

TOWN OF CANTON



INVITATION FOR BID

Employee Benefits Broker

BIDS WILL BE RECEIVED in the Office of the Chief Administrative Officer, Canton Town Hall, 2nd Floor, 4 Market Street Collinsville, CT until 4:00 pm local time on Wednesday, December 10, 2025 at which time all bids will be publicly opened in the second floor Conference Room of the Canton Town Hall.

Notice

Town of Canton, CT **Invitation For Bid for Employee Benefits Broker**

The Town of Canton, Connecticut and Canton Board of Education are seeking a qualified insurance broker/consultant to provide brokerage and advisory services for the Town's employee health benefit plans.

Proposals will be received in the Town of Canton CAO's office no later than 4:00 pm, EST on Wednesday, December 10, 2025 at which time all bids will be publicly opened in the second floor Conference Room of the Canton Town Hall. The Town of Canton will reject bids received after that date and time. The Invitation For Bid may be obtained at the Town's website, www.townofcantonct.org under "Request for Proposals."

Brokers that are interested in being considered shall submit one original proposal and 2 copies to:

Mark Penney
Reference "Employee Benefits Broker"
Chief Administrative Officer
Town of Canton
4 Market Street
PO Box 168
Collinsville, CT 06022-0168

The Town of Canton is an Equal Opportunity – Affirmative Action Employer.

TOWN OF CANTON & CANTON BOARD OF EDUCATION (BOE)

Request for Proposal (RFP)
Employee Benefits Broker

Submission Deadline: December 10, 2025 by 4:00 PM
Submitted to:
Office of the Chief Administrative Officer
4 Market Street, Collinsville, CT 06022

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1. Invitation for Proposal

The Town of CANTON & Canton Board of Education (BOE), including General Government and the Board of Education, is requesting proposals from qualified insurance brokers/consultants to provide brokerage and advisory services for the Town's employee health and benefits plans.

The Town seeks a partner who will:

- Develop long- and short-term benefits strategies in concert with the Town, BOE, and our consultant.
- Deliver cost-effective solutions while ensuring compliance with state and federal requirements.
- Provide comprehensive support in communications, administration, labor negotiations, and wellbeing.
- Serve as a proactive advisor on market developments, plan stewardship, and cost-containment opportunities.
- Maintain a direct, transparent partnership with carriers/administrators—ensuring the Town is not shielded from carrier communication or data (e.g., the Town may receive source claims data directly from the carrier, as well as from the broker).

Submission Requirements

- Four (4) hard copies in sealed envelope(s) marked **"HEALTH AND BENEFITS | INSURANCE BROKER."**

- Delivered to the Chief Administrative Officer by the submission deadline.
- Include completed **Appendix A – Bid Form** and **Appendix B – Affidavit**.

Other Provisions

- Addenda will be posted at least three (3) days prior to the deadline on the Town website; proposers are responsible for checking for updates.
- Proposals remain valid for ninety (90) days.
- The appointment will be for a fixed term from **January 1, 2026 to June 30, 2028**, with an option for early termination if performance is unsatisfactory.

The Town of CANTON & BOE is an Equal Opportunity Employer.

2. General Conditions

Firm Information

- Organizational name and ownership
- Local address, phone, fax, and website
- National or parent office (if applicable)
- Primary RFP contact name, title, email, and phone

Disclosures

- Corporate tax status and ownership/controlling interests
- Any current litigation in Connecticut
- Copy of current Errors & Omissions insurance certificate

Firm Background

- Years in business in Connecticut
- Number of staff in local office
- Number of municipal/BOE clients currently served
- Any municipal clients lost in past 18 months (with explanation)
- Pending legal matters or investigations

References

Finalists must provide:

- At least **two municipal or public-sector references** (name, title, organization, phone, and email).
 - One **municipal client reference** for a client who has left your firm in the last 18 months (if any).
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3. Scope of Services

The selected broker/consultant will provide comprehensive employee benefits brokerage and advisory services, including but not limited to the Town's **self-funded medical, prescription drug, and dental plans**, the **insured non-medical life, disability, and voluntary benefit plans**, and administrative arrangements for **HSA and HRA programs**.

