD prior to finalization.		
11	Vendor agrees to provide a booklet draft within 60 days of the effective date.		
12	Vendors may be required to attend benefit committee meetings.		
13	Vendors may be required to attend open enrollment meetings.		

14	Vendor agrees to provide all standard reports to the client and its consultant.		
15	The client and its consultant must be able to access reports online.		
16	Insured coverage must be provided on a no-loss/no-gain basis for all covered participants so the current group does not suffer a loss of benefit solely due to the transfer of coverages to your firm.		
17	You must agree to waive the “actively at work” provision for the currently enrolled. The master contract will reflect the elimination of the actively at work restriction or deferred effective date for all initially enrolled active or inactive employees and dependents. This will include only initial eligibles (those eligible on the effective date of the contract) including COBRA continuees.		
18	You are in compliance with all HIPAA Privacy, Electronic Data Interface (EDI) and Security requirements.		
19	Your contract must require no more than a 30-day notice of termination. Your contract cannot prohibit the group from terminating coverage at any time. There must be no penalties for late notification or for termination off anniversary.		
20	Proposals must include performance guarantees outlined in Exhibit 10, if quoting vision.		
21	If your proposal deviates in any respect from the benefits requested, limitations, exclusions, funding methods requested, contract conditions, or any other RFP specifications, you must clearly disclose and describe all such deviations on the RFP Signature Page. You cannot disclose deviations by making a “general” reference to section(s) of the proposal. If the RFP Signature Page does not indicate any deviations, it will be assumed that your proposal exactly matches all RFP requirements.		
22	You completed all questionnaires and exhibits in full and in the format requested (e.g., Word or Excel – not PDF).		
23	By New Mexico State statute(s), insurance premium tax does not apply to public entity employers including, but not limited to, cities, counties, school districts, etc. If selected, premium tax will not be charged.		
24	Confirm that your company will transition existing insureds, at the insurance amounts currently in place, with no Evidence of Insurability requirements.		

25	If awarded Voluntary Life coverage, confirm that upon the initial contract effective date, bidder will allow a one-time open enrollment for all eligible employees to enroll in Voluntary Life and Voluntary AD&D, with no Evidence of Insurability requirements up to Guarantee Issue limits.		
26	Bidder confirms that in the event the prior carrier does not honor a Long Term Disability claim in the elimination period, solely because the Master Contract is terminated, Bidder agrees to review the claim for benefits without prejudice.		

Disagree
N/A

Torrance County
RFP TCFY25-26 013 : GENERAL QUESTIONNAIRE
EFFECTIVE DATE: JANUARY 1, 2027

ALL VENDORS MUST COMPLETE THIS SECTION.

WHEN RESPONDING TO QUESTIONS THAT REQUIRE YOU TO SELECT FROM THE RES
PROVIDED, PLEASE PLACE AN " X " IN FRONT OF THE APPLICABLE AN

	QUESTION	VENDOR R	
1.	Do you carry an Errors & Omissions policy?		Yes
	· Will you hold the client harmless for suits resulting from your actions or omissions?		Yes
2.	Do you carry a comprehensive general liability policy?		Yes
3.	Does your company carry a fidelity bond?		Yes
4.	Please answer the following in regard to the core organization that will provide services requested:		
a	· Who is your parent company?		
b	· Date formed.		
c	· Number of years performing services requested.		
d	· Ratings of company(s):		
e	– A.M. Best		
f	– Moody's		
g	– Standard & Poor's		
h	· Where is your corporate headquarters located?		
i	· Number of employees in your company.		
j	· How many members / insureds are covered by your organization's plan(s)?		
k	– Nationally?		
l	– In New Mexico?		
m	· Have you been acquired within the last 24 months?		Yes
n	· Are you currently in discussions to be acquired?		Yes

