

**COASTAL PLAINS INTEGRATED HEALTH**  
**200 Marriott Drive**  
**P.O. Box 1336**  
**Portland, TX 78374**  
**(361) 777-3991**

**REQUEST FOR PROPOSAL**  
**FOR**  
**AGENT OF RECORD**

Issue Date: Monday, April 7, 2025

Coastal Plains Integrated Health is seeking proposals for Agent of Record, to act on its behalf, during the employee benefits procurement process. The following employee benefits are subject to the procurement process which will be coordinated and managed by the Agent of Record.

Large group self-funded:

- Employee and dependent healthcare coverage
- Employee and dependent dental coverage
- Employee and dependent vision care coverage
- Employer sponsored employee life
- Employee and dependent life elective coverage
- Employer sponsored employee short-term disability coverage
- Elective employee long-term care coverage

Proposals shall be in strict accordance with this RFP. For the purpose of this procurement, the following documents are applicable:

- Instructions to Proposers
- General Assumptions and Background
- Proposal Questionnaire to include agency information and services description
- Commissions Disclosure Form
- Proposal Certification Affidavit

To be considered responsive:

All Proposers must submit a signed Cover Letter, Proposal Questionnaire describing agency information and services provided, Commissions Disclosure Form, Proposal Certification Affidavit, and one copy of all documents which must be submitted prior to the closing time and date of the RFP. Failure to provide this information may deem your proposal as non-responsive.

Proposals must be received no later than Wednesday, April 23, 2025 at 4:00 p.m. The award of Agent of Record status will be made during the Coastal Plains Integrated Health regularly scheduled board meeting at 12:00 noon on May 20, 2025.

The respondent or legally authorized representatives of the respondent's agency must be present to respond to board inquiries during the meeting.

## **INSTRUCTIONS TO PROPOSERS**

## I. INSTRUCTIONS TO PROPOSERS

### A. GENERAL

#### 1. Introductions and Background Information

Coastal Plains Integrated Health, hereinafter referred to as "CPIH" or the "Center", is seeking proposals for an Agency or Broker to serve as Agent of Record. Currently, the Center is on a self-funded platform and has been self-funded for many years. CPIH's current ASO is a TPA known as Entrust. The Center is approaching the end of the plan-year (August 31, 2025) and is looking to finalize the Agent of Record for the purpose of renewal.

#### 2. Schedule

Request for Proposal will be issued April 7, 2025. Proposal Due Date is April 23, 2025 at 4:00 p.m. Proposals received after 4:00 p.m. will not be deemed responsive. Proposers may submit their proposals by:

- US Mail
- FedEx
- UPS
- Hand-carried

Faxed or emailed proposals will not be accepted due to potential non-delivery. All mail received by CPIH is date stamped and initialed to establish a delivery date.

#### 3. Scope of Agent of Record Responsibilities

- A. Current group health plan has 203 employees participating in coverage. Twelve dependents participate as well in the main plan. Nine dependents participate in plan B (Minimum Essential Coverage Plan).
- B. Current Guardian dental participants are 200 employees. Sixty-eight dependents are covered electively.
- C. One hundred and seventy-five employees participate in the Guardian vision plan electively. Sixty dependents are also electively covered.
- D. Employer-sponsored short-term disability has 220 participants. Seventy-one employees participate in the long-term disability.
- E. Guardian life-216 basic employer sponsored; 149 elective voluntary term.

The Agent of Record is not responsible for PNC coverages, as the Center participates in the TML fund for these product lines.

## IL Proposal Content and Format

To enhance comparability, proposal elements must be addressed in the informational sequence noted below. The proposal shall be brief and straightforward. Please submit one (1) signed original and one (1) copy in a sealed envelope.

### 1. Cover Letter

Include appropriate introductory and contact information, including the name of the firm's principal liaison.

### 2. Proposal Questionnaire

Proposer must submit the completed Proposal Questionnaire which has two parts. Part one is Brokerage Information; part two is Proposed Services.

Proposer shall provide a detailed disclosure of the services provided by the Agency/Brokerage to CPIH. If multiple staff provide these services, please delineate by individual.

### 3. Cost Proposal/ Commission Disclosure

Proposer must submit one signed original of the attached cost proposal / commission disclosure that will be submitted in a sealed envelope. If commissions vary by product type, please delineate.

### 4. Proposal Certification Affidavit

Respondent for the Proposer shall provide notarized Certification Affidavit to document that they are the legally authorized representative of the Agency/Brokerage.

Failure to complete and return all of the above requested items/ disclosures may result in rejection of this proposal as non-responsive.

### 5. Proposal Withdrawal

Proposals may be withdrawn either personally or by written request prior to the closing time for receipt of proposals. Thereafter, all proposals shall remain open and valid for a period of ninety- (90) calendar days.

