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**REQUEST FOR PROPOSAL**

**RFP No. 2420003**

**Third Party Benefit Plan Administrator**

**For**

**FOR KERRY`S PLACE AUTISM SERVICES**

**Issue Date: March 13, 2024**

**Closing Time: 2:00 p.m. Eastern Time on**

**April 12, 2024**

**REQUEST FOR PROPOSAL (“RFP”)**

**RFP #2420003 – Third Party Benefit Plan Administrator**

1. INTRODUCTION

Background

We are Canada’s largest service provider to families with children, youth, and adults with Autism Spectrum Disorder, serving more than 8,000 families and individuals each year.

Since 1974 Kerry’s Place has been creating and providing evidence-based supports and services that enhance the quality of life of those with ASD across Ontario. And with staff of more than 1,100, Kerry’s Place is one of the only organizations in the country that serves the entire life span of those with ASD.

As the prevalence rate of Autism continues to rise, the need for services and supports continue to increase. Kerry’s Place is recognized as a leader nationally and internationally, with service providers seeking our consultation to help with best practice research, training, and service delivery.

**Our Vision, Mission & Values**

**VISION:** Persons with Autism are full and equal members of their communities.

**MISSION:** To enhance the quality of life for persons with Autism by being leaders in:

* Developing and providing evidence-based support; and
* Building capacity by sharing our knowledge and expertise.

**VALUES:**

* Demonstrating **Respect** by celebrating diversity, supporting inclusion and advancing the dignity and uniqueness of all persons.
* Empowering **Choice** by providing opportunities and supporting the right of all persons to make informed decisions.
* Demonstrating **Integrity** through truthful, accountable and ethical actions and relationships.
* Promoting **Collaboration** through person-centred care and partnerships, seeking input and valuing diverse perspectives.
* Striving for **Excellence** through continuous learning and quality improvement.

**Our Services & Programs**

Through the **Ontario Autism Program**, we provide children and youth – and their families – a menu of timely, evidence-based services needed to achieve their goals at home, at school, and within their communities. This initiative serves individuals with ASD up to age 18, delivering skill-building groups, individual consultation, parent training and coaching, system navigation and family support.

We provide numerous **Community Services and Supports** including our day and overnight respite options to provide a well-deserved break for families with loved ones with Autism, along with our many camps, swim programs and leisure groups.

Our **Adult Skill-Building and Peer Support Groups** broaden the social circle for each and every individual we support.

Our **Employment Programs** lend assistance to young adults with Autism to help develop skills that lead to meaningful, lasting employment opportunities.

We provide adults with ASD **Supported and Semi-Independent Living** at over 80 distinct properties across Ontario. Our group living approach provides a safe, 24-hour, home environment where residents are encouraged to pursue their own personal goals including outings into the community, employment, athletics, and a variety of hobbies and interests.

Many of our residents grow with Kerry’s Place, spending upwards of 30 years with us. And through a lifetime of shared pursuits and generational experiences, we too, grow with them.

**Regions We Serve:**

The corporate office is located in Newmarket with a regional presence as follows:

* Central Region: Dufferin, Halton, Peel, Waterloo, and Wellington.
* East Region: Durham, Hastings, Lanark, Leeds & Grenville, Lennox & Addington, Prince Edward County, Haliburton, Kawartha, Pine Ridge, York, and Simcoe.
* Toronto Region: Bordered by Steeles Avenue to the north; Pickering Townline to the east; Hwy 427 to the west, and Lake Ontario to the south.

Each region works closely with community partners to create a support network which fosters greater understanding of the needs of persons with autism and their families.

Breakdown of current coverage

Covered by WSIB/EI No, however Kerry’s Place offers private insurance for workplace injuries

Are any employees off due to disability Yes

Employee Premium Contribution 100% - LTD premium

No. of years with current carrier Manulife since September 2018, AIG for 15+ years, Beneva for 15+ years, People Corporation 15+ years

Underwriting Method Life, AD&D, LTD, Stop-loss and Travel Insurance are Fully Insured. Health and Dental are Budgeted ASO

Classes/Divisions Name

*Class 1 – Non-Union Full Time Employees*

*Class 2, 3, 4, 11 – Union Full Time Employees*

*Class 5, 6, 8, 10 – Union Permanent Part Time Guarantee Hours Employees*

*Class 7 – Executives and Senior Management*

# Type of Agreement

The selected Vendor will be expected to enter into an agreement (“Agreement”) as contemplated by the RFP. Please see Schedule A for the intended agreement.

