

**Henry Roybal**  
*Commissioner, District 1*

**Anna Hansen**  
*Commissioner, District 2*

**Rudy N. Garcia**  
*Commissioner, District 3*



**Anna T. Hamilton**  
*Commissioner, District 4*

**Hank Hughes**  
*Commissioner, District 5*

**Gregory S. Shaffer**  
*County Manager*

September 28, 2022

**SANTA FE COUNTY**  
**RFP No. 2023-0017-HR/BT**  
**EMPLOYEE LIFE AND DISABILITY INSURANCE BENEFITS**

**ADDENDUM NO. 1**

Dear Proponents,

This addendum is issued to reflect the following immediately. It shall be the responsibility of interested Offerors to adhere to any changes or revisions to the RFP as identified in this Addendum No. 1. This documentation shall become permanent and made part of the departmental files.

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**\*\*\* SEE ATTACHMENT 1. OF CURRENT INVOICES\*\*\***

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Question No. 1:

Can you please provide a recent bill for the Life/AD&D and STD/LTD?

Response:

Please see attachment No. 1.

Question No. 2:

Can you please confirm there are no age reductions on the basic life/AD&D and supplemental life/AD&D?

Response:

All plan terms are included in the policies and certificates included with the RFP.

Question No. 3:

Undercover agents receive a \$250,000 benefit in addition to the \$50,000 benefit. The RFP mentions that these employees cannot be identified on the census. Would you be able to provide the number of insured undercover agents?

Response:

One agent.

Question No. 4:

For the LTD claim list, can you please identify which claims are closed and which are open?

Response:

Information has been requested from the incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 5:

For the open claims, would you be able to provide the reserve amount?

Response:

Information has been requested from the incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 6:

For the STD and LTD experience, would you be able to provide a premium and claims report with a current valuation date. The report provided has a valuation date of 5/31/2022.

Response:

Information has been requested from the incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 7:

For the Life experience, would you be able to provide a premium and claims report with a current valuation date. The report provided has a valuation date of 12/31/2021.

Response:

Carriers are asked to contact Mary Kay Oakes with Gallagher Benefits Services, at [MaryKay\\_Oakes@ajg.com](mailto:MaryKay_Oakes@ajg.com) to receive a copy of the updated life experience.

Question No. 8:

Based on the experience reports, the number of enrolled lives has been decreasing on the Life and Disability. Basic Life lives in 2021 were 914 and the number of lives on the census is 720. Could you please provide an explanation?

Response:

The life benefits census provided with the RFP is reflective of enrollment as of the census date, and the drop in life enrollment over time is reflective of a decrease in filled benefits eligible positions at the County. Staffing has decreased as has enrollment due to low recruitment and retention. The seeming disparity comes about given employees who have separated from employment with the County any time during the month prior to the census run would not be included in the census data, but would be reflected in enrollment counts

reported to the carrier as coverage runs through the end of the month of employment termination.

Question No. 9:

Please provide a current bill. -

Response:

See attached as per question no. 1

Question No. 10:

Please provide LTD experience with reserves and an updated valuation date.

Response:

Information has been requested from incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 11:

Please confirm whether the group currently has telephonic claims service on the STD.

Response:

There is not telephonic claim service for STD with our current carrier.

Question No. 12:

Please confirm that Met Life increased the STD rate from \$.156 to \$.205/10 effective 1/1/2020.

Response:

Confirming the rate increase, though due to billing error, 2020 and 2021 premiums were paid at the \$.156/\$10 of covered benefit rate.

Question No. 13:

Please Provide the LTD rate prior to 2020.

Response:

2019 LTD rate was \$0.063/\$100 of covered payroll

Question No. 14:

The RFP states “Disability is a combined election of STD and LTD”; please clarify if this means employees who enroll must enroll in both LTD and STD?

Response:

Yes, employees who enroll must enroll in both STD and LTD. Confirmed, an enrollment in one is automatic into the other.