o	· Are you currently involved, or have you recently been involved in, any merger / acquisition affecting the staff or operational areas that will provide services to the client?		Yes
5.	Has your rating with A.M. Best, Moody's, or Standard & Poor's been downgraded in the last 3 years?		Yes
a	If yes, explain reason for downgrade.		
6.	Provide company's organization chart, including the team that provides sales and service for New Mexico based clients. Be sure to identify where each team member is based.		
7.	Is your organization's current annual financial report, or other documents reflecting financial performance, available online?		Yes
a	· If yes, provide website address.		
b	· If no, please provide a paper copy with your proposal.		
8.	Do you offshore any services related to the Life/AD&D, LTD, STD or Vision plan?		Yes
a	· If yes, briefly describe services that are off-shored, and to what county.		
9.	Please provide the following: Four client references, including one former client, who may be contacted. Municipality/ governmental cliens are preferred. ***Please provide the following***:		
a	**Name of Client - Active**		
	Contact Name		
	Address		
	Email Address		
	Telephone number		
	Approximate number of employees covered by each contract.		
b	**Name of Client - Active**		
	Contact Name		
	Address		
	Email Address		
	Telephone number		
	Approximate number of employees covered by each contract.		
c	**Name of Client - Active**		
	Contact Name		
	Address		
	Telephone number		
	Approximate number of employees covered by each contract.		
d	**Name of Client - Terminated**		
	Contact Name		
	Address		
	Email Address		
	Telephone number		
	Reason for termination?		

	Approximate number of employees covered by each contract.		
10	Please describe your premium remittance process and if you have experience working with the ERP system, Tyler.		
a	Does your response vary by coverages proposed? If yes, please explain.		
11	What communications and enrollment materials will you provide for the annual enrollment and/or distribution?		
	· Can this material be customized to meet the client's needs?		Yes
	· Is there an additional cost for this service?		Yes

SPONSES ALREADY SWER.

RESPONSE	
	No
	No
	No
	No
	No
	No

	No
	No
	No
	No

	No
	No

Torrance County
RFP TCFY25-26 013 : Basic Life and AD&D Questionnaire
EFFECTIVE DATE: January 1, 2027

INSTRUCTIONS: If you are proposing above noted coverages, please indiciate yes below and a questions. If you are not proposing the above noted coverage, please indicate no below and pro a question is not applicable, please indicate " N/A " in the response column. Please do NOT pro make reference to another document in lieu of providing a response. Please do not add, delete questions. If more space is needed to provide an appropriate response, you may add rows dire question being answered.

WHEN RESPONDING TO QUESTIONS THAT REQUIRE YOU TO SELECT FROM THE RESPONSES PLEASE PLACE AN " X " IN FRONT OF THE APPLICABLE ANSWER.

Above Reference Coverage Quoted?		**Yes**

COVERAGE / SERVICE QUESTIONS

1	Does your basic life insurance plan include a conversion provision?		Yes
a	• Are conversion charges included in the renewal financial accounting?		Yes
2	Does your basic life insurance plan include a portability provision?		Yes
a	If you offer portability, do you deny ported coverage to any insured who is ill or injured at the time of application for Port?		Yes
b	If a separate set of portability rates is used, do you apply any underwriting criteria to those individuals?		Yes
c	If so, can you deny coverage or rate adjust coverage for ported individuals after underwriting?		Yes
d	Can individuals port the entire amount of life insurance?		Yes
e	Is portability linked to a coverage limit (e.g., must be covered for a minimum of 2 years)? If yes, please provide details.		Yes
f	Do you limit the term of an individual's coverage under a ported contract (e.g., 3 years, to a certain age, etc.)? If yes, please provide details.		Yes

g	Should the master contract terminate, are individuals with ported coverage affected (i.e., would their coverage terminate)? Please provide details.		Yes
3	Please describe your Accelerated Benefit Option (ABO).		
4	When paying a normal Death Claim (not an Accelerated Benefit Option), does your contract allow you to reduce the total benefit for any Age Reductions that would have occurred within 90 days after the date of death, or do you pay the amount inforce on the date of death?		Reduce for upcoming Age change
5	If you will not agree to waive the "actively at work" requirement, how do you propose mitigating the risk associated with loss of coverage for employees not "actively at work" as of the effective date?		
6	When your company replaces a prior group life insurance plan, do you require a list of employees not "actively at work" as of the effective date?		Yes
a	• If you do require such a list, will you deny a claim for any individual who was not on the "not actively at work" list?		Yes
7	Are disabled employees who are not yet eligible for Waiver of Premium under the prior plan transferred to your company's succeeding plan, and is their original Date of Disability applied to your Waiver of Premium requirement?		Yes
8	If your company underwrites both the Life and Long Term Disability coverage for the Employer, do you automatically initiate a Life Waiver of Premium claim when LTD claims are received and approved for benefits?		Yes
9	You agree that termination of the master contract cannot eliminate your liability (waiver of premium) for an employee whose disability occurred prior to termination of the master contract.		Agree
10	Is AD&D coverage provided on a 24-hour basis?		Yes
11	Are there limitations to the timeline of injury and date of death for AD&D benefits?		
12	Is the Life benefit payable for death from any cause?		Yes
a	If no, what causes are excluded?		
13	Provide a full explanation of how the waiver of premium provision works.		

nswer all of the following
ɔceed to the next exhibit. If
vide any attachments, nor
, or re-order any of the
ctly underneath the

S ALREADY PROVIDED,

	No

S

	No
	No
	No
	No
	No
	No
	No
	No
	No

	No

	Pay amount in force on date of death.

