

Harford County Government

A. GTL/AD&D QUESTIONNAIRE

1. Confirm that quoted rates will be guaranteed for the period January 1, 2017 through December 31, 2019.
2. Please list references for two clients who are similar in size to Harford County Government (HCG) that have purchased Basic Life insurance from your company. Include contact name, telephone number, company name and address.
3. Confirm that you will administer a no gain/no loss takeover provision. Describe how this will work.
4. Confirm that you are offering a plan that does not require satisfaction of evidence of insurability to new hires, as long as the employee signs up when first eligible. Confirm that your proposal includes the same guaranteed maximums.
5. Please identify your company's most recent ratings by the major agencies, including Moody's, A.M. Best, Fitch and Standard & Poor's, for each of the last five years. Have there been any upgrades or downgrades of your credit ratings in the last two years? Have you been placed on watch or outlook by any of the rating agencies? If yes, explain the reason.
6. Is there a charge to the client for conversions to individual policies? If so, how is it charged?
7. Will you accept beneficiary designations existing under the current employee life programs? If an employee dies without naming a beneficiary, does the policy have a preferential beneficiary designation (i.e., wife, children, parents, etc.)?
8. From what location will claims be paid?
9. What is your company's goal regarding number of days for payment of life claims? What was the actual length of time that it took to pay claims during 2015?

	Average # of Days	Longest # of Days	Goal
Group Term Life			

10. Confirm that the following services are included in your quoted rates. If there is an additional charge for these services, please indicate the charge.
 - a. Booklets/certificates of coverage
 - b. Revision to booklets if benefits change in subsequent years
 - c. Pricing any proposed benefit modifications

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11. Confirm that you will capture the following information, split between active and retirees, and will report it to HCG and Bolton Partners (BP) each year based on the plan year (July through June):
 - a. Premium paid, by month
 - b. Claims paid, by month
 - c. IBNR reserve at end of period
 - d. If applicable, detail on the existing waiver claims
12. Indicate the date for which you will guarantee delivery to HCG and BP of the above information, by time period (e.g., within 60 days of the end of the plan year)
13. Please provide sample applications, policies, bills and forms necessary to file a claim.
14. Confirm that you provide an accelerated death benefit in cases of terminal illness. What constitutes a terminal illness? How much of the benefit is paid early and when is it paid? If your accelerated death benefit differs from the current, make certain any differences are addressed.
15. Describe in detail how your waiver of premium provision works for employees who become disabled. How long a period will HCG have to file for waiver claims after date of disability?
16. Confirm that you are duplicating all other provisions and benefits of the current plans, particularly the provisions relating to continued coverage when employees are not actively at work.
17. Will you guarantee rates beyond the mandatory three-year guarantee period. If so, describe your extended offer in detail.
16. Confirm that you will allow a one-time open enrollment for all voluntary products. HCG's preference is that no evidence will be required for employee supplemental life up to \$100,000; for dependent life up to \$50,000; for voluntary AD&D at any level; and for LTD at the standard benefit level. Confirm that you agree to these levels of guarantee issue (GI); or indicate if you are willing to offer higher GI levels.

B. VOLUNTARY LTD QUESTIONNAIRE

SECTION A. -- GENERAL

1. Confirm that quoted rates will be guaranteed for the period January 1, 2017 through December 31, 2019.
2. Please list references for two clients who are similar in size to HCG that have purchased Voluntary LTD insurance from your company. Include contact name, telephone number, company name and address.
3. Please provide sample policies, bills, and forms necessary to file a claim.
4. Describe in detail (and provide pertinent samples), how you plan to provide enrollment and ongoing administrative assistance to HCG. How are adds/deletes processed?
5. Please identify your company's most recent ratings by the major agencies, including Moody's, A.M. Best, Fitch and Standard & Poor's, for each of the last five years. Have there been any upgrades or downgrades of your credit ratings in the last two years? Have you been placed on watch or outlook by any of the rating agencies? If yes, explain the reason.
6. What is your company's current premium volume for voluntary group LTD plans? How long have you offered such plans? For what other County governments do you offer voluntary LTD plans?