Question No. 15:

Under Attachment #10, the LTD Claims Experience tab does not identify if the claims are open or closed. Please add this detail and if there are any open claims please include the following by claimant:

- Net Benefit
- Reserves
- Date of Birth
- Offset amounts and type

Response:

Information has been requested from the incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 16:

Regarding Attached #10: can the premium column be updated to include the correct premium that should have been paid by month (per rate history group was under paying for 20 and 21)? If not, can volume by month be provided?

Response:

Information has been requested from the incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 17:

Please clarify how many and what types of documents are expected to be submitted. Our current understanding is as follows:

- 1 – Technical Proposal (PDF)
- 2 – Cost Proposal (PDF)
- 3 – Exhibit 1 (Excel)
- 4 – Exhibit 2 (Excel)

Response:

Required submittal documents are as follows:

- 1- Technical Proposal (PDF)
- 2- Exhibit 1 (Excel)
- 3- Exhibit 2 (Excel)

Question No. 18:

Are there any open claims on the LTD? If so, could we please request the reserve amounts?

Response:

Information has been requested from incumbent carrier. Please provide your most competitive cost proposal based on the information provided in the RFP.

Question No. 19:

We also wanted to confirm the AD&D schedule for the Basic and Additional Life, as it differs when scrolling through the various pages of the cert. Does the AD&D schedule match the Life? Or do the Detention Officers and Undercover Agents get capped at \$50k?

Response:

The AD&D is a matching benefit for basic and supplemental life, except for the “Additional amounts” (referred to as Line of Duty by SFC) for Detention Officers and Undercover Officers as it does not include the AD&D rider.

Basic AD&D for Detention Officers is \$50,000 plus the \$25,000 Line of Duty Benefit enhancement as described on page 16 of Attachment 8.

Basic AD&D for Undercover Officers is \$50,000.

Basic AD&D for all other covered employees is \$50,000.

Question No. 20:

STD and LTD

- Eligibility: The contracts are stated as attachment #3 and attachment #5 – one excludes Sheriff personnel and the other one is for the Sheriff personnel only. So did the eligibility change and #5 overrides #3 or are these supposed to be just separate classes?
- Census tab: “LTD/STD” tab only lists STD. Please explain – does everyone with STD coverage also have LTD coverage?
- Funding: Are STD and LTD contributory (voluntary) or non-contrib (employer paid)? If voluntary, are STD and LTD elected as a package? According to the claims experience they have the same number of covered lives.

Response:

- Sheriff personnel and other than Sheriff personnel are two separate classes.
- Employees who enroll must enroll in both STD and LTD
- STD and LTD are voluntary, and an elected package

Please add this Addendum No. 1 to the original proposal documents and refer to proposal documents, hereto as such. This and all subsequent addenda will become part of any resulting contract documents and have effects as if original issued. All other unaffected sections will have their original interpretation and remain in full force and effect. Responders are reminded that any questions or need for clarification must be addressed to Amanda Patterson-Sanchez, Procurement Specialist Senior at [apatterson-sanchez@santafecountynm.gov](mailto:apatterson-sanchez@santafecountynm.gov) or Bill Taylor, Procurement Manager at [wtaylor@santafecountynm.gov](mailto:wtaylor@santafecountynm.gov).



# Certification of Invoice for Payment

Santa Fe County Human Resources

Date: 9/8/2022  
INVOICE # September 22

TO Yvonne Herrera  
Finance Director

Carrier Name	Insurance Type	Client Number	Due Date
Minnesota Life Insurance Company	Basic, LOD Life, Employee Supplemental Life, Spouse Supplemental Life and Dependent Supplemental Life		9/15/2022

Description	Line Total
<p>Please find attached an invoice from Minnesota Life Insurance Company</p> <p>As Human Resources Director, I certify that the invoice has been reviewed and reconciled and the expenditures as described in the attached invoice are correct.</p> <p><i>Yvonne Herrera</i> 9/8/22 Human Resource Director (or Designee) Signature Date</p> <p>Approved by Finance:</p> <p>_____ Finance Director (or Designee) Signature Date</p>	

Subtotal	\$12,014.40
Total	\$12,014.40

Minnesota Life Insurance Company  
 A Securian Financial Group Affiliate  
 400 Robert Street North  
 St. Paul, MN 55101-2098  
 866.293.6047