A. Proposed Team & Resources

- Dedicated lead advisor and day-to-day service team.
- Specialists (indicate **yes** | **no** | **sourced**) for:
 - Financial: underwriting, actuarial, contribution modeling
 - Stop-loss: including consortium/proprietary arrangements
 - Prescription drugs: PBM, pharmacist, specialty drugs, rebates
 - Compliance: ERISA, ACA, HIPAA experts
 - Communications: enrollment guides, communication design
 - Plan administration: electronic enrollment, billing, benefit & technology integration specialist
 - Wellbeing programs
 - Voluntary benefits

B. Market Presence & Carrier Access

- Monitor ratings of carriers and review provider networks for HMO/PPO savings opportunities.
- Demonstrate access and knowledge of carriers, TPAs, PBMs, and stop-loss providers.
- List your top insurance carriers in Connecticut by book of business (ranked).
- List your top three TPAs in Connecticut by book of business (ranked).
- Disclose any carriers/administrators with whom you cannot do business.
- Confirm willingness to support a **direct Town-carrier partnership**, including:
 - Joint periodic meetings (Town, broker, carrier)
 - Direct delivery of claims/utilization data to Town
 - Broker not serving as a “shield” from carrier access

C. Financial & Underwriting Services

- Renewal estimates by mid-December, with monthly updates through April.
- Prospective budget and rate development.
- Retrospective plan accounting.
- Claim analysis, monthly reporting, and large-claim reporting (with confidentiality safeguards).
- Employee contribution analysis.
- Advise on stop-loss thresholds and attachment points.
- Reserve analysis and actuarial reviews (as required).
- Utilization and trend analysis (medical, Rx).
- Conduct a medical claims audit at least once every four years.
- Full disclosure of compensation tied to underwriting and renewals.

D. Compliance & Contractual Support

- Advice on COBRA, HIPAA, ACA, ERISA, and state mandates.
- Guidance on data privacy, records retention, and confidentiality.
- Draft/review plan documents, SPDs, summaries, and employee materials.
- **Negotiate all insurance contracts, including stop-loss terms and provisions.**

- Review and enforce carrier/TPA contract accuracy and adherence.
- Conduct compliance testing or assist in securing administrators.
- Provide full compensation and financial transparency.

E. Communications & Administration Plan

- Develop/distribute enrollment guides, SPDs, and booklets.
 - Will you charge for printing?
- Ensure timely delivery of ID/enrollment cards.
- Provide electronic communication support (with employee consent).
- Support communications about plan changes.
- Assist with enrollment administration, billing, and reconciliation.
- Conduct open enrollment meetings, health fairs, and educational sessions.

F. Wellbeing & Voluntary Benefits

- Assist in developing a well-being strategy, including incentives.
- Provide materials/resources for wellness initiatives and fairs.
- Evaluate voluntary benefits for appropriateness.

G. Benchmarking & Stewardship

- Benchmark plan design, costs, and contributions against regional, industry, and size-based databases.
- Provide quarterly updates covering financial, compliance, and upcoming events.
- Annual Stewardship Report including:
 - Complete accounting of fees/commissions
 - Market and regulatory updates
 - Risk exposure review
 - Retrospective and prospective recommendations

H. Labor & Collective Bargaining Support

- Provide consulting for labor negotiations on plan design, cost shares, and benefits.
- Ensure union contract integrity in all recommendations.
- Meet annually with Town/BOE to present projections.
- Attend public meetings (Selectmen/BOE/Finance) as required.

I. Day-to-Day Service Standards

- Annual service calendar with quarterly/annual meetings.
- Prompt response to inquiries; multiple points of contact.
- Intervene in claims, billing, and vendor disputes.
- Resolve participant complaints.
- Conduct quarterly carrier/supplier performance meetings.

4. Procurement Timeline

- RFP Issued: November 19, 2025
 - Deadline for Questions: November 26, 2025
 - Responses to Questions Posted: December 3, 2025
 - Proposals Due: December 10, 2025 by 4:00 PM
 - Interviews (if required): Week of December 15, 2025
 - Selection & Award: December 22, 2025
 - Services Begin: January 1, 2026
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5. Additional Terms & Conditions

- **Insurance:** Selected broker must maintain and demonstrate Errors & Omissions coverage with a limit of at least \$5M per claim/aggregate.
 - **FOIA:** All submissions are public records under Connecticut FOIA, except proprietary financial information clearly marked confidential.
 - **Right to Reject:** The Town may accept/reject any or all proposals, waive informalities, and award in its best interest.
 - **Term of Appointment:** Two and a half years initial, renewable annually for up to two (2) additional years.
 - Selected broker will function as an independent contractor and not in an employment relationship with the Town & BOE.
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6. Selection Criteria

The Town and Board of Education will evaluate proposals based on how well they demonstrate your ability to meet our needs. We are looking for a team that not only has experience, but also the right fit, service approach, and accountability.