	No
	No
	No
	No
	Disagree
	No

	No

Torrance County

RFP TCFY25-26 013: Voluntary Life Questionnaire

EFFECTIVE DATE: January 1, 2027

INSTRUCTIONS: If you are proposing above noted coverages, please indiciate yes below and following questions. If you are not proposing the above noted coverage, please indicate no b next exhibit. If a question is not applicable, please indicate " N/A " in the response column. Pl attachments, nor make reference to another document in lieu of providing a response. Pleas order any of the questions. If more space is needed to provide an appropriate response, you underneath the question being answered.

WHEN RESPONDING TO QUESTIONS THAT REQUIRE YOU TO SELECT FROM THE RESPONS PLEASE PLACE AN " X " IN FRONT OF THE APPLICABLE ANSWE

Coverage quoted:		Yes

1	Is it required that the Employee elect VT life coverage in order for VT Dependent coverage to be elected?		Yes
2	Does your VT life insurance plan include a conversion provision?		Yes
	• Is conversion offered for VT dependent life coverage?		Yes
3	Does your VT life insurance plan include a portability provision?		Yes
a	If you offer Portability, do you deny ported coverage to any insured who is ill or injured at the time of application for Port?		Yes
b	Can you deny coverage or rate adjust coverage for ported individuals after underwriting?		Yes
c	Can individuals port the entire amount of life insurance?		Yes
d	Is portability linked to a coverage limit (e.g., must be covered for a minimum of 2 years)? If yes, please provide details.		Yes
e	Do you limit the term of an individual's coverage under a ported contract (e.g., 3 years, to a certain age, etc.)? If yes, please provide details.		Yes
f	Should the master contract terminate, are individuals with ported coverage affected (i.e., would their coverage terminate)? Please provide details.		Yes

4	When your company replaces a prior group life insurance plan, are dependents who were covered under the prior carrier's plan denied immediate coverage if confined in a hospital or medical facility?		Yes
5	Please describe your Accelerated Benefit Option (ABO).		
6	When paying a normal Death Claim (not an Accelerated Benefit Option), does your contract allow you to reduce the total benefit for any Age Reductions that would have occurred within 90 days after the date of death, or do you pay the amount inforce on the date of death?		Reduce for upcoming Age change
7	When your company replaces a prior group life insurance plan, are employees who were covered by the prior carrier required to be actively at work in order to be eligible for coverage on the effective date of the new plan?		Yes
8	If you will not agree to waive the "actively at work" requirement, how do you propose mitigating the risk associated with loss of coverage for employees not "actively at work" as of the effective date?		
9	When your company replaces a prior group life insurance plan, do you require a list of employees not "actively at work" as of the effective date?		Yes
a	• If you do require such a list, will you deny a claim for any individual who was not on the "not actively at work" list?		Yes
10	Are disabled employees who are not yet eligible for Waiver of Premium under the prior plan transferred to your company's succeeding plan, and is their original Date of Disability applied to your Waiver of Premium requirement?		Yes
11	You agree that termination of the master contract cannot eliminate your liability (waiver of premium) for an employee whose disability occurred prior to termination of the master contract.		Agree
12	Is the VT Life benefit payable for death from any cause?		Yes
a	If no, what causes are excluded?		
13	Please provide a full explanation of the procedures / processes, and timetable, for processing and approving EOI.		
a	Do these processes, etc., differ if EOI is due to a Late Enrollment, versus for an amount that exceeds Guarantee Issue?		Yes

b	· If yes, explain	
14	Provide a full explanation of how the waiver of premium provision works.	
15	Please describe in detail the enrollment process for employees and their dependents, including any different processes / requirements for initial versus annual enrollment.	
	What are the minimum issue ages for:	
a	· Employees?	
b	· Spouse?	
	What are the maximum issue ages for:	
c	· Employees?	
d	· Spouse?	

l answer all of the elow and proceed to the lease do NOT provide any e do not add, delete, or re- may add rows directly

SES ALREADY PROVIDED, R.