Objective

This RFP is being issued to obtain Proposals for Kerry’s Place for a Third Party Benefit Plan Administrator. Kerry’s Place seeks to satisfy the following in an agreement, resulting from this RFP, which meet or exceed the outlined requirements.

Scope

The objective of this RFP is to select a strong Third Party Benefit Plan Administrator who will work with Kerry’s Place to provide the services associated with group insurance coverage which will help ensure that Kerry’s Place continues to attract, retain, and motivate a highly skilled and diverse workforce. Kerry’s Place is seeking an administrator(s) that has experience in underwriting similar size plans and specializes in providing these plans with high quality and cost-effective group insurance services.

More specifically, Kerry’s Place is hoping to achieve the following objectives through this RFP:

* Competitive Costs
* Superior Service
* Proactive and Progressive Management of Disability Claims
* Governace

Reflective of the objectives above, Kerry’s Place has established the following criteria for the selection of a Third Party Administratorfor its group benefits plans.

* 1. Competitive premium and extended guarantee periods.
	2. Superior day-to-day provider service (teams and process) in the areas of client support, administration and claims processing.
	3. Proven success in Long Term Disability claims management and outcome measurement/reporting.
	4. Governance – Fulfill due diligence responsibilities to employees.

Your proposal will be reviewed with consideration given to the above criteria. The successful **administrator** will offer competitive financial terms as well as superior service and support for both Kerry’s Place and its employees while focusing on the long-term sustainability of the program.

**Contract**

The terms of this expected agreement shall be for 3 (three) years from the date of the contract award with an option to renew for an additional 2 (two) – 1 (one) year extensions upon satisfactory negation by both parties.

1. INSTRUCTIONS TO BIDDERS

Communications during RFP Period

All questions and communications regarding this RFP should be directed to the Bid Administrator **via email**.

 Jennifer Oram (Bid Administrator)

Procurement Officer

Kerry`s Place Autism Services

17345 Leslie Street, Suite 200

Newmarket, ON L3Y 0A4

 E-mail address: procurement@kerrysplace.org

Telephone: (905) 841-6611 ext. 90305

# Closing Date for Submissions of Proposal

To be eligible for consideration in this RFP process the Vendor’s Proposal must be received by 2:00:00 p.m. Eastern Time on April 12, 2024 (the “Closing Time”). Proposals should be submitted to Jennifer Oram at procurement@kerrysplace.org or should be in a sealed package bearing the Vendor’s name, return address, and RFP RFP #2420003 – Third Party Benefit Plan Administrator at:

Kerry`s Place Autism Services

17345 Leslie Street, Suite 200

Newmarket, ON L3Y 0A4

Attention: Jennifer Oram, Procurement Officer

# Proposals received after the Closing Time

Proposals received after the Closing Time shall not be considered and shall be returned to the Vendor unopened. Each Vendor is responsible for the actual delivery of its Proposal to the address and location listed above, regardless of whether the Proposal has been given to couriers, delivery services, and Canada Post for delivery to that location.

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# Withdrawal of Proposal

A Vendor may withdraw this Proposal only by giving written notice received by the Bid Administrator before the Closing Time of his RFP. Following the Closing Time, no Proposals may be withdrawn.

# Amendment of Proposal

A Vendor may amend its Proposal after submission but only if the Proposal is amended and resubmitted before the Closing Time by notice to the Bid Administrator in writing and replaced with a revised Proposal, in accordance with the provisions of this RFP, before the Closing Time.

# Submission

Vendors may request clarification of this RFP by:

1. submitting all requests for clarification by email to the Bid Administrator or as otherwise directed by the Bid Administrator;
2. including the Vendor’s address, telephone number, facsimile number and email address; and
3. if the question pertains to a specific section of this RFP, reference should be made to the specific section number and page; and
4. submitting all requests for clarification no later than March 29th, 2024.

# Questions and Answers

Kerry’s Place will provide Vendors with written responses to questions that are submitted. All Addenda shall form part of this RFP. Questions and answers will be distributed in numbered Addenda to Vendors that have submitted a Receipt Confirmation Form. In answering the Vendor’s questions, Kerry’s Place shall include in the Addenda all questions but not attribute the questions to any Vendor. Notwithstanding the foregoing, Kerry’s Place may in its sole discretion answer similar questions from various Vendors only once, edit the questions for clarity, and exclude questions that are either inappropriate or not comprehensible.