### 6. CPIH Reservation of Rights

- CPIH reserves the right to reject any or all proposals, or any part thereof, received by reason of this request. In any event, no contract is implied merely by submission of a proposal.
- CPIH reserves the right to retain all proposals submitted. The selection or rejection of a proposal does not affect this right.

- CPIH reserves the right to negotiate a contract with the Proposer having the best proposal as determined by CPIH Board of Trustees. CPIH additionally reserves the right to suspend negotiations with the first Proposer should it not progress in a manner satisfactory to CPIH and commence negotiations with the next best-rated Proposer.

7. Release of Information

Information submitted in response to this RFP shall not be released by CPIH during the proposal evaluation process. Proposers are advised that CPIH may be required to release proposal information, other than trade secrets, after contract award.

8. Request for Additional Information

Proposers may request additional information to assist in the preparation of the Request for Proposal up to three (3) working days prior to the proposal due date. Proposers are responsible for obtaining this information at the address below. Office hours are Monday - Friday from 8:00 a.m. until 5:00 p.m.

9. Coastal Plains Integrated Health  
Attention: Leonel B. Trejo Jr., C.E.O.  
200 Marriott Drive  
Portland, Texas 78374-2213

Primary contact for this RFP posting is CEO Leonel B. Trejo, Jr. at 361-777-3991.

Secondary Contact is Human Resource Director Virginia Delgado at 361-777-3991.

RFP can be viewed and obtained from the Center Website at [www.coastalplainsctr.org](http://www.coastalplainsctr.org).

RFP packets can be obtained from Purchaser Kate Ramsey at 361-777-3991 or [kramsey@coastalplainsctr.org](mailto:kramsey@coastalplainsctr.org).

## **PROPOSAL QUESTIONNAIRE**

## PROPOSAL QUESTIONNAIRES

Please respond to all of the following inquiries. If additional space is required for a complete response, attach additional information and clearly reference the number of the inquiry.

### Agency/Brokerage Information

1. Please provide the following information regarding the Agency Brokerage which is soliciting the Agent of Record status.

Name of Agency/Brokerage: \_\_\_\_\_

Number of years of experience: \_\_\_\_\_

Number of groups that are governmental/public entities: \_\_\_\_\_

Size of Agency, scope of practice: \_\_\_\_\_

Any ratings of the Brokerage from external accreditation organizations: \_\_\_\_\_

2. Please provide the following information for the Agent or marketing representative who will serve as primary liaison for CPIH.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email Contact Information: \_\_\_\_\_

Attach a resume which will address at a minimum the following:

- Credentials and/or designations
- Years of experience in the industry
- Years of experience specific to governmental/public sector
- Education
- Brief Bio

3. Identify the account executive who will provide support for CPIH on an ongoing, daily basis.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email Contact Information: \_\_\_\_\_

Attach a resume which will address at a minimum the following:

- Credentials and/or designations
- Years of experience in the industry
- Years of experience specific to governmental/public sector
- Education
- Brief Bio

## **Description of Services Provided by Agent of Record**

1. Please describe in detail the nature of the services to be provided by the Agency in return for the Agent of Record designation. At a minimum, these services should include the description of services associated with the annual renewal process, open enrollment and ongoing support.
2. Please describe any software or data management system which are designed to support CPH.
3. Please describe or include a sample of your agencies "Business Associate Agreement."
4. Please delineate any data reporting, analytics or data management information the agency provides above the TPA (Entrust) traditional reports.
5. How do you provide individualized support to employees who have plan operational concerns?
6. Miscellaneous - Please include any other supports and/or services provided that delineate the quality of your brokerage.
7. Describe any awards or recognition your agency has earned for customer service.



## **COMMISSIONS DISCLOSURE STATEMENT**

## **COMMISSIONS DISCLOSURE STATEMENT**

CPIH requests the Agency to disclose the proposed rate of commission for each product line listed. This information must be provided in a separate sealed envelope to be opened during the Coastal Plains Integrated Health Board of Trustee meeting. This procedure will ensure the integrity of the bid/quote process.

- Employee and dependent healthcare coverage
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PROPOSAL CERTIFICATION AFFIDAVIT

## PROPOSAL CERTIFICATION AFFIDAVIT

I certify that:

1. I have read and fully understand the Request for Proposal.
2. The firm meets all the requirements contained in the Request for Proposal.
3. The information contained in the Request for Proposal documents are true.
4. I am authorized to submit the proposal on behalf of the firm.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Name of Firm

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Representative's Signature

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Typed Name and Title

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Address

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Telephone Number

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Fax Number

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Email Address

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Notary Signature

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Printed Name

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Title

Affix Notary Seal