



City of Carlsbad, New Mexico
RFP # 2017-05
Addendum #7

4/20/17

Addendum Notice – Supplemental Insurance Coverages

The City of Carlsbad has been asked the following questions regards to RFP 2017-05 for Supplemental Insurance Coverages. The answers have been provided in blue text:

The document can be found as a separate link on the City of Carlsbad webpage:

Can you share:

1. Salary information for all eligible classes of employees? [Yes, it have been provided in the form of a census in excel format. The document will be posted to the City website.](#)
2. We have the summaries of the Life and STD plans, do you have a complete certificate? [No](#)
3. In force rates for all lines of coverage? [This have been provided. See addendum #6](#)
4. Can you provide a census with salaries of all employees? [See answer to #1](#)
5. Please provide current rates for all plans? [See answer to #3](#)
6. Please provide Life and STD certificates? [This has been provided in a previous addendum](#)
7. Is the RFP looking to retain a broker or just a carrier? [Just a carrier with a local agent](#)
8. Any salary information for Class 2? [This information has been provided with the new revised Census](#)
9. I looked on the groups website, but couldn't tell if safety members are included. Do you know? This affects the NAICS suffix I will us for rating. [This information has been provided with the new revised Census](#)
10. Do we know if the group participates in PERS and/or Social Security? [Yes, both.](#)
11. RFP advised that Class 1 appointed officials may opt out of STD? Any wishing to opt out? [Yes, currently two](#)

12. Looks like there is one elected official eligible for coverage: Municipal Judge. RFP advises he is only eligible for Life Insurance. I'll add him to Class 1 and change to "Appointed Officials and Municipal Judge." Is this acceptable? [No](#)

Thank You,

Matt Fletcher
Purchasing Manager
City of Carlsbad
575-234-7905

If you have any questions, please feel free to contact me at 575-234-7905 or email me at msfletcher@cityofcarlsbadnm.com.

Please return a signed copy of this addendum notice with your bid.

X _____
Name of Representative

Date: _____