# Right to Cancel the RFP

Kerry’s Place shall have the right to cancel this RFP, at any time, either prior to or after the Closing Time without award. Thereafter, Kerry’s Place may issue a new tender, RFP, RFQ, sole source or do nothing.

# Clarification of Vendor’s Proposal

Kerry’s Place shall have the right at any time after Proposal submission, to seek clarification from any Vendor in respect of the Vendor’s Proposal, without contacting other Vendors. Kerry’s Place is not obliged to seek clarification of any aspect of a Proposal.

Any clarifications sought shall not be an opportunity to either correct errors or to change the Vendor’s Proposal in any substantive manner. In the clarification process, no change in the substance of the Proposal shall be offered or permitted. Subject to the qualification in this Section, any written information received by Kerry’s Place from a Vendor in response to a request for clarification from Kerry’s Place shall be considered part of the Vendor’s Proposal.

# Proposal Acceptance

The lowest price Proposal or any Proposal will not necessarily be accepted. Kerry’s Place shall not be obliged to provide reasons for the rejection of any Proposal. While price and the ability to meet basic service requirements will be given significant weight in choosing the Vendor, other aspects relating to the system requirements will also be considered. It is therefore imperative that the candidates provide detailed examples and information relating to their experience and available expertise (in terms of both people and systems).

# Format

The Proposal should be comprised of and formatted as follows:

* One (1) original paper copies (in a sealed envelope) or One (1) electronic file via email of the Technical Proposal, and One (1) original paper copies (in another sealed envelope) or One (1) electronic file via the same email of the Cost Proposal, both clearly labeled & one (1) electronic copy of both Technical & Cost proposal on a portable data key if submitting a physical bid.

# Proposal Structure

Applicants must separate their technical and cost proposals.

**Section 1: TECHNICAL PROPOSAL**

* Emergency Out of Province/Country and Travel Assistance
* Extended Health Care
* Formulary Guard Program
* Dental Care
* Stop Loss Insurance
* Basic Life Insurance,
* Long Term Disability
* Employee and Family Assistance Program

Details of specific benefit provisions by employee/retiree groups are provided within the secure portal. More information is available upon request.

Technical proposals must include the following:

* Organization Overview – Schedule B
* Declaration Of Conflict Statement– Schedule D
* Vendor References Form - Schedule E
* Answers to the following Questions:
1. Describe your legal and corporate structure, including ownership.
2. Please provide a brief overview describing why you feel your organization is the best suited to provide the services requested by Kerry’s Place.
3. Provide a list of similar clients to in Kerry’s Place’s industry.
4. Provide a detailed listing of any deviations in plan design and eligibility requirements as per the plan description contained by each line of benefit.
5. Confirm your ability to transfer enrollment data electronically, including all family and dependent information, etc.
6. Confirm ability to grandparent all coverage levels
7. Confirm your ability to transfer and load historical claims and deductible information.
8. Confirm your ability to accept prior carrier enrollments for beneficiary purposes.
9. Provide an overview of the specific team assigned to oversee Kerry’s Place, including team structure, roles and responsibilities and experience.
10. Outline any other value-added services or products, which would assist the plan administrator or plan members, at no additional charge (ie. Wellness resources, iCBT, health care navigation, etc).
11. Provide a description of your organization’s current capabilities to respond to plan members’ queries, including various methods members may contact your organization for support.
12. Detail your disability management approach and unique features of your service offering
13. Briefly detail current technology offerings to Members including (1 page maximum).
14. Briefly detail current technology offerings to Plan Administrators including (1 page

maximum).

1. Provide at least three (3) current, comparable clients of similar size and scope of service as Kerry’s Place, where possible. (Kerry’s Place will not contact references without the firm’s written approval.
2. Outline of the key personnel assigned to the proposal
	1. The assigned account executive share be proficient, knowledgeable, experience, and capable of successfully managing client accounts similar in size and complexity of Kerry’s Place.
	2. The key personnel must have experience with similar sized organizations to Kerry’s Place in the past five (5) years
3. All firms are requested to warrant that the firm does not currently have any outstanding liability claims that may impact on the future health of the firm. Additionally, the firm must maintain sufficient liability insurance relevant for a client of our size. The liability coverage must be confirmed.