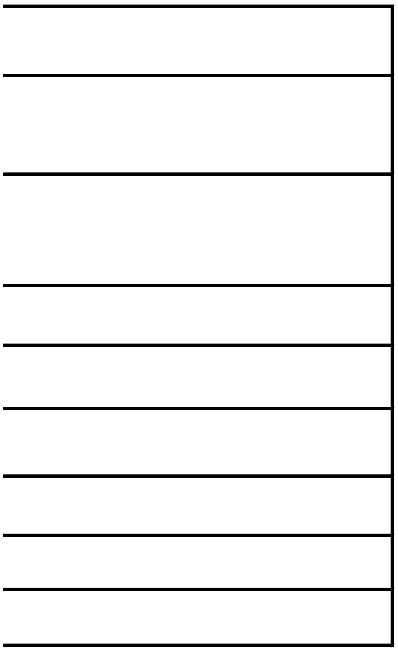
	No
	No
	No
	No
	No
	No
	No
	No
	No
	No
	No

	No

	Pay amount in force on date of death.
	No

	No
	No
	No
	Disagree
	No

	No



Torrance County
RFP TCFY25-26 013: LTD Questionnaire
EFFECTIVE DATE: January 1, 2027

INSTRUCTIONS: If you are proposing above noted coverages, please indiciate yes below a questions. If you are not proposing the above noted coverage, please indicate no below an If a question is not applicable, please indicate " N/A " in the response column. Please do N nor make reference to another document in lieu of providing a response. Please do not ad the questions. If more space is needed to provide an appropriate response, you may add r question being answered.

WHEN RESPONDING TO QUESTIONS THAT REQUIRE YOU TO SELECT FROM THE RESPO PLEASE PLACE AN " X " IN FRONT OF THE APPLICABLE ANSWER.

	Coverage quoted:		**Yes**
1	What is your definition of Long Term disability? Please be explicit.		
2	Confirm that the pre-existing condition clause does not apply to those who are currently enrolled, and actively-at-work on the proposed policy effective date, and have satisfied any previous pre-existing condition requirements of the prior policy.		Agree
6	Do you require a periodic census report from existing clients?		Yes
a	• If so, frequency of report?		
b	• What information is required?		
7	Describe your claim management process, and the types of personnel involved (e.g. nurse case managers, others).		
a	• Describe the qualifications and experience of such personnel.		
b	• Are all registered nurses?		
c	• With whom do these personnel have contact (employee, employer, physician, etc.)?		

8	What determines whether your (carrier's) physician will review the attending physician's statement?		
10	Could your contract be designed to insist upon a third physician's opinion when the claimant's and your company's physicians disagree on the status of a claimant?		Yes
11	Once approved for disability benefits, what is the process used to validate continued disability and how frequently is validation required?		
13	What part does your company play in assisting LTD claimants to obtain Social Security disability benefit awards?		
14	Describe how your plan works with Social Security and PERA benefits.		
15	Describe your process and success rate in obtaining refunds of overpayments due to subsequent Social Security awards when full LTD benefits have previously been paid without Social Security offsets (this would be applicable to claimants who previously worked for an employer participating in Social Security.)		
16	Do you typically assign a dedicated claims examiner and/or disability management team to every client's account?		Yes
17	Do you have the capability to withhold from disability benefit payments, on behalf of the client, any of the following:		
a	• FICA taxes?		Yes
b	• State taxes?		Yes
c	• Employee benefit contributions?		Yes
18	Does your standard contract contain language to support and administer a plan with provisions outlined in IRS ruling 2004-55?		Yes
a	If no, can it be offered as an option if the client requests?		Yes
b	If offered as an option, is there an additional cost?		Yes
19	Under what circumstances, if ever, would a claim stabilization reserve be required?		
20	Identify the terms and conditions of your contracts should the client terminate their contract with your company (i.e. client liability, responsibility for incurred claims, etc.).		

22	How often do you provide claims activity / experience, and open and closed claims reports?		
23	If the LTD policy contains a Conversion provision, are there additional conversion costs over and beyond the stated premium rate?		Yes
24	If the LTD policy contains a Portability provision, are there additional portability costs over and beyond the stated premium rate?		Yes

ınd answer all of the following
d proceed to the next exhibit.
OT provide any attachments,
d, delete, or re-order any of
ows directly underneath the

NSES ALREADY PROVIDED,

	No

	Disagree
	No

	No
	No
	No
	No
	No
	No
	No
	No
	No
	No

	No
	No

Torrance County
RFP TCFY25-26 013 : LTD Contract Questionnaire
EFFECTIVE DATE: January 1, 2027