Proposals will be reviewed considering:

- Your understanding of our objectives and ability to deliver on them.
- Depth of municipal and Board of Education experience.
- The strength and accessibility of your proposed service team, including specialists.
- Demonstrated capabilities in financial analysis, underwriting, and stop-loss negotiation.
- Your approach to compliance, communication, and plan administration.
- Quality of your reporting, benchmarking, and stewardship deliverables.
- Cost and transparency of compensation.
- The quality of your references and overall client satisfaction.

Although these items are outlined throughout the RFP, please pay **particular attention** to:

- Day-to-day services and responsiveness
- Quarterly meetings and plan reviews
- Budget projections and financial updates
- Compliance advice and assistance
- Renewal strategy and carrier negotiations

- Open enrollment planning and communications

The Town will most likely conduct final interviews before making a recommendation. The final selection will be based on **best overall value, competence, and alignment with the Town's long-term benefit strategy.**

Appendix A – Bid Form – Insurance Broker

Town of CANTON & BOE – Employee Benefits Broker RFP

Proposer Information

- Firm Name: _____
- Address: _____
- Contact Person: _____
- Title: _____
- Phone: _____
- Email: _____

Fee & Compensation Proposal

Please outline your proposed compensation structure for the services described in the Scope of Services.

1. Annual Fee (if fee-based): \$ _____ per year
2. Commissions (if applicable): % or \$ _____
3. Hybrid (fee + commission): Explain in detail _____
4. Other compensation sources (contingents, overrides, bonuses, etc.): _____
5. Transparency statement – Will you disclose all compensation received in connection with this engagement?
☐ Yes ☐ No

Performance Guarantee

Will you agree to place a portion of your compensation at risk, tied to specific performance standards?

☐ Yes ☐ No

If yes, please describe: _____

BID FORM - INSURANCE BROKER/CONSULTANT

The undersigned proposes to furnish all services for insurance broker for the amount specified on the Compensation Schedule, in accordance with the terms of a negotiated contract with the Town of Canton for the period beginning Dates.

Authorized Signature

I hereby submit this proposal in accordance with the RFP requirements and certify that the information provided is true and complete.

Signature:

Name: ____

Title: ____

Date:

Appendix B – Bid Form – Non-Collusion and Ethics Affidavit

Non-Collusion and Ethics Affidavit

Town of TOWN OF CANTON & BOE – Employee Benefits Broker RFP

State of _
County of

_____ (affiant), being first duly sworn, deposes and says that:

- 1) That I am over the age of 18 and understand the obligations of an oath.
- 2) That I am the owner, partner, officer, representative, or agent of _____, the bidder/proposer that has submitted the attached bid/proposal.
- 3) That I am fully informed respecting the preparation and contents of the attached bid/proposal and of all pertinent circumstances respecting such bid/proposal.
- 4) That such bid/proposal is genuine and is not collusive or a sham bid/proposal.
- 5) That neither the said bidder/proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including the affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder/proposer, firm or person to submit a collusive or sham bid/proposal in connection with the contract for which the attached bid/proposal has been submitted or to refrain from bidding/proposing in connection with such contract, or has in any manner, directly or indirectly, sought by agreement, collusion, communication or conference with any other bidder/proposer, firm or person to fix the price or prices in the attached bid/proposal or any other bidder, or to fix any overhead, profit or cost element of the bid/proposal prices or the bid proposal price of any other bidder/proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement and advantage against the Town of Canton or any person interested in the proposed contract.
- 6) That any officer, agent, employee or consultant for the Town of Canton is directly or indirectly interested in the bid/proposal, or in supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof.

7) That I have reviewed the Town of Canton Code of Ethics, Ordinance No. 230 and acknowledge that I and the bidder/proposer are not in violation of the Code of Ethics and hereby agree to abide by the Code of Ethics during the time of any contract award.

Date this _____ day of _____, 20__.

(Signed) _____ Affiant

(Title) _____

On this _____ day of _____, 20__, before me personally appeared _____, who made oath that he/she has read the foregoing Non-Collusive and Ethics Affidavit and that based on his/her own knowledge believe the same to be true.

Notary Public (My Comm. Expires _____)
Commissioner of the Superior Court