**Section 2: COST PROPOSAL**

Cost proposals must include the following:

* Provide your total fixed rate, to be completed on Price Form (Schedule C)

Underwriting Instructions

Proponents are asked to quote on the following basis,

* Providers are as follows:
	+ Life, LTD, travel insurance – Manulife Financial
	+ AD&D - AIG
	+ Stop-loss – Beneva
	+ Employee Assistance Program – Telus Health/Lifeworks
	+ Health and dental claims adjudicator – Telus/Adjudicare
* Benefit/Provision – Life, AD&D, Long Term Disability, Health (including emergency out of province/country and travel assistance) and Dental
* Renewal Date – June 1, 2024
* Funding – as follows:
	+ Life, AD&D, LTD – fully insured
	+ Travel – 1st dollar pooling - fully insured
	+ Stop-Loss - $25,000 per certificate (per family as a whole) for in Canada Claims – fully pooled
	+ Employee Assistance Program – pooled
	+ Health and dental – Administrative Services Only (ASO)
* Administration & Billing – HO billed and PA online administration
* Date Last Marketed – Manulife September 2018, AIG 15+ years, Beneva 15+ years

Proponents must quote in consideration of the following requirements:

1. Any plan design deviations must be noted in the appropriate section of the questionnaire. As benefit booklets are being provided, it is assumed quoting Proponents are matching the existing plan design unless a plan deviation is noted.
2. Proponents should quote based on the assumption that the existing divisional/class structure will be duplicated.
3. Proponents should assume that Kerry’s Place will continue with their existing funding and administration requirements.
4. People Corporation will remain the advisor of record on the Kerry’s Place account.
5. Kerry’s Place will require an June 1st renewal date to align with the fiscal period.
6. The successful Proponent will be responsible for allowing coverage for existing waiver of premium claims.
7. Stop-loss provision is $25,000 for in Canada claims and first dollar for out of Canada emergency and travel assistance claims.
8. The successful Proponent will be responsible for adjudicating and reimbursing claims for Kerry’s Place effective June 1, 2024.
9. All pricing requirements and fee basis are outlined in the pricing Template. There should be no change to the requirements or fee basis.

Declaration of Conflict Statement

The Vendor should set out any actual or potential conflict of interest or any other type of unfair advantage in submitting its Proposal or in performing or observing the contractual obligations that will be set out in any resulting Agreement. Specifically, vendors are required to include in their submission a Declaration of Conflict of Interest Statement (Schedule D) which identifies, to the best of the Vendor’s knowledge, no person(s) employed or that may be part of the Kerry’s Place staff in capacity that:

1. has direct or indirect financial interest in the award of an Agreement to any Vendor;
2. is currently employed by, or is a Vendor to or under contract to a Vendor;
3. is negotiating or has an arrangement concerning future employment or contracting with any Vendor; or
4. has an ownership interest in, or is an officer or director or, any Vendor.

Vendor References Form

The Vendor should complete the attached Vendor References Form (Schedule E) to be assessed and evaluated as part of the RFP.

Confidentiality

Bidders are required to maintain the confidentiality of information exchanged through this RFP process. Any confidential information supplied to Kerry’s Place may be disclosed by Kerry’s Place where it is obliged to do so under the Freedom of Information and Protection of Privacy Act (FIPPA), by an order of a court or tribunal or otherwise required at law.

**RFP Timelines**

|  |  |
| --- | --- |
| **Event** | **Date** |
| RFP issued to Vendors | March 13, 2024 |
| Vendor Questions to be Received in Writing | March 29, 2024 |
| Submission of Proposals/Closing Time | April 12, 2024 |
| Election to proceed and selection of Vendor(s) | April 21, 2024 |
| Anticipated agreement start date | June 1, 2024 |
| Notification to unsuccessful Vendor or Vendor(s) | April 30, 2024 |

The above dates are subject to change at the sole discretion of Kerry’s Place. All times are shown as Eastern Time.

1. EVALUATION PROCESS

The objective of the evaluation process is to identify the Proposal(s) that most effectively meet the requirements of this RFP leading to the determination of the Proposal that provides the best overall value for Kerry’s Place.

