

RUTHERFORD COUNTY GOVERNMENT

REQUEST FOR PROPOSALS

Voluntary Critical Illness, Cancer and Accident Plans

**Proposals to be received by 4:00 pm, Central Time
Tuesday, April 14, 2015**

Submit Proposals to:
Rutherford County Government
Attn: Voluntary Benefits RFP
County Mayor's Office
Courthouse Room 101
One Public Square
Murfreesboro, Tennessee 37130

Prepared by Rutherford County Government Risk Management Department

Request for Proposals

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Rutherford County Government
Request for Proposals
Voluntary Critical Illness, Cancer and Accident Plans

I. Statement of Intent

The purpose of this Request for Proposal (RFP) is to secure proposals from voluntary benefit companies to implement supplemental voluntary Critical Illness, Cancer, and Accident plans. The objective of making a voluntary program available is to enhance the overall value of the Rutherford County benefit program without increasing Rutherford County’s costs. We plan to continue our current enrollment strategy and platform with this potential new voluntary benefits company.

II. RFP Time Line

Availability of RFP.....	Monday, March 16, 2015
Intent to Bid due.....	Friday, March 20, 2015
Deadline for Questions to be Submitted (in writing).....	Friday, March 20, 2015
Proposals Due Date.....	Tuesday, April 14, 2015
Interviews with Finalists.....	Tuesday, April 21, 2015
Finalist Presentation to Insurance Committee (if needed).....	Thursday, April 23, 2015
Contract Start Date.....	January 1, 2016

This timetable is for the information of submitting entities. These dates are subject to change. **However, in no event shall the deadline for submission of the Proposals be changed except by written modification from the Rutherford County Risk Management Department.**

III. Background

Rutherford County is seeking proposals for voluntary Critical Illness, Cancer and Accident plans. The desired term of the contract is for three (3) years with two each one (1) year renewal options, for a maximum possible term of service of five (5) years total.

The County’s workforce consists of approximately 4,900 active full-time employees eligible for the plan as well as their dependents. The County has offered these benefits through Allstate for the last several years. Cowan Benefit Services oversees the RFP process and provides all the communication services for benefits to the County and our employees. BeneSync is our enrollment partner for the voluntary benefits. We plan to continue with their enrollment platform for the next contract period.

The selected voluntary benefits company would need to be able to interact with BeneSync and their enrollment platform. We may consider other online enrollment system at another time, but this will be handled through a separate RFP process in the future.

The County will hold mandatory enrollment meetings in the fall 2015 for January, 1, 2016 elections. The selected company would be required to assist in communication materials, possible attendance at the meetings and ongoing support throughout the year.

There are multiple billing departments and deduction schedules for the County. The selected company would be required to administer this structure.

Current participation levels are as follows:

Critical Illness - 170

Cancer - 385

Accident - 180

IV. General Conditions

4.1 The following data is intended to form the basis for submission of Proposals to provide the employees of the Rutherford County Government with the opportunity to purchase voluntary plans and to pay for them through payroll deductions.

4.2 This material contains general conditions for the procurement process, the scope of service requested; contract requirements; instructions for submissions of qualifications; and submission forms that must be included in the proposal. The RFP should be read in its entirety before preparing the proposal.

4.3 All materials submitted pursuant to this RFP shall become the property of Rutherford County. To the extent permitted by law, all documents pertaining to this Request for Proposals shall be kept confidential until the proposal evaluation is complete and a contract is awarded. No information about any submission of Proposals shall be released until the process is complete, except to the members of the Insurance Committee and other appropriate County staff. All information provided shall be considered by the Insurance Committee in making a recommendation to enter into an agreement with the selected consultant.

4.4 Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the RFP shall be submitted directly to Cowan Benefit Services **by the close of the business day on March 20, 2015**. Questions can be submitted by email to jbrown@cowanbenefit.com. Rutherford County nor Cowan are responsible for oral interpretations given by any County or Cowan employee, representative, or others. The issuance of written addenda is the only official method whereby interpretation, clarification, or additional information can be given.