INSTRUCTIONS: If you are proposing above noted coverag the following questions. If you are not proposing the above proceed to the next exhibit. If a question is not applicable, Please do NOT provide any attachments, nor make refere response. Please do not add, delete, or re-order any of the an appropriate response, you may add rows directly

CARRIERS: Please complete the following chart t included in your LTD group contracts. NOTE: If a standard, filed benefit, please note that the benefit

1	What is the definition of *OWN occupation*?
a	Does the elimination period count toward the "own occ" period?
2	What is the definition of *ANY occupation?*
a	Is "Any Occupation" based on national, regional, or local economy?
3	Is Earnings Loss *AND* Occupation Loss required to satisfy elimination period or begin benefit payments?
4	Does your standard LTD policy contain a requirement that total disability must precede partial disability?
5	Does your definition of disability include a 40-hour work week provision?
6	Does your definition of disability include a Maximum Capacity provision?
7	Does your contract include Zero Day Residual?
a	If yes, what was the increase to rates to include?
8	Using 80% earnings test, do you index pre-disability earnings so benefit is not offset by future raises?
9	Describe how separate periods of disability from the same cause are calculated to determine the elimination period.
10	Describe any C*hildcare benefit included.*
11	Describe any S*pouse Disability* benefit included.

12	Describe any *Return to Work* Incentive Program included.
13	Describe any *Rehabilitation Benefit* included.
14	Describe any *Survivor Income* Benefit
15	Does your contract contain any *Long Term Care* benefits?
16	Describe any *Reasonable Accommodation/Worksite Modification* benefits included.
17	Does your contract include *CPI indexation?*
a	How does it work?
18	Does your contract include a *Cost of Living Adjustment (COLA)* feature?
a	If yes, what is the impact on the rate?
19	Is Waiver of Premium included?
a	If Yes, confirm the following: the premium will be waived after the employee satisfies the elimination period and the WOP is applicable when the employee is approved for the benefit.
20	Does your LTD policy include a *Portability* privilege?
21	Does your LTD policy include a *Conversion* privilege?
22	Describe your Partial Disability Benefit Calculation
23	Is your LTD coverage provided on a no loss / no gain basis?
24	Does your standard LTD contract have any of the following exclusions?
a	Armed conflict, war
b	Intentionally self-inflicted injury
c	Sickness, injury occurring while in military services
d	Committing assault or felony
e	Participation in riot
f	Injuries suffered in fight in which EE is aggressor
g	Loss of professional license / certification
h	Sickness/injury due to cosmetic or reconstructive surgery, except surgery to correct deformity caused by sickness/injury
25	List Other Income Offsets
a	Do you offset against the *actual*, or the *potential / eligible* Social Security benefit amount?

26	Does your contract limit benefits for Self Reported symptoms?
27	Does your contract give you Discretionary Authority?
28	Does the LTD contract typically include an *Employee Assistance Program (EAP) benefit*? If yes, briefly describe benefits such as # telephonic and face-to-face visits, legal and financial assistance, etc.
a	If included, does the EAP benefit cover ALL employees, or just those who are enrolled in the client's LTD plan?
b	If not standardly included, do you offer the option to include an EAP benefit?

ges, please indiciate yes below and answer all of
e noted coverage, please indicate no below and
please indicate " N/A " in the response column.
nce to another document in lieu of providing a
questions. If more space is needed to provide
underneath the question being answered.

o describe the standard benefits
ny benefit mentioned below is not a
varies by quote / proposal.

Torrance County
RFP TCFY25-26 013: Basic Life, AD&D and Voluntary Life Benefits
EFFECTIVE DATE: January 1, 2027

CARRIERS: PLEASE COMPLETE THE FOLLOWING CHART TO DESCRIBE THE BENEFITS YOU ARE QUOTING. IF YOU ARE NOT QUOTING THIS LINE OF COVERAGE, PLEASE PROCEED TO THE FOLLOWING EXHIBIT. DO NOT CONVERT TO PDF; USE EXCEL.

