



**SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873**

**REQUEST FOR PROPOSAL 5874
AMENDMENT 1**

TITLE: LIFE, VOLUNTARY LIFE, AD&D, AND LTD INSURANCE

DATE: AUGUST 2, 2017

BUYER: LYNDA SEABAUGH
ASSISTANT CONTROLLER

EMAIL: lseabaugh@semo.edu

PHONE: (573) 651-2076

DELIVERY INSTRUCTIONS

For USPS/FedEx/UPS, etc.
Proposals must be mailed to:
Purchasing Department
Southeast Missouri State University
One University Plaza, Mail Stop 3280
Cape Girardeau, MO 63701

OR delivered by offeror to:
Purchasing Department
Academic Hall Room 200F
Normal Avenue
Cape Girardeau, MO 63701

PROPOSAL MUST BE RECEIVED NO LATER THAN:

DATE: AUGUST 14, 2017

TIME: 3:30 P.M.

MUST BE SIGNED TO BE VALID

The offeror hereby agrees to furnish items and/or services, at the firm, fixed prices quoted, pursuant to all requirements and specifications contained herein, upon either the receipt of an authorized purchase order from the Purchasing Department or when this document is countersigned by the Purchasing Department as a binding contract, and further agrees that the language of this document shall govern in the event of a conflict with his or her proposal.

AUTHORIZED SIGNATURE		PRINTED NAME/TITLE	
COMPANY NAME			CURRENT DATE
MAILING ADDRESS			TELEPHONE NUMBER/EXT.
CITY		STATE	ZIP CODE
CONTACT PERSON	CONTACT PERSON EMAIL ADDRESS		FACSIMILE NUMBER
DELIVERY DATE: _____ DAYS ARO, FOB DESTINATION PROMPT PAYMENT TERMS: _____% _____ DAYS NET _____ DAYS			
NOTICE OF AWARD (SOUTHEAST MISSOURI STATE UNIVERSITY USE ONLY)			
AUTHORIZED SIGNATURE FOR SOUTHEAST MISSOURI STATE UNIVERSITY			DATE

**SOUTHEAST MISSOURI STATE UNIVERSITY
LIFE, VOLUNTARY LIFE, AD&D, AND LTD INSURANCE
REQUEST FOR PROPOSAL 5874**

AMENDMENT #1

The offeror is hereby notified that Request for Proposal 5874 is clarified as follows:

1. Census data

Please contact Lynda Seabaugh, Assistant Controller, via email at lseabaugh@semo.edu to request this information.

2. Current Life and LTD rates?

\$0.087 for life; \$0.02 for AD&D; Supp Life <40 age = \$0.06; 40-49 age = \$0.15; 50+ age = \$0.54; \$0.18 per \$100 for LTD

3. Experience (if available)

Data has been requested from current carrier. Once received, data will be available upon request.

4. Copy of the current certificates/benefit plan summaries so we can make sure we match the current plan design.

Please contact Lynda Seabaugh, Assistant Controller, via email at lseabaugh@semo.edu to request this information.

5. Number of hard copies required.

Please provide an original plus two (2) copies.

6. LTD- At least 3 years of most recent submitted, paid, and open claims.

We have requested the data from our current provider. We will release this information as soon as we receive it.

7 LTD-Reserves

We have requested the data from our current provider. We will release this information as soon as we receive it.

8 Basic and Voluntary Life - Waiver of Premium report for claims period received.

We have requested the data from our current provider. We will release this information as soon as we receive it.

9. Contribution schedule if it applies.

University pays 100% of basic life policy. Employee pays for supplemental policies.

10. In Attachment 4: Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization,

BOX A: To be completed by a non-business entity as defined below.

BOX B: To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm.

The highlighted link is not functioning properly. Please advise how to complete this required form.

Please see the updated Attachment 4 at the end of this Amendment.

11. Please confirm eligibility and list salaries for the 16 people on the census with \$0 for salaries.

These individuals are new employees who have not yet started working at the University. Salary information and life elections are not currently available.

12. Please confirm whether Southeast Missouri State University participates in Social Security Disability Insurance.

Yes.

13. Please confirm what (if any) state retirement plan Southeast Missouri State University participates in, and which classes participate.

Staff and some faculty participate in Missouri State Employee's Retirement System (MOSERS). Faculty participate in College and University Retirement Plan (CURP).

14. Are spouses currently included in your dependent life offering? If not, is this an enhancement you are interested in seeing within the proposal?

Yes, spouses are currently included.

15. How are you currently administering retiree life? Does the university remit premium?

The University remits the premium payments to the carrier. The retirees are invoiced annually.

16. Does Southeast Missouri State University currently have a STD plan? Are these employees encouraged to roll over sick leave days to utilize during benefit waiting period on LTD?

Yes, Southeast has a self-administered STD plan, and employees are encouraged to roll over sick days to utilize during the benefit waiting period.

17. The RFP closing date has been extended until Monday, August 14, 2017, at 3:30 p.m.

All other terms and conditions of Request for Proposal 5874 remain the same.

If you have any questions regarding this information, please contact the Purchasing Department at 573-651-2076.

To acknowledge receipt of this amendment, the offeror should complete, sign, and return with the proposal response.

ATTACHMENT 4
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder must certify their current business status by completing either Box A or Box B on this Attachment.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “**business entity**” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “**business entity**” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “**business entity**” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities, out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (IFB/RFP/RFQ number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide Southeast Missouri State University with all documentation required in Box B of this attachment.

Authorized Representative’s Name
(Please Print)

Authorized Representative’s Signature

Company Name (if applicable)

Date

ATTACHMENT 4 continued

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity
Representative's Name
(Please Print)

Authorized Business Entity
Representative's Signature

Business Entity Name

Date

E-Mail Address

As a business entity, the bidder/offeror/contractor must perform/provide each of the following. The bidder/offeror/contractor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/offeror's name and the MOU signature page completed and signed, at minimum, by the bidder/offeror and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/offeror's name and company ID, then no additional pages of the MOU must be submitted.; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Attachment.

ATTACHMENT 4 continued

AFFIDAVIT OF WORK AUTHORIZATION:

The bidder/offeror who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now _____ (Name of Business Entity Authorized Representative) as _____ (Position/Title) first being duly sworn on my oath, affirm _____ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the University for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that _____ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided to the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature	Printed Name
Title	Date
E-Mail Address	

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)
_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary	Date
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