4.5 Rutherford County reserves the right to (a) accept or reject any and/or all submissions of Proposals; (b) to waive irregularities and technicalities; and (c) accept any alternative submission of Proposals presented which in its opinion, would best serve the interests of the County. The County shall be the sole judge of the Proposals, and the resulting negotiated agreement that is in its best interest, and its decision shall be final. The County also reserves the right to make such investigation as it deems necessary to determine the ability of any submitting entity to perform the work or service requested. Information the County deems necessary to make this determination shall be provided by the submitting entity. Such information may include, but is not limited to, current financial statements by an independent CPA, verification of availability of equipment and personnel, and past performance records.

4.7 All proposals must include completed and signed Sub-Recipient Title VI Assurance form, letter typed on the official letterhead of the submitting vendor, Intent to Bid form and separate rate sheet detailing the cost for each voluntary benefit being offered.

4.8 All expenses for making submission of proposals or qualifications shall be borne by submitting entity.

4.10 Any submission of Proposals may be withdrawn up until the date and time for opening of the submissions. **Any submission not so withdrawn shall, upon opening, constitute an irrevocable offer for a period of 90 days to Rutherford County for the services set forth in the Request for Proposals until one or more of the submissions have been duly accepted by the County.**

V. Scope of Service

Rutherford County is seeking submittals from responsible Company to provide supplemental voluntary Critical Illness, Cancer, and Accident plans. The desired term of the contract is for three (3) years with two each one (1) year renewal options. The services sought include, but are not limited to the following:

5.1 Delivery of an acceptable level of service at the lowest net cost and best benefits to the County and its employees.

5.2 History of providing superior benefit/claims administration and recordkeeping service supported by client references.

5.3 Expanded reporting capabilities.

5.4 Meeting the general requirements and provisions of this RFP.

5.5 Company must demonstrate an ability to provide eligibility and billing in this format or an alternative format agreed to by the County.

VI. Contract Requirements

Submitting entities must be willing to sign a contract with the County which includes certain

provisions, among which are the following:

6.1 The contract shall consist of (1) the RFP; (2) the proposal submitted by the contractor to this RFP; and (3) the contract. In the event of a discrepancy between the contract, the RFP and the submitted proposal, the contract will prevail.

6.2 The contract will be administered by Rutherford County Department of Risk Management.

6.3 Invoices for services will be submitted to the County in accordance with the contract terms.

6.4 The relationship of contractor to the County will be that of independent contractor. The contractor will be solely and entirely responsible for its acts and for the acts of its agents, employees, servants and subcontractors done during the performance of the contract. All services performed by the contractor shall be provided in an independent contractor capacity and not in the capacity of officers, agents, or employees of the County.

6.5 The contractor shall not assign or transfer any interest in this contract without prior written consent of Rutherford County.

6.6 The successful proposer will be required to sign a contract with the County which contains the following indemnification clause. This indemnification clause will not be altered in any way. Failure to agree with this indemnification clause in the contract may result in the County moving to the next responsible responsive proposer.

Contractor shall defend, indemnify and hold harmless the County, its officers, employees and agents from any and all liabilities which may accrue against the County, its officers, employees and agents or any third party for any and all lawsuits, claims, demands, losses or damages alleged to have arisen from an act or omission of Contractor in performance of this Agreement or from Contractor's failure to perform this Agreement using ordinary care and skill, except where such injury, damage, or loss was caused by the sole negligence of the County, its agents or employees.

Contractor shall save, indemnify and hold the County harmless from the cost of the defense of any claim, demand, suit or cause of action made or brought against the County alleging liability referenced above, including, but not limited to, costs, fees, attorney fees, and other expenses of any kind whatsoever arising in connection with the defense of the County; and Contractor shall assume and take over the defense of the County in any such claim, demand, suit, or cause of action upon written notice and demand for same by the County. Contractor will have the right to defend the County with counsel of its choice that is satisfactory to the County, and the County will provide reasonable cooperation in the defense as Contractor may request. Contractor will not consent to the entry of any judgment or enter into any settlement with respect to an indemnified claim without the prior written consent of the County, such consent not to be unreasonably withheld or delayed. The County shall have the right to participate in the defense against the indemnified claims with counsel of its choice at its own expense.

Contractor shall save, indemnify and hold County harmless and pay judgments that shall be rendered in any such actions, suits, claims or demands against County alleging liability referenced above.

The indemnification and hold harmless provisions of this Agreement shall survive termination of the Agreement.

