**Attachment A - Proposal Submission Checklist**

Insurers must submit the following information electronically to the Department of Employee Trust Funds ETFSMBProcurement@etf.wi.gov

ETF reserves the right to request paper copies. Requested paper copies are expected within ten

(10) Business Days of the request.

**Tab 1: General Information**

* Cover letter, including an executive summary of the proposal.
* Table of contents, clearly labeled with page numbers.
* This Attachment A: Proposal Submission Checklist, complete.
* Contact information for the representative(s) responsible for responding to follow up questions related to the proposal.

|  |  |
| --- | --- |
| Name of Proposal Contact: |  |
| Title: |  |
| Mailing Address: |  |
| Phone Number (direct): |  |
| Email Address: |  |

* Provide the name, title, phone number and email address for the representative(s) who will manage Contract negotiation and administration.

|  |  |
| --- | --- |
| Name of Account Manager: |  |
| Title: |  |
| Mailing Address: |  |
| Phone Number (direct): |  |
| Email Address: |  |

* Provide the name of the specific insurance plan the Insurer is interested in offering State employees. *Note:* this is the name of the plan presented within the proposal; other plans not listed will not be considered for approval. Also provide the Office of the Commissioner of Insurance (OCI) identification number and date the Insurer was most recently licensed by Wisconsin OCI.

|  |  |
| --- | --- |
| Specific Name of Insurance Plan Proposed: |  |
| OCI Identification Number: |  |
| Date of Most Recent WI OCI license: |  |

* + Provide *three (3), non-ETF,* client references below. Please be sure each Reference contact listed has experience with the insurance product for which vendor is submitting a proposal. References must include two (2) large-group employers and one public-sector group at minimum.

Reference 1

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact First and Last Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Product Lines Offered: |  |
| Number of Covered Lives: |  |
| Contracted Years: |  |

Reference 2

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact First and Last Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Product Lines Offered: |  |
| Number of Covered Lives: |  |
| Contracted Years: |  |

Reference 3

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact First and Last Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Product Lines Offered: |  |
| Number of Covered Lives: |  |
| Contracted Years: |  |

**Tab 2: Benefits and Materials**

* + Complete Attachment A for the corresponding type of plan(s) proposed.
	+ Provide an itemization of costs for any bundled benefit proposals, include a breakdown by benefit type and member type (active employee, retiree, etc.)
	+ Provide a sample brochure, specifically drafted plans available to the State of Wisconsin Group.
	+ Submit a marketing plan, detailing the electronic and print materials that will be available to Eligible Employees. For reference, the State of Wisconsin employee and annuitant benefit information is found at [etf.wi.gov/benefits](https://etf.wi.gov/benefits)
	+ Submit a premium schedule for each plan. *Note*: A minimum loss ratio of 75% must be maintained annually. Insurers must submit actuarial data to justify any ratio below 75%. Include the forecasted loss ratio for each premium schedule submitted. Any loss ratio below 75% without actuarial data justifying the ratio and a plan in increase the loss ratio may lead to a return of a portion or the entirety of premiums to Eligible Employees.

**Tab 3: Actuarial Analysis**

* Submit an actuarial analysis of the proposed plan for the State of Wisconsin Group.
* Submit a detailed description of the Insurer’s rating process.
* Submit the following financial documents to demonstrate financial stability:
* Balance sheet.
* Statement of operations.
* Audited financial statement by a certified public accountant in accordance with generally accepted accounting principles.
* Utilization statistics.
* Results from the most recent financial examination completed by the State insurance regulator.

**Tab 4: Reporting & Performance Standards**

* Submit current service level guarantees in the areas of:
* Customer Service.
* Grievances and Appeals.
* Enrollment.
* Claims Accuracy and Timeliness.
* Review and agree to meet the Reporting and Performance standards contained in Attachment D.
* Confirm whether the Insurer’s service level guarantees currently align with the performance standards defined in Attachment D. If not, explain in detail how you intend to ensure those standards will be met within six (6) months of entering into a Contract with the Board. Include a list of steps you plan to take to meet these standards.