**Attachment 5, RFP # 25-509**

**Mandatory Features Checklist**

**Lake County Government**

GROUP TERM LIFE, ACCIDENTAL DEATH, LONG- AND SHORT-TERM DISABILITY

AND DISMEMBERMENT

**Effective October 1, 2025**

“Mandatory Features” must be present in each proposal before further consideration will be given. Below is a checklist to ensure that the Proposer understands and confirms that all “Mandatory Features” are included in the RFP response. If the stated feature is included in your proposal as requested, check “Yes”. If the stated feature is not included in your proposal, check “No”.

**Important Note:** Your proposal will be removed from consideration if any feature indicates a “no” check.

| **Mandatory Features Checklist** | | |
| --- | --- | --- |
| **Proposer Name:** | | |
| **Feature** | **Yes** | **No** |
| 1. The Proposer completed and submitted Forms 2 and 3 Proposed Fees. |  |  |
| 1. The Proposer **must have** of a minimum A or above financial strength rating by A.M. Best agency and is in a financial size category of Class X or higher. Ratings of A- are not sufficient. |  |  |
| 1. The Proposer has at least five (5) years of experience servicing groups of 1,000 or more insureds for Life/AD&D and Disability insurance. |  |  |
| 1. The Proposer has been licensed to transact the appropriate insurance products for at least five (5) years in the state of Florida. |  |  |
| 1. The Proposer agrees that the County will have no minimum participation requirements for voluntary (employee paid) products. |  |  |
| 1. The Proposer agrees to guarantee life and disability rates for a minimum of three (3) years. |  |  |
| 1. The Proposer acknowledges and will accommodate the County awarding two contracts, one vendor for Life and AD&D and a separate vendor for Disability coverage with no impact to the rates listed in the proposal. |  |  |
| 1. The Proposer agrees to offer an open enrollment for benefits effective October 1, 2025, that allows employees and their dependents to enroll in Supplemental Life/AD&D and Short-Term Disability coverage up to the guarantee issue maximums and without Evidence of Insurability requirements regardless of any prior denials. |  |  |
| 1. The Proposer agrees to cover current employees and dependents and agrees to cover all actively at work employees and dependents on a “no loss, no gain” basis. |  |  |
| 1. The Proposer agrees to the County’s definition of a Dependent and Dependent Child (up to the end of the calendar year in which they turn 26) to align with the health plan and administer benefits as requested. |  |  |
| 1. The Proposer agrees to match the employer’s share of FICA taxes on payments made to disabled employees, without reimbursement from the County, and prepare W-2 forms at year-end for benefits paid to each disabled employee. |  |  |
| 1. The Proposer has submitted a sample contract (Master Group Agreement) and specimen policy (Certificate of Coverage/Summary Plan Description) with response. The requested documents have been included in Tab 1 of the proposal. |  |  |

**I authorize that the responses herein are accurate.**

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**Name of Firm (Proposer)**

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**Signature**

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**Printed Name/Title**

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**Date**