6.7 The County may terminate this Agreement at any time, with or without cause, by written notice of termination to the Contractor.

If Rutherford County terminates this Agreement, and such termination is not a result of a default by the Contractor, the Contractor shall be entitled to receive as its sole and exclusive remedy the following amounts from the County, and the County shall have no further or other obligations to the Contractor: the amount due to the Contractor for work executed through the date of termination, not including any future fees, profits, or other compensation or payments which the Contractor would have been entitled to receive if this Agreement had not been terminated.

Rutherford County may, by written notice of default to the Contractor, terminate the whole or any part of this Agreement if the Contractor fails to perform any provisions of this Agreement and does not cure such failure within a period of ten (10) days (or such longer period as the Purchasing Agent may authorize in writing) after receipt of said notice from the Purchasing Agent specifying such failure. If this Agreement is terminated in whole or in part for default, the County may procure, upon such terms and in such manner as the Purchasing Agent may deem appropriate, supplies or services similar to those terminated.

6.8 When applicable and prior to the commencement of the contract, contractor must, at its sole expense, obtain and maintain in full force and effect for the duration of the Agreement and any extension hereof at least the following types and amounts of insurance for claims which may arise from or in connection with this Agreement. Contractor shall furnish Rutherford County with properly executed certificates of insurance which shall clearly evidence all insurance required by the County. All insurance must be underwritten by insurers with an A.M. Best rating of A-VIII or better. Such insurance shall be at a minimum the following:

- A. **Commercial General Liability Insurance;** occurrence version commercial general liability insurance, and if necessary umbrella liability insurance, with a limit of not less than two million dollars each occurrence for bodily injury, personal injury, property damage, and products and completed operations. If such insurance contains a general aggregate limit, it shall apply separately to the work/location in this Agreement or be no less than two times the occurrence limit. Such insurance shall:
 - a. Contain or be endorsed to contain a provision that includes the County, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. The coverage shall contain no special limitations on the scope of its protection afforded to the above-listed insureds.
 - b. For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, officers, employees, and volunteers. Any insurance or self-insurance programs covering the County, its officials, officers, employees, and volunteers shall be excess of Contractor's insurance and shall not contribute with it.
 - c. At the sole discretion of the County, dedicated limits of liability for this specific project may be required.

- B. **Automobile Liability Insurance;** including vehicles owned, hired, and non-owned, with a combined single limit of not less than \$1,000,000 each accident. Such insurance shall include coverage for loading and unloading hazards. Insurance shall contain or be endorsed to contain a provision that includes the County, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of automobiles owned, leased, hired, or borrowed by or on behalf of Contractor.
- C. **Workers' Compensation Insurance.** Contractor shall maintain workers' compensation insurance with statutory limits as required by the State of Tennessee or other applicable laws and employers' liability insurance with limits of not less than \$500,000. Contractor shall require each of its subcontractors to provide Workers' Compensation for all of the latter's employees to be engaged in such work unless such employees are covered by Contractor's workers' compensation insurance coverage. Such insurance shall include a waiver of subrogation in favor of the County.
- D. **Other Insurance Requirements.** Contractor shall:

Prior to commencement of services, furnish the County with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on 30 days' prior written notice to Rutherford County Risk Management, 303 N. Church Street, Suite 201, Murfreesboro, TN 37130.

- a. Provide certified copies of endorsements and policies if requested by the County in lieu of or in addition to certificates of insurance.
- b. Replace certificates, policies, and endorsements for any such insurance expiring prior to completion of services.
- c. Maintain such insurance from the time services commence until services are completed. Failure to maintain or renew coverage or to provide evidence of renewal may be treated by Rutherford County as a material breach of contract.
- d. Place such insurance with insurer licensed to do business in Tennessee and having A.M. Best Company ratings of no less than A. Modification of this standard may be considered upon appeal to the County Law Director.
- e. Require all subcontractors to maintain during the term of the Agreement Commercial General Liability insurance, Business Automobile Liability insurance, and Workers' Compensation/Employer's Liability insurance (unless subcontractor's employees are covered by Contractor's insurance) in the same manner as specified for Contractor. Contractor shall furnish subcontractors' certificates of insurance to the County without expense immediately upon request.