Above Reference Coverage Quoted?		**Yes**		**No**

Basic Life Benefits	**Carrier Response?**
Employee Benefit Amount	
All eligible employees	
Guarantee Issue quoted	
Maximum Guarantee Issue amount you will offer	
Age Reduction Schedule, including Termination Age	
Waiver of Premium included?	
Conversion included?	
Portability included?	
Accelerated Benefit Option (ABO) included?	
ABO Percent of Life benefit payable	
ABO Minimum benefit	
ABO Maximum benefit	
AD&D Benefits (please complete separate AD&D tab (exhibit 7B))	

Voluntary Life Benefits	**Carrier Response?**
Employee	
Benefit Increments	
Benefit Maximum	
Guarantee Issue amount quoted	
Maximum Guarantee Issue amount you will offer	
Spouse & Domestic Partner	
Benefit Increments	
Benefit Maximum	
Guarantee Issue amount quoted	
Maximum Guarantee Issue amount you will offer	
Dependent	
Benefit Increments	
Benefit Maximum	
Guarantee Issue amount quoted	
Maximum Guarantee Issue amount you will offer	

Age Reduction Schedule, including Termination Age	
Waiver of Premium included?	
Accelerated Benefit Option (ABO) included?	
ABO Percent of Life benefit payable	
ABO Minimum benefit	
ABO Maximum benefit	
Conversion Included?	
Portability included?	
Participation Requirement	

Torrance County

RFP TCFY25-26 013 : Basic Life, AD&D and Voluntary Life Benefits

EFFECTIVE DATE: January 1, 2027

INSTRUCTIONS: Please answer all of the following questions, or if a qu in the response column. Please do NOT provide any attachments, nor m providing a response. Please do not add, delete, or re-order any of the an appropriate response, you may add rows directly underneath the que

NOTE: If any benefit mentioned below is not a standard, file varies by quote / proposal.

Percentage of principal Life amount payable for:
Loss of Life
Loss of Both Hands or Both Feet or Both Eyes
Loss of One Hand and One Foot
Loss of One Hand or One Foot and One Eye
Loss of Speech and Hearing in Both Ears
Quadriplegia
Paraplegia
Hemiplegia
Uniplegia
Loss of One Hand or One Foot or One Eye
Loss of Speech or Hearing in Both Ears
Loss of Thumb and Index Finger of Same Hand
Loss of All Toes on One Foot
Other Conditions : Please describe
Percentage of principal Life amount payable, and any other limits, for the following benefits included in your proposal:
Seat Belt
Airbag
Coma
Child Day Care
Education Benefit
Bereavement
Repatriation
Occupational Assault Benefit
Public Transportation Benefit
Common Disaster
Home Alteration Modification
Exposure and Disappearance

Other Benefit : Please describe

estion is not applicable, please indicate " N/A "
ake reference to another document in lieu of
questions. If more space is needed to provide
stion being answered.

d benefit, please note that the benefit

Torrance County
RFPTCFY25-26 013 : LTD Benefits
EFFECTIVE DATE: January 1, 2027

CARRIERS: PLEASE COMPLETE THE FOLLOWING CHART TO DESCRIBE THE BENEFITS YOU ARE QUOTING. IF YOU ARE NOT QUOTING THIS LINE OF COVERAGE, PLEASE PROCEED TO THE FOLLOWING EXHIBIT. DO NOT CONVERT TO PDF; USE EXCEL.

Above Reference Coverage Quoted?		**Yes**		**No**

LONG TERM DISABILITY	VENDOR RESPONSE
Benefit Percentage	60% Monthly Benefit
Minimum Monthly Benefit	$100
Maximum Monthly Benefit	$5,000
Elimination Period	180 days
Duration of Temporary Recovery During Elim Period	
Definition of Total Disability (include Own Occ, and Income loss requirements)	
Benefit Duration (include schedule of Age Related Benefit Reductions, if applicable).	SSNRA
Pre-existing Condition	
Offsets	
Limitations on Specified Diagnoses (i.e. mental health, musculoskeletal disorders)	
Other Limitations and Exculsions	

Torrance County
RFP TCFY25-26 013: Signature Page
EFFECTIVE DATE: January 1, 2027

EXHIBIT 7 RFP Signature Page -
ALL VENDORS MUST COMPLETE THIS EXHI

All deviations from the specification and other standards included in this RFP TCFY25-26 013 for T defined below. An Officer of your organization must sign this Signature Page. In the absence of any identi bound to all of the terms and conditions outlined in the RFP.

We certify that our proposal complies with the contents of this Request for Proposal, unless noted in the fo

1
2
3
4
5
6
7

Company Name: _____
Name: _____
Title: _____
Phone Number : _____
E-mail Address: _____
Signature: _____
Date: _____

NOTE: In the case of an electronic proposal submission, your typed name and date above will be RFP.

BIT

orrance County must be clearly
ified deviations, your organization will be

llowing list of exceptions.

e considered a valid signature for this