



City of Carlsbad, New Mexico  
RFP # 2017-05  
Addendum #8

5/10/17

**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:

Disability:

1. We now have a census that we can work with, how we do not know if people can opt out. however, do not know if employees can opt out or who is participating.
  - a. How many employees are eligible for STD? **All Full Time Employees**
  - b. For the employees who's STD is 75% paid for by the employer (majority of the group), is STD mandatory for them or do they have the option to opt out? **Mandatory for all but Directors**
2. There is only a benefit summary provided – will we be receiving full certs? **No**
3. Please confirm whether Group participates in Social Security Disability Insurance. **Yes**
4. Does Group prepare W-2s for claimants, or does Group require the carrier to do so? **Carrier prepares W-2 or 1099 as needed.**
5. Does Group require that the carrier pay the FICA match or does Group intend to pay the FICA match? **Carrier would pay any applicable taxes**
6. Do they have telephonic claims service on the STD currently? **No**
7. Please provide the number of STD claims for each period. **This information has already been provided as needed.**
8. Please provide STD rate history since 1/1/14. **This information has already been provided as needed.**
9. The current STD rate is a “per employee per month” rate. Does the group want to continue using this rate format or would they prefer a “per \$10 Weekly Benefit” rate? **The City's current rate is \$.72 per \$10 for a total of \$25.20.**

Life:

1. Please provide a full certificate. If that is not possible please provide the following information:
  - Does basic life include age reductions? **No**
  - What AD&D additional benefits are included? **This is up to the offeror to propose.**
  - Please provide waiver of premium waiting period and termination age. **This is up to the offeror to propose**
2. Please confirm contributory status of the spouse life, and also provide spouse life elections. **Dependent Life is paid at the same 75/25 contributory rate. Currently, 259 employees have dependent life coverage.**
3. Are renewal rates available? **This is up to the offeror to propose the renewal rates.**

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](mailto:msfletcher@cityofcarlsbadnm.com).

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

X \_\_\_\_\_  
Name of Representative

Date: \_\_\_\_\_