- f. Any deductibles and/or self-insured retentions greater than \$50,000 must be disclosed to and approved by the County prior to the commencement of services. Use of large deductibles and/or self-insured retentions may require proof of financial solvency.
- g. The insurer shall agree to waive all rights of subrogation against the County, its officers, officials, and employees for losses arising from work performed by Contractor for the County.
- h. All policies must be written on an occurrence basis. Use of policies written on a claims made basis must be approved by the County.

Additional insurance may be required. Rutherford County, its officials, officers, employees, and volunteers are to be added as insureds on all liability insurance policies with respect to liability, arising out of the work or operations performed by or on behalf of the Contractor. Such insurance will be primary and any insurance or self-insurance maintained by Rutherford County will apply in excess of, and not contribute with, the insurance required. Required insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage until after thirty days written notice has been given to Rutherford County Risk Manager.

6.9 The contractor must be a licensed professional as required by the state of Tennessee, see T.C.A. Sections 62-2-101 et. seq., for any services in this contract requiring such licensure. Before a contract is signed by Rutherford County, the submitting entity, if selected, **must** provide Rutherford County Purchasing Division with a copy of its valid business license **or** with an affidavit explaining why it is exempt from the business licensure requirements of the city or county in which it is headquartered. If a contract is signed, the contractor's business license shall be kept current throughout the duration of the contract, and the contractor shall inform Rutherford County of changes in its business name or location.

VII. Instructions to Submitting Entities

All proposals will be opened at 4:30 pm Central Time by the Purchasing Committee in Room 205 in the County Courthouse on April 14, 2015.

7.1 Please submit 3 paper responses (1 original and 2 copy) and include 1 electronic copy. All packets should be sent to:

County Mayor's Office
Attn: Voluntary Benefits RFP
Courthouse Room 101
One Public Square
Murfreesboro, TN 37130

7.2 Proposals Format: Award of the contract resulting from this RFP will be based on the most responsive Vendor whose offer will be the most advantageous to the employees of Rutherford County Government in terms of cost, services, and other factors specified elsewhere in this RFP.

Any proposal received after the time and date on the cover sheet will not be considered. It shall be the sole responsibility of the submitting entity to have the proposals delivered to Rutherford County on or before that date.

Late proposals will not be considered. Proposals that arrive late due to the fault of United States Postal Service, United Parcel Service, DHL, FEDEX, any delivery/courier service, or any other carrier of any sort are still considered late and shall not be accepted by the County.

7.3 Evaluation of Proposals: All qualified submissions received by the deadline will be analyzed by the Insurance Committee according to the criteria outlined in these specifications. Failure to comply with the provisions of the RFP may cause any proposal to be ineligible for evaluation. Each submittal of Proposals will be initially analyzed and judged according to the evaluation criteria below.

Vendors responding to this Request for Proposals shall be available for interviews with the Insurance Committee. Discussions may be conducted with responsible submitting entities for purposes of clarification to assure full understanding of and conformance to the RFP requirements. Selection shall be based on the Company's qualifications applicable to the scope and nature of the services to be performed per this request for Proposals. Determination of Company's qualifications shall be based on their written responses to this Request for Proposals and information presented to the Insurance Committee during oral interviews, if any.

VIII. Conditions to Bid Voluntary Benefit Plans

Rutherford County requires all submitters to provide a response to all items/questions in this section.

The following questionnaire must be completed for finalist consideration. If you intend to utilize the services of a third party enrollment and/or communications vendor, please include that vendor's information (background, ownership, references, etc...) in your responses.

RECOMMENDED INSURANCE CARRIER QUESTIONNAIRE

If any particular question does not apply to your organization, please indicate N/A and explain why.

- 8.1 Please provide the following information about each carrier listed:
- A. Name:
 - B. Location:
 - C. Assets:
 - D. Ratings by A.M. Best, Fitch, Moody's and Standard and Poor's:
 - E. Brief history of your company:
 - F. Description of business activities:
 - G. Name and telephone number of contact person at your company to answer any questions about the proposal:
 - H. How many years has your company been offering voluntary programs?
 - I. What is the total number of corporate clients? Please supply a representative client list.
 - J. Please comment on your successes:

K. What is it about your company/product(s) that would make it the best choice for the employees of Rutherford County?

8.2 Please disclose any re-insurance arrangements or third party carriers that are involved in the administration or underwriting of the proposed products.