SECTION B. -- BENEFITS

1. Are benefits reduced by any other sources of income besides family Social Security and State Retirement?
2. Does the contract contain a Work Incentive Benefit?
3. Does the plan provide for Partial Disability Benefits? Please describe.
4. Is the mental health condition benefit limited? Are there any limits for self-reported conditions? Are there limits for any other types of condition (musculoskeletal; chemical/environmental)?
5. Is there a pre-existing condition clause under the plan?
6. Describe the definition of earnings your quoted plan assumes.

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7. In determining how much you would pay if a claimant is disabled and working, do you (a) look only at what they are earning; or (b) determine what they could be earning if working at maximum capacity?
8. Regarding your gainful occupation provision once a person reaches the any occupation phase of disability: (a) what is the income threshold for a potential new occupation (i.e. 60% of pre-disability earnings)? (b) do you stop disability payments at the point when they could begin earning above the threshold or do you stop payments at an earlier date if the claimant is deemed able to work at the threshold level at some point in the future?
9. What age reduction schedule does your offer assume? Confirm it complies with ADEA.
10. Does your quote include a conversion benefit? A survivor benefit? Please describe.
11. Is the plan portable? If so, is it at the same rates and with the same benefits?
12. What differentiates your company's LTD product from your competitors? Please summarize.
13. What changes, if any, are you proposing to the current benefits, including benefit limitations.
14. Confirm that you are duplicating all eligibility provisions of the current plan, including provisions relating to coverage while the employee is not actively at work.

SECTION C. -- ADMINISTRATION

1. For 2015, for your total customer base, for new claim filings, how long has it taken, on average, for claim payments to begin (starting from the date of disability)?
2. Do you assist employees in filing for Social Security Disability when appropriate? What percentage of all LTD claimants (disabled two years or more) receives Social Security Disability?
3. How do you adjudicate claims that involve self-reported disabilities (i.e. those not verifiable by a physician using standard test, procedures, or clinical examinations)?
4. What information do you require to evaluate and approve a disability? How do you ensure the employee is eligible?

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5. Please describe how your company properly monitors, administers and investigates LTD claims to prevent abuse.
6. Following the initial LTD benefit payment, how frequently do you follow-up for continued evidence of disability? Please describe the process.
7. Describe your telephonic intake process. Please include hours of operation and quality control measures.

SECTION D. -- UNDERWRITING

1. What are the participation requirements? If the requirements are not met, what alternatives exist for ensuring the plan can still be offered?
2. How will rates for this group be determined in the future? Will you use the group's experience? Will HCG be part of a Trust or Pool?
3. Will you guarantee rates beyond the mandatory three-year guarantee period? If so, describe your extended offer in detail.
4. Confirm that you will allow a one-time open enrollment for voluntary LTD. HCG's preference is that no evidence will be required. Confirm that you agree.

C. VOLUNTARY AD&D QUESTIONNAIRE

SECTION A. -- GENERAL

1. Confirm that quoted rates will be guaranteed for the period January 1, 2017 through December 31, 2019.
2. Please list references for two clients who are similar in size to HCG that have purchased Voluntary AD&D insurance from your company. Include contact name, telephone number, company name and address.
3. Please provide sample policies, bills, and forms necessary to file a claim.
4. Describe in detail (and provide pertinent samples), how you plan to provide enrollment and ongoing administrative assistance to HCG. How are adds/deletes processed?
5. Please identify your company's most recent ratings by the major agencies, including Moody's, A.M. Best, Fitch and Standard & Poor's, for each of the last five years. Have there been any upgrades or downgrades of your credit ratings in the last two years? Have you been placed on watch or outlook by any of the rating agencies? If yes, explain the reason.
6. What is your company's current premium volume for voluntary group AD&D plans? How long have you offered such plans? For what other Government clients do you offer voluntary AD&D plans?