The steps in the RFP evaluation process are as follows:

1. Evaluation of Technical Proposal
2. Evaluation of Pricing

Weighted Evaluation Criteria

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Weighting** |
| Quality, detail and clarity of the proposal | 10 |
| Ability to meet conditions and terms of existing Group Benefits Plan | 20 |
| Online experience for staff and plan administrators | 10 |
| Vendor References plus proven reputation and customer service history | 20 |
| Cost Proposal (Schedule C) | 40 |
| Total: | 100% |

Please note: only short-listed applicants will be contacted for an interview/presentation if needed.

**Financial Evaluation**

The financial proposal is evaluated on the basis of its response to the Price Schedule C. The maximum number of points for price is 40. The maximum number of points will be allocated to the lowest price. All other proposals will receive points in inverse proportion according to the following formula:

Price offer points for a [Max number of points for the Price Offer] x [Lowest price]

Proposal being evaluated = [Price offer being evaluated]

SCHEDULE A: AGREEMENT



SCHEDULE B: ORGANIZATION OVERVIEW

THIS SECTION SHould BE COMPLETED BY ALL VENDORS

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

**Service Capability**

**This section requests specific information from Vendors about their operations as it relates to their ability to provide service. Please list any assumptions you make when responding to questions.**

| Item | Vendor Response |
| --- | --- |
| **Legal Name** |  |
|  |  |
|  |  |
| **Number of years in business** |  |
| **Areas of expertise** |  |
|  |  |
| **Current number of support personnel** |  |
| **Where is your current support personnel located?** |  |
|  |  |
|  |  |
|  |  |

SCHEDULE C: PRICE FORM

All prices are to be quoted in Canadian dollars, and HST is to be shown separately. Please include the fixed price clearly and completely; Kerry’s Place will not accept nor pay any hidden costs or costs not disclosed on this form. Do not enter $0.00 unless you are providing the line item at zero dollars to Kerry’s Place.

1. Price

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Rate | HST | Total CAD |
| General Administration Charge (clarify basis – paid claims or paid premiums)Claims Adjudication Charge– drug claims (clarify basis – paid claims or paid premiums)Claims Adjudication Charge– EHC claims (clarify basis – paid claims or paid premiums)Claims Adjudication Charge - Dental Claims (clarify basis – paid claims or paid premiums)Consolidated Billing Statement Charge |   |   |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Description | Services Fee Amount | HST | Total CAD |
| Detail Listing of any other charges or fees |   |   |   |   |

By my signature hereunder, I hereby identify this as the proposal for **RFP 2420003 – Third Party Benefits Plan Administrator** for Kerry’s Place Autism Services in accordance to all terms and conditions and Schedules of this proposal.

Executed this day of , 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Signing Officer

SCHEDULE D: DECLARATION OF CONFLICT STATEMENT

Please identify any person(s) employed by Kerry’s Place or a member of Kerry’s Place staff that:

1. Has direct or indirect financial interest in the award of an Agreement resulting from this RFP;
2. Is currently employed by, or is a consultant to, or under Agreement to the Vendor;
3. Is negotiating or has an arrangement concerning future employment or contracting with the Vendor, or;
4. Has an ownership interest in, or is an officer or director of the Vendor

RE: RFP #2420003 – Third Party Benefit Plan Administrator

**Names**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Please check your answer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I/We declare | **A** conflict of Interest  | [ ]  |  **NO** conflict of interest | [ ]  |   |
|  |  |  |
| (Company Name | (Name – Please Print) |
|  |  |
| (Phone) | (Representative’s Signature) |
|  |  |
| (Email) | (Title) |
|  |  |
|  | (Date) |
|  |  |  |

SCHEDULE E: VENDOR REFERENCES FORM

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

Vendors are requested to provide a minimum of three (3) references that are currently operating the proposed solution in a similar environment. Reference sites should be similar in focus, size and complexity to the Kerry’s Place proposed environment and preferably in Ontario. Please fill out the table as completely as possible.

| Reference 1 | Vendor Response |
| --- | --- |
| **Facility Name** |  |
| **Address** |  |
| **Number of years’ service provided** |  |
| **Contact Information** **(Name/title/Phone/E-mail):** |  |

| Reference 2 | Vendor Response |
| --- | --- |
| **Facility Name** |  |
| **Address** |  |
| **Number of years’ service provided** |  |
| **Contact Information** **(Name/title/Phone/E-mail):** |  |

| Reference 3 | Vendor Response |
| --- | --- |
| **Facility Name** |  |
| **Address** |  |
| **Number of years’ service provided** |  |
| **Contact Information** **(Name/title/Phone/E-mail):** |  |