8.3 Please disclose the following on any listed carriers in 8.2:

A. Ratings by A.M. Best, Fitch, Moody's and Standard and Poor's:

B. How many years has your company been offering voluntary programs?

IMPLEMENTATION / ENROLLMENT

8.4 Describe your implementation process, including planning and promotion.

8.5 Provide a detailed implementation schedule specifying all critical events and identifying persons who will be responsible for each major task.

8.6 Do you currently have clients on the BeneSync enrollment platform?

CUSTOMER SERVICE

8.7 What services will your company provide for ongoing maintenance and support after enrollment?

8.8 Do you have local representation for ongoing new hire enrollments? If so, please list the name and the address of local representative.

8.9 Do you have call center capabilities for midyear enrollment (new hire or previously eligible)? If so, please describe call center technology and application process (voice stamping?).

8.10 Please describe any in-house claims assistance you provide to policy holders?

ADMINISTRATIVE / BILLING SERVICES

8.11 Please describe your preferred billing and premium remittance process.

8.12 Is self-billing an option?

8.13 If so, please describe in detail how premium is remitted and applied to each individual policy.

8.14 Please describe any audit process to insure that collected premium is applied to appropriate policies.

8.15 Please list at least one company/municipality as large as Rutherford County where self-service administration is being performed and internal audits are updating discrepancies on an ongoing basis (contact name and number).

CARRIER PLAN ADMINISTRATION / SERVICE

8.16 Please describe the customer services you provide to employees and how the employee might access those services.

- A. Where is the customer service center located?
- B. What are its hours of operation?
- C. How many customer service representatives are available?
- D. Is there an 800-number and/or website available for information?
- E. Please describe the measures of satisfaction you use to determine if the customer is satisfied with your services.

8.17 Does your company administer the program? If not, please identify the administrator.

8.18 Please describe the claims process:

REQUESTED INSURANCE PRODUCTS

Critical Illness

8.19 Is your product filed as a group product, an individual product or an individual product on a group chassis?

8.20 Please list the covered illnesses on your policy and the percentage of coverage for each illness. i.e. Heart Attack = 100%

8.21 What are the lump sum benefit amounts available through your plan?

8.22 Please describe the potential payments of benefits:

- A. By category
- B. Reoccurrence

8.23 What are the minimum and maximum amounts for the employee?

8.24 What are the minimum and maximum amounts for a spouse/domestic partner?

8.25 What are the Guaranteed Issue coverage amounts for an employee?

8.26 What are the Simplified Issue and/or Full Underwriting coverage amounts for a spouse?

8.27 What are the Simplified Issue and/or Full Underwriting coverage amounts for dependents?

8.28 What are the Simplified Issue and/or Full Underwriting coverage amounts for an employee?

8.29 Please provide your recommended plan design for this group.

8.30 What are the issue ages for an employee?

8.31 What are the issue ages for a spouse?

- 8.32 What are the issue ages for a dependent?
- 8.33 Does your product have a waiting period? If yes, what is it?
- 8.34 Does your product have a pre-existing condition limitation? If yes, what is it?
- 8.35 Do you have a minimum participation requirement? If yes, what is it?
- 8.36 If yes, what happens to the program if the participation requirement is not met?
- 8.37 Please state your exclusions.
- 8.38 Please describe reduction in benefits based upon age.
- 8.39 If an individual product, is this product portable if an employee terminates employment?
- 8.40 If a group product, please describe portability if the master contract remains in effect?
- 8.41 If a group product, please describe portability if the master contract is cancelled?
- 8.42 Does your product offer a Wellness Benefit? If yes, what is the benefit?
 - A. Please state any additional features your product may offer.

Cancer

- 8.43 Is your product filed as a group product, an individual product or an individual product on a group chassis?
- 8.44 What are the lump sum benefit amounts available through your plan?
- 8.45 Please describe the potential payments of benefits:
 - A. By category
 - B. Reoccurrence
- 8.46 What are the minimum and maximum amounts for the employee?
- 8.47 What are the minimum and maximum amounts for a spouse?
- 8.48 What are the Guaranteed Issue coverage amounts for an employee?
- 8.49 What are the Simplified Issue and/or Full Underwriting coverage amounts for a spouse?
- 8.50 What are the Simplified Issue and/or Full Underwriting coverage amounts for dependents?
- 8.51 What are the Simplified Issue and/or Full Underwriting coverage amounts for an employee?
- 8.52 Please provide your recommended plan design for this group.