SECTION B. -- BENEFITS

1. Review the current plan (Voya Personal Accident Insurance Plan); indicate any differences between the current plan and your proposed plan. In particular, address any differences in accidents that result in payment of the full amount versus a reduced amount.
2. What additional benefits are provided (e.g., safe driver/seatbelt; coma)?
3. What is the requirement for the length of time when a loss must occur following the date of the accident?
4. Confirm that you will duplicate the current dual offering plan (employee only and full family).

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SECTION C. -- ADMINISTRATION

1. For 2015, for your total customer base, for new claim filings, how long has it taken, on average, for claim payments to begin (starting from the date of disability)?
2. Describe your telephonic intake process. Please include hours of operation and quality control measures.

SECTION D. -- UNDERWRITING

1. What are the participation requirements? If the requirements are not met, what alternatives exist for ensuring the plan can still be offered?
2. Describe the underwriting process for late entrants. Does it require employees answer medical questions? Can employees be denied coverage or does this only affect the cost?
3. How will rates for this group be determined in the future? Will you use the group's experience? Will HCG be part of a Trust or Pool?

D. VOLUNTARY LIFE QUESTIONNAIRE

1. Confirm that quoted rates will be guaranteed for the period January 1, 2017 through December 31, 2019.
2. Please list references for two clients who are similar in size to HCG that have purchased Voluntary Group Supplemental Term insurance from your company. Include contact name, telephone number, company name and address.
3. Confirm that you will administer a no gain/no loss takeover provision. Describe how this will work.
4. Confirm that you are offering a plan that does not require satisfaction of evidence of insurability to new hires (up to the guaranteed coverage amount), as long as the employee signs up when first eligible. What is the level of guaranteed coverage? Is there a required waiting period? Is there a requirement to meet a definition of actively at work? If so, what is that definition?
5. Please identify your company's most recent ratings by the major agencies, including Moody's, A.M. Best, Fitch and Standard & Poor's, for each of the last five years. Have there been any upgrades or downgrades of your credit ratings in the last two years? Have you been placed on watch or outlook by any of the rating agencies? If yes, explain the reason.
6. Will you accept beneficiary designations existing under the current employee life programs? If an employee dies without naming a beneficiary, does the policy have a preferential beneficiary designation (i.e., wife, children, parents, etc.)?
7. From what location will claims be paid?
8. What is your company's goal regarding number of days for payment of life claims? What was the actual length of time that it took to pay claims during 2015?

	Average # of Days	Longest # of Days	Goal
Supplemental Life			

9. Please provide sample applications, policies, bills and forms necessary to file a claim.
10. Confirm that you provide an accelerated death benefit in cases of terminal illness. What constitutes a terminal illness? How much of the benefit is paid

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early and when is it paid? If your accelerated death benefit differs from the current, make certain any differences are addressed.

11. Do these policies have waiver of premium provisions for employees who become disabled? If so, describe in detail how this provision works. How long a period will HCG have to file for waiver claims after date of disability?
12. Describe the coverage available to spouses and children. If the employee meets the eligibility requirements, are spouses and children automatically guaranteed coverage? If not, what additional requirements are there for them? What are the guarantee issue amounts? When is proof of good health required? Can coverage be purchased on dependents if no supplemental life is purchased for the employee.
13. Describe what happens when employment terminates. Is the coverage portable? Describe the portability provision you are proposing, especially focusing on:
 - limits on qualifying for coverage due to illness or injury
 - when a ported policy can be cancelled by you
 - what premiums are charged initially (as compared to HCG group premiums) and what determines future changes to premiums
 - what happens to portability coverage if HCG subsequently cancels its contract with you
14. Confirm that you are duplicating all other provisions and benefits of the current plans, particularly the provisions relating to continued coverage when employees are not actively at work.
15. Will you guarantee rates beyond the mandatory three-year guarantee period? If so, describe your extended offer in detail.
16. Confirm that you will allow a one-time open enrollment voluntary life. HCG's preference is that no evidence will be required for employee supplemental life up to \$100,000; and for dependent life up to \$50,000. Confirm that you agree to these levels of guarantee issue (GI); or indicate if you are willing to offer higher GI levels.