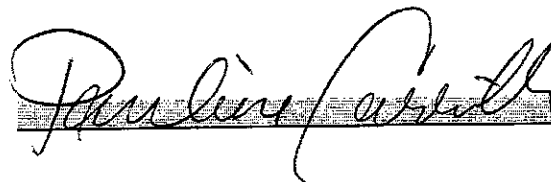
**MINNESOTA LIFE**

**Monthly Premium Statement**

Policy Holder: County of Santa Fe - NM  
 Policy Number: 34542  
 Premium Month & Year: Sep-22

PLEASE REMIT PAYMENT TO:  
 Minnesota Life Insurance Company  
 Attn: B2-3761  
 400 Robert Street North  
 St. Paul, MN 55101-2098

Coverage	Number of Insured	Volume of Insurance	Rate	Per \$1,000/Unit	Total
Employee Basic Life	795	39,750,000	0.080	\$1,000	3,180.00
Employee AD&D	795	39,750,000	0.020	\$1,000	795.00
Line Of Duty Coverage \$25,000	72	1,800,000	0.080	\$1,000	144.00
Line of Duty Under Cover \$250,000	1	250,000	0.080	\$1,000	20.00
Employee Supplemental Life	267	31,780,000	See Rate Chart		5,824.90
Employee Supplemental AD&D	267	31,780,000	0.020	\$1,000	635.60
Spouse Life	101	5,040,000	See Rate Chart		1,110.10
Spouse AD&D	101	5,040,000	0.020	\$1,000	100.80
Child Life	144	1,700,000	0.100	\$1,000	170.00
Child Life AD&D	144	1,700,000	0.020	\$1,000	34.00
<b>Total Premium: \$</b>					<b>12,014.40</b>

Signature: 

Date: 9/8/2022

**Payment Option:**

Please email premium statement to: [Group-Premium@Securian.com](mailto:Group-Premium@Securian.com)  
 Wire transfer premium to account: US Bank NA  
 800 Nicollet Ave  
 Minneapolis, MN 55402  
 Attn: Policy Number 34542

Routing Number 091-000022  
 Account Number 180110006004



# Certification of Invoice for Payment

Santa Fe County Human Resources

Date: 9/8/2022  
INVOICE # Sept 22

TO Yvonne Herrera  
Finance Director

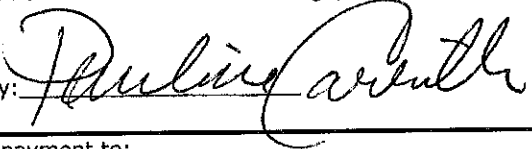
Carrier Name	Insurance Type	Client Number	Due Date
MetLife	Disability		9/15/2022

Description	Line Total
<p>Please find attached an invoice from MetLife</p> <p>As Human Resources Director, I certify that the invoice has been reviewed and reconciled and the expenditures as described in the attached invoice are correct.</p> <p><i>Suzanne Indurana</i> 9/8/2022 Human Resource Director (or Designee) Signature Date</p> <p>Approved by Finance:</p> <p>_____ Finance Director (or Designee) Signature Date</p>	

Subtotal \$8,325.02

Total \$8,325.02



GROUP INSURANCE INVOICE							
Cust. No: KM 05 940338		Customer: SANTA FE COUNTY			Page: 1 of 1		
9/15/2022		Statement Number: 9/1/2022 Statement Name: SANTA FE COUNTY			Office: Admin. Code: Printed: Currency: U		
DIV/CS	Billing Coverage and Description	No. of Lives *	Insurance / Benefit	RATE	PER	Premium Per Coverage	
0001/0001	WD C00576 Short Term Disability	485	231230.83	0.305	\$10	\$7,052.54	
0001/0001	DL C000966 Long Term Disability	485	2019805.83	0.063	\$100	\$1,272.48	
* If there are no lives insured for a coverage, enter "0" in No. of Lives column.						Grand Total	\$8,325.02
Authorized By: 						Remittance Adjustment	
Date: 9/8/2022						(include explanation on reverse side)	
Please remit payment to: MetLife P.O Box 803323 Kansas City, Missouri 64180-3323						\$8,325.02	