- 8.53 What are the issue ages for an employee?
- 8.54 What are the issue ages for a spouse?
- 8.55 What are the issue ages for a dependent?
- 8.56 Does your product have a waiting period? If yes, what is it?
- 8.57 Does your product have a pre-existing condition limitation? If yes, what is it?
- 8.58 Do you have a minimum participation requirement? If yes, what is it?
- A. If yes, what happens to the program if the participation requirement is not met?
- 8.59 Please state your exclusions.
- 8.60 Please describe reduction in benefits based upon age.
- 8.61 If an individual product, is this product portable if an employee terminates employment?
- 8.62 If a group product, please describe portability if the master contract remains in effect?
- 8.63 If a group product, please describe portability if the master contract is cancelled?
- 8.64 Does your product offer a Wellness Benefit? If yes, what is the benefit?
- 8.65 Please state any additional features your product may offer.

Accident

- 8.66 Is your product filed as a group product, an individual product or an individual product on a group chassis?
- 8.67 What are the plan design options?
- 8.68 What is the policy type?
- 8.69 What are the issue ages?
- 8.70 If an individual product, is this product portable if an employee terminates employment?
- 8.71 If a group product, please describe portability if the master contract remains in effect?
- 8.72 If a group product, please describe portability if the master contract is cancelled?
- 8.73 What is the minimum participation?

- 8.74 What are the requirements for employee eligibility?
- 8.75 What are the pre-existing condition limitations?
- 8.76 Does the coverage provide a lump sum benefit on first occurrence or reimbursed of expenses benefit?
- 8.77 What conditions/illnesses are covered? Are the conditions/illnesses covered for the same benefit amount? Please provide a schedule of benefits.
- 8.78 Please describe any optional riders.

Submission Forms

**Rutherford County Government and Board of Education
Voluntary Critical Illness, Cancer, and Accident plans
Intent to Bid**

Name of Company_____

Name of Authorized Person: _____

Signature of Authorize Person: _____

Title_____

Phone Number_____

Email_____

Please return this form immediately upon review of these bid specifications.

(to be placed on company letterhead)

Sub-Recipient Title VI Assurance

(Sub-Recipient's Name) assures that no person shall on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964 and as amended, and the Civil Rights Restoration Act of 1987 (P.I. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from Rutherford County Government.

(Sub-Recipient's Name) further assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs or activities are federally funded or not.

In the event **(Sub-Recipient's Name)** distributes Federal Assistance to a consultant, contractor, or subcontractor and other participants, **(Sub-Recipient's Name)** will include Title VI language in all written agreements and will monitor the consultant, contractor, or subcontractor and other participants for compliance. The **(Sub-Recipient's Name)** Title VI Coordinator is responsible for initiating and monitoring Title VI activities, preparing required reports and other responsibilities as required by 23 CFR 200 and 49 CFR 21.

As required by the contractual agreement, **(Sub-Recipient's Name)** will comply with the applicable laws and regulations relative to nondiscrimination in federally or state assisted programs of Rutherford County Government.

Administrative Head

Date

Title VI Coordinator

Date

Rate Proposal Form

Voluntary Accident Insurance	Rates
Employee Only	\$
Employee + Spouse	\$
Employee + Child(ren)	\$
Family	\$

Voluntary Cancer Insurance	Rates	
	High	Low
Employee	\$	\$
Family	\$	\$

Voluntary Critical Illness Insurance		Rates			
Non-Tobacco	Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	18-35	\$	\$	\$	\$
	36-49	\$	\$	\$	\$
	50-59	\$	\$	\$	\$
	60-64	\$	\$	\$	\$
	65-69	\$	\$	\$	\$
	70+	\$	\$	\$	\$
Tobacco	18-35	\$	\$	\$	\$
	36-49	\$	\$	\$	\$
	50-59	\$	\$	\$	\$
	60-64	\$	\$	\$	\$
	65-69	\$	\$	\$	\$
	70+	\$	